

'Bloody safe', 'drug hell' or pure propaganda?

**A bibliography of New Zealand publications on
methamphetamine, ecstasy, and social tonics**

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Abstract

This paper presents a research bibliography describing the New Zealand literature relating to three stimulant drugs: ecstasy, methamphetamine (“P”), and BZP. All are used to enhance energy, prevent fatigue, and provide feelings of physical and/or mental well-being, effects brought on through similar actions on the brain and nervous system. All are used in similar settings. Two are illegal and socially unacceptable, the other is legal and tolerated.

This bibliography explores the scientific and medical literature surrounding each drug, and the policy (whether governmental or non-governmental) informed by that literature. It further explores media coverage of these drugs.

A search was conducted that utilised electronic databases to locate relevant documents. Key resources were Index New Zealand, the National Bibliographic Database, Newztext and MedLINE. Further searches of the catalogues of individual libraries were conducted, and internet searches identified material that has only been published in electronic form.

Coverage is limited to New Zealand material (including major overseas publications by New Zealand authors) published between 1988 and 2005. The focus is on text-based material, primarily in print but also in electronic form. The bibliography contains analytical annotations for each entry, subject and author indexes, and a glossary .

It is hoped that this bibliography will fill a gap in the published literature on the legal and social aspects of stimulants in New Zealand. Research has shown that no such bibliography exists.

Problem statement

New Zealand, like most other countries, has struggled in recent years with the health and legal aspects of recreational drug use. The debate over these issues has taken place in the scientific literature, at a governmental level, and in the popular media. In recent years, the media has become increasingly focused on the use of drugs (predominately stimulants) associated with the dance party and rave scene. In general the media has taken the line that such drugs are harmful and should therefore be banned. However, media reports and even government policy may not necessarily accurately reflect the true level of potential harm posed by each drug. Media reports, especially, are unlikely to be informed by the scientific research.

No bibliography of documents on stimulant drugs exists. There is value in compiling such a bibliography, especially those documents with a research or policy focus. This could be used to inform further research in this subject area. The research is of potential interest to readers from a range of perspectives: sociology, health, law, government and the media.

Objectives

To provide a selective, annotated bibliography of recent New Zealand literature to enable the audience to explore issues surrounding the effects, legal status, and media coverage of three related psychoactive drugs – two illegal, one legal. To compile a disparate set of bibliographic records into one bibliography.

Background

The bibliography examined the similarities and differences in media coverage given to these drugs, and explored the interactions of similarities and differences between:

- the media coverage of these drugs;
- legislation governing the drugs, and the policy and advice issued by governmental and non-governmental agencies; and
- the medical and scientific evidence describing the mechanism of operation of these drugs, their effects, and the potential risks and consequent potential to cause harm.

Included

Material relating to the following drugs were included in the bibliography:

- methamphetamine ('P', 'pure')¹;
- MDMA and related drugs ('ecstasy'²);
- BZP-based substances ('social tonics' 'herbal highs', 'legal highs'³)

1 All terms are defined in Appendix One.

2 Technically, the term 'ecstasy' refers to MDMA only, but (owing to the drug's black market status, other drugs are often sold as ecstasy. Of those that are, MDEA and MDA are similar enough to MDMA that they may be considered the same drug, and referred to as 'ecstasy' – the approach that this bibliography will take. Other drugs sometimes found in pills sold as 'ecstasy' will be referred to as 'drugs sold as ecstasy' – these may include PMA, Ketamine, 2CB, or amphetamines.

3 The term 'social tonic' is preferred in this bibliography. This is the term used by the industry association (the Social Tonics Association of New Zealand). Choosing such a designation is non-neutral (in that it allows a lobby group to dictate the language used in this research). However, the term is preferred to 'legal highs' (the drugs could be criminalised); 'herbal highs' (they are not herbal); and 'party pills' (a nearly meaningless term that could also refer to ecstasy). Social tonics has the advantage of definitively referring to one type of substance.

There were specific reasons for choosing these three drugs, and excluding other psychoactive substances, both legal and illegal. All three are covered by the Misuse of Drugs Act 1975 (or soon will be in the case of social tonics). That is, all three have been the subject of government regulation. All are stimulants, and have similar effects on the human brain and body.

The key reason for this choice is their place in New Zealand society. All three are used as stimulants, and are commonly used at dance parties to enable users to dance for many hours without tiring, to enhance communication by removing inhibitions, and for feelings of well-being or pleasure. They may be used in other settings (at private parties, at concerts, in pubs, in the outdoors, even in the crowd at rugby matches⁴). Yet it is with dance parties that the use of these drugs is most frequently associated.

The three drugs have been subject to a high level of media and public interest in recent years, a coverage that (especially in the case of methamphetamine) could be said to have become a moral panic (a mass movement based on the perception that a group is dangerously deviant and poses a threat to society: Cohen 1972, Wikipedia 2005). Some⁵ argue that the drugs pose serious health risks and are linked to crime. Others claim the risks are over-stated, and cite beneficial aspects of drug use.⁶ Criticism of social tonics has been more muted than that of the other drugs.

So from a sociological perspective it is interesting to analyse the media coverage of the three drugs. The approach taken by the government to these drugs is also of interest from at least two perspectives: health promotion and legislation. The decision to treat social tonics as a health issue

4 The author overheard a young woman explaining, at a Wellington-Auckland rugby match, that she had taken a social tonic.

5 Much of the mass media, and for example [24]

6 Much of this is anecdotal, but see for example Matt Bowden [47, 133] on the benefits of social tonics. Potential therapeutic uses of ecstasy are being investigated by the Multidisciplinary Association for Psychedelic Studies (<http://www.maps.org>).

and regulate them can be compared to the decision to treat ecstasy and methamphetamine as legal issues and criminalise their use. Further, the approach of government to the health issues posed by methamphetamine and ecstasy is interesting – the 'harm reduction' approach which is used can be contrasted with other potential approaches such as 'just say no'.

Excluded

Other recreational psychoactive drugs were excluded from this biography. The reasons are as follows:

- alcohol and cannabis: are depressants, not stimulants – and are widely used outside dance parties;
- nicotine: is widely used but not truly psychoactive;
- GHB/LSD/2C-B/ketamine: sometimes used at dance parties, but are hallucinogens (and a depressant, in the case of GHB), not stimulants;
- cocaine: a stimulant, but very rarely found in New Zealand due to its price;
- heroin: a depressant, not a stimulant. Occupies a very different place in society.

Additionally, relatively little media attention is currently paid to these substances. GHB and cannabis are exceptions, though the coverage of GHB has declined dramatically since it was criminalised.

Historical background

Ecstasy is a member of the amphetamine class of drugs and is chemically related to mescaline. It has stimulant properties. Many commentators claim it has hallucinogenic properties. This is

disputed - and certainly ecstasy does not cause hallucinations in the sense that LSD does. The term empathogen has been coined to describe ecstasy [e.g. 34⁷].

Ecstasy was first synthesised early in the 20th century (Erowid no date (b)), but unused recreationally until the late 1960s, and essentially unknown until the 1980s. Though first used in the USA, it moved overground in Europe first, around 1987-1988. Its popularity only took off outside Europe in the early/mid-1990s, and use in New Zealand has been low due to the high price (which has declined but is still \$60-80 per pill [31]). Uptake, however, is higher, with drug surveys reporting that a comparatively high percentage of young New Zealanders have taken ecstasy [23] . While several deaths from the drug have received much media coverage in this country, the risk of outright death is statistically negligible, though the drug has many potential negative side-effects. Usage is higher in Auckland and other main cities [23].

Methamphetamine is a member of the amphetamine class of drugs. It is related to, but more powerful than, speed (amphetamine sulphate) which has been available in New Zealand for decades. Methamphetamine itself was first synthesised in 1919 (Erowid no date(a)), and both drugs have a history of medicinal usage, as well as being supplied to soldiers (due to their stimulant properties). Media attention to methamphetamine has increased sharply in the last 5 years or so. This is probably because it can have much stronger effects than amphetamine, especially when it is smoked – a method that became popular in the USA in the late 1980s and reached New Zealand in the 1990s.

Social tonics are based around the drug BZP and sometimes TMFPP. They became popular in

⁷ References in square brackets are to items in the bibliography.

New Zealand in the early years of this century. Illegal in the USA and some parts of Australia, BZP is legal in New Zealand. BZP-based drugs were originally introduced to New Zealand in 1999 by Stargate International as a safe and legal alternative to drugs such as methamphetamine and ecstasy [47, 133]. Social tonics have an industry body, with a code of practice (The Social Tonics Association of New Zealand, <http://www.stanz.org.nz>).

Recent media reports suggest that social tonics carry health risks, as users have presented at emergency rooms with various complaints, including high pulse rate and anxiety. At least two users have suffered significant health problems [2, 108]. Other users have reported unpleasant side effects and body loads [see for example 114]. It is unclear whether this is solely due to the use of social tonics, (though in the case reported in [2] it seems to be), or if they took other drugs in combination with social tonics.

STANZ claims that social tonics are safe if taken as directed. Whatever the truth, it is clear that they are very popular in New Zealand. STANZ claims sales of over 5 million doses in the past four years [70], and the pills are readily available, not only at alternative shops such as Cosmic Corner (<http://www.cosmiccorner.co.nz>), but at dairies and many other city shops⁸.

Intended audience

This bibliography aims to provide an overview of the research and policy background to drug use and legislation in New Zealand; the medical research into the effects of various drugs on users;

⁸ At least at the time of writing. Amendments to the Misuse of Drugs Act 1975 may place limits on the sale of these drugs.

and media portrayal of this research.

It will potentially be of interest to researchers, policy analysts, politicians, lobbyists, media and members of the general public. Ideally it will serve as a single, comprehensive source of information on what has been published in this area.

Scope

Time

The bibliography covers the period 1988-2005. It was hypothesised before commencing research that most relevant literature on these drugs would be published in this period. It was hypothesised that references to ecstasy would begin to appear in the literature in the late 1980s. This is because ecstasy was a comparatively underground and unknown drug worldwide until the late 1980s⁹. In practice, there were very few references before the mid-1990s, reflecting the fact that the drug was comparatively unknown in New Zealand until that time. BZP-based social tonics only came on the market in the late 1990s, so there are no references until that period. There are occasional references to methamphetamine in the early 1990s, but it, too, received little attention – especially in the popular media.

It was intended that the bibliography's coverage would end in late 2004 or early 2005, when the Health Select Committee had reported back on proposed amendments to the Misuse of Drugs Act

⁹ Erowid (no date(a)) notes that the first scholarly article on MDMA was published in 1976. The first deaths associated with MDMA occurred in 1987. Collin (1998) notes that the spread of ecstasy use into popular culture occurred in Europe in 1988 (the so-called 'Second Summer of Love'). Given the time-lag between events occurring overseas, and coverage in New Zealand, 1988 seems appropriate as a starting date for this bibliography.

1975, that would place restrictions on BZP-based drugs. As this report was delayed, coverage was extended as late as possible, until May 2005, by which time the Committee had reported back. At the time of writing the proposed amendments are being debated in Parliament, with the Misuse of Drugs Amendment Bill (No 3) having reached its second reading.

Subject

This bibliography focuses on the literature describing the health effects and legal status of stimulant-type drugs in New Zealand.

Level

The bibliography cover all levels of material. It includes academic research articles and government policy papers; and non-academic material such as newspaper and magazine articles. It restricts itself to textual material, whether in hard copy or electronic format.

Location

This bibliography covers material published in New Zealand, or about New Zealand, or significant material published overseas by individuals with a strong New Zealand connection. In practice, almost all material included in the bibliography was published in New Zealand.

Exceptions

Two major researchers in the field of psychoactive drugs have New Zealand connections. Dr Karl Jensen has worked in New Zealand. He is known for his expertise on ketamine, but has also published on ecstasy and other drugs. Ann Shulgin, co-author of PIHKAL and TIHKAL with her husband, Alexander Shulgin, was born in New Zealand, though she has lived for many years in the USA.

Work by these authors was deliberately excluded. While they have connections to New Zealand, it was felt that these were only nominal. Neither Shulgin nor Jensen has conducted research in New Zealand, or with especial relevance for New Zealand. If included, their work would have dominated this bibliography, but would not have added anything to the understanding of the New Zealand literature on this topic.

Search strategy

Scientific and medical resources

An initial search was conducted on MEDLINE (accessed via the Pubmed interface <http://www.pubmed.com>). According to the MEDLINE FAQ, “MEDLINE contains.... over 12 million citations dating back to the mid-1960's.” (<http://www.ncbi.nlm.nih.gov/entrez/query/static/overview.html#Database%20Coverage>, accessed 11 December 2004).

Searches were conducted using a Boolean OR keyword search using the scientific and popular names of the drugs [Zealand AND (amphetamine OR ecstasy OR MDMA OR BZP)]. This returned 27 hits, of which 9 were relevant¹⁰. These records were examined for relevance. When relevant records were identified, further searches were conducted using MeSH (Medical Subject Headings, the controlled vocabulary used by MedLINE) terms contained in the record, for example N-Methyl-3,4-methylenedioxyamphetamine. Searches were also conducted on the names of all listed authors. This yielded several additional records.

Similar searches were conducted on PSYCInfo, the Cochrane Library and ERIC, but these did not identify any unique records.

¹⁰ The widespread use of New Zealand white rabbits as experimental subjects led to a number of false drops.

Searches were conducted on Index New Zealand (INZ), the National Library's database of New Zealand-related magazine and journal articles. Because INZ uses broad subject headings the search used headings beginning with 'drug' (drug abuse, drug trafficking, drugs) rather than the names of the individual drugs. This resulted in a large number of false drops, but taking such a broad approach was the only way to be certain that all relevant records were located.

Other articles were located by working backwards from the bibliographies of later articles and reports. The websites of prominent authors (e.g. Dr Susan Schenk) and of relevant organisations (e.g. SHORE) were consulted, in the hope of identifying conference papers and research articles that are not listed in any database.

Government reports

The search focused on government reports and policy papers, and documents providing information for users on the effects of drugs. These were a mixture of government and NGO publications.

Two search strategies were employed. The first used the National Bibliographic Database and Archive (NBD), using subject heading searches. The NBD uses Library of Congress Subject Headings (LCSH), which allow a much finer level of detail than do the headings used in Index New Zealand. Searches used the scientific or popular names of the individual drugs as subjects. Both were used, as LCSH uses headings derived from both – e.g. LCSH contains both *Ecstasy (Drug)* and *MDMA (Drug)*.

Ideally, subject headings that included the geographic subdivision of *New Zealand* would have

been used, in order to limit the search to locally relevant material. Early searches revealed New Zealand material (especially dissertations/theses) listed under the general heading, and not geographically subdivided. For the sake of completeness, searches were conducted using both the general subject heading and the New Zealand geographic subdivision.

A comprehensive search of the New Zealand Bibliographic Database and Archive was conducted. The term [MDMA (Drug)] and a number of subterms (e.g. [MDMA (Drug) Physiological effect]) returned no useful results. Searching on [Ecstasy (Drug)] located several papers, including [28, 29, 31]. Repeated searches were conducted using subject headings from these records. Searches such as [Drugs – New Zealand], [Amphetamines], and [Substance abuse-- New Zealand] returned potentially useful documents. Generic terms (such as [Amphetamines]) had to be used because the appearance of terms in controlled vocabularies lags behind the common use of those terms, usually by several years. This means that the first documents catalogued on any given topic will not be catalogued using the topic's name as a subject heading. Some early documents relating to ecstasy are catalogued under [Amphetamines].

Searching under wider subject headings was necessary to locate documents which discuss drugs as a whole, or a specific class of drugs (e.g. *Amphetamines* or *Hallucinogenic Drugs*), and contain relevant information on the specific drugs of interest to this study. (In controlled vocabularies a document is not assigned both a specific subject heading and a subject heading for the wider class to which that subject belongs).

Some relevant documents have not been formally published, or have been published only in

electronic form. As legal deposit in New Zealand does not yet cover electronic documents¹¹, another means of locating these documents was required. They were identified by searching relevant websites. The search began on the Ministry of Health website (<http://www.moh.govt.nz>). The website's 'Drugs in New Zealand' page (http://www.moh.govt.nz/moh.nsf/wpg_index/About-Drugs) contained useful publications and links to websites of organisations working in the drugs field. Using a snowball technique, further organisations were identified from web links, and from the bibliographies of documents. Organisations were also identified from references to them in the mass media.

Popular media

Mass media material (magazines and newspaper articles) was located through searches of Index New Zealand (bibliographic coverage from 1987 onwards) and Newztext (part of the Knowledge Basket). Newztext contains full-text articles from 1996. As metadata is weak in Newztext, full-text keyword searching was used. A typical search string included [methamphetamine OR ecstasy OR MDMA OR BZP OR herbal highs OR social tonics]. Sorting through thousands of news articles was by far the most time-consuming part of the research. Because so many articles were located, it was necessary to reduce this to a more manageable set of documents for inclusion in the bibliography. A representative sample of articles was therefore selected, rather than a comprehensive collection. Priority was given to articles that provide commentary of their own, or at least interview someone for their opinions, as opposed to merely reporting facts.

¹¹ The National Library of New Zealand (Te Puna Mātauranga o Aotearoa) Act 2003 extended legal deposit to websites and electronic documents, but the National Library is still developing the requirements for such deposit, so electronic documents will not necessarily be listed in the National Bibliographic Database.

Method of organising information

The bibliography was compiled in EndNote 8, obtained from the Victoria University of Wellington library and installed on the author's PC. Annotations of each entry were written in EndNote. The database was exported to Open Office Writer 1.0, where final editing was completed.

Arrangement of bibliography and indexes

The bibliography is arranged firstly by document type, and secondly by author surname.

The scientific documents appear first, followed by theses and dissertations, then policy documents, and finally the mass media documents. This arrangement is intended to enable the reader to first focus on scientific knowledge regarding this topic. The reader may then discover the policy and advice produced by governmental and non-governmental organisations, enabling comparisons with each other, and with the scientific literature.

Finally, the bibliography presents entries sourced from the mass media. This enables the reader, already familiar with the scientific and policy background to the issues, to apply this knowledge to popular perceptions of the issues surrounding drug use and drug law.

Annotation and Indexing

Annotation is mostly descriptive with some analytical elements. Where relevant this includes

commentary and criticism of the documents cited, as well as a description of their contents. Such comments could include discussion of the document's sources of information: its reliance on anecdotal evidence or expert comment or on how well it matches what is known from research. The annotation will also note the availability of the document, where appropriate (this mainly applies to theses and dissertations).

Two indexes are provided. The first contains the subject(s) of the document and any proper names mentioned in the document. The second lists document authors or corporate authors. Subject headings were created by the author. Consideration was given to using either LCSH headings or MeSH headings. Neither was considered suitable. MeSH terms are too technical and relate specifically to medical information. They would not be relevant to much of the material presented in this bibliography. LCSH headings are too broad, and using them would have resulted in too many records having the same subject headings, and thus being indistinguishable from each other.

Documents are cited in Chicago B style.