Pills, Thrills and Bellyaches: The effects of criminalising a ‘legal high’ in Aotearoa New Zealand

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Abstract
Commonly referred to as ‘legal highs’, new psychoactive substances (NPS) are synthetic or naturally occurring substances that mimic the effects of illegal drugs such as cannabis, amphetamines, and ecstasy. Through presenting the results of a cohort study with BZP-party pill users in Aotearoa New Zealand, this article considers the evidence for any ‘displacement effect’ caused by the criminalisation of the drug in 2008. The findings demonstrate that prohibition was only successful insofar as users ceased taking the banned NPS. In contrast to previous research, we found a strong displacement effect following criminalisation with half of the sample increasing their use of other illegal drugs and, for a third, their use of alcohol.

Introduction: the rise of ‘legal highs’
While there has been a long and dynamic history of criminological and sociological study on illegal drug taking behaviour (for example Becker, 1963; Parker et al., 1998; Young, 1971), the emergence and increasing global popularity of ‘legal highs’ as alternatives to illegal drugs has yet to be adequately researched by social science scholars. This situation has become more pressing as media attention surrounding such products has grown (Alexandrescu, 2014) and policy makers have attempted to manage and police the weekly new varieties of drugs which Wincup (2014: 105) has referred to as blurring ‘the boundaries between legal and illegal substances.’ This article seeks to fill some of the current knowledge gaps in the meanings given to such substance use for recreational drug users through presenting the results of a cohort study of BZP-party pill users in Aotearoa New Zealand. In doing so, we consider the effects that criminalisation of the drug has had on subsequent drug use as well as general life circumstances of the cohort. In this section we describe what legal highs are and the rapid growth in their popularity in western society. The following section then outlines notable previous social research on legal highs, specifically focusing on studies of
mephedrone and BZP-party pills – substances that have been criminalised in the UK and in Aotearoa New Zealand, respectively.

The term ‘legal highs’ has been commonly used to describe readily available psychoactive substances that mimic the effects of illegal drugs such as cannabis, amphetamines, cocaine, and ecstasy. When legal, the substances can be bought at specialist ‘herbal’ or ‘head’ shops, though they have sometimes proved so popular that they can also be found at newsagents, petrol stations and other consumer outlets. Often consumed in tablet form, the products come in colourful packages under names such as ‘Meow’, ‘P.E.P. pills’, ‘A2’, ‘Spice’, and ‘Kronic’. These products are also referred to by consumers under generic names such as ‘party pills’ or ‘herbals’ (though often the drug is wholly synthetic). However, a more accurate term that has recently emerged from the scholarship in this area is ‘new psychoactive substances’ (hereafter, NPS) which the European Monitoring Centre for Drugs and Drug Addiction (2014: 27) defines as ‘synthetic or naturally occurring substances that are not controlled under international law, and often produced with the intention of mimicking the effects of controlled drugs.’

Some of the major active compounds in NPS include cathinones (or ‘M-Cats’) such as mephedrone and methylene, piperazines such as benzylpiperazine (BZP) and trifluoromethylphenylpiperazine (TFMPP), as well as cannabinoids and phenethylamines. Consumption of these compounds usually produces either a wakeful, euphoric state, or has a more hallucinogenic effect on the individual. The reasons for the emergence and subsequent popularity of NPS since the beginning of the new century remain unclear, with some scholars suggesting that a reduction in the availability and quality of illegal drugs in some regions may partly explain this (Measham et al., 2010: 15) and others claiming that an increase in drug testing of the public, especially in the US, is responsible (Perrone et al., 2013). What is less debatable is the growth in the number of NPS available internationally. For example, the United Nations estimated in 2013 there were 348 NPS available on the global market, more than double the figure recorded in 2009 (United Nations Office on Drugs and Crime, 2014: 51). With over half the known NPS not controlled by international drugs legalisation, the UN concludes that this ‘truly global phenomenon’ represents a serious challenge to policy makers and legislators (2014: 52). The European Union (EU) has highlighted similar concerns, noting a year-on-year increase in the number of new NPS in the region between 2008 and 2013 from 13 to 81 recorded new products on the market (European Monitoring Centre for Drugs and Drug Addiction, 2014: 27-
The EU states that as a result of the growth in NPS use, drug-taking behaviour across Europe has become more complex with reductions in heroin use but increases in the use of NPS, cannabis and medicinal products.

The rapid growth in the global trade in NPS has raised serious issues for local policy makers. These include concerns for the potential health and social harms of such drugs, which are introduced onto local markets without regulatory controls in place and without information or research on the potential effects of usage (Sumnall et al., 2011; Winstock and Ramsey, 2010). Given their particular popularity among young people, a related issue (which has been heightened by negative media coverage and parental concern) is the potential ‘gateway’ effects of taking NPS, which it is argued may lead young people to experiment with ‘harder’ illegal drugs as a result of their introduction to NPS (Green, 2008: 39).

Though some advocates of NPS have suggested that the drugs may offer a useful ‘harm reduction’ alternative to illegal drug taking (Bowden and Trevorrow, 2011; Wilkins et al., 2013b), governments may be perceived by the public to be condoning psychoactive drug use on a mass scale if they fail to regulate or control such substances. With a particular focus on the effects of criminalisation, the following section investigates previous research on mephedrone and BZP-party pills, two popular NPS in the UK and Aotearoa New Zealand respectively, which were both eventually prohibited under drugs legislation in those countries.

Prohibiting new psychoactive substances

As Pryce (2012) has stated, the attempts at prohibiting drugs considered by western societies to be ‘non-medical’ have currently, as well as historically, failed. Though criminalisation has dissuaded some, the market for outlawed drugs such as cannabis, cocaine, heroin, amphetamines and ecstasy remains very healthy with increased production and consumption of all these drugs during the period 1998-2008 (Pryce, 2012: 126-127). In contrast, research from countries that have moved to decriminalise drug taking has appeared to show that, while there has been little increase in general drug consumption, problematic drug use and drug-related crime has significantly declined (Hughes and Stevens, 2010; Murkin, 2014; Reinarman, 2009).

While criminalisation may be an easy and clear response to public concerns about unregulated NPS, policy makers will be concerned that, like other criminalised substances, illegal markets develop to replace legal ones which
could entail additional social and economic costs to society (for a full discussion on the unintended consequences of prohibition, see Pryce, 2012: 83-113). Alternatively, there may be a ‘displacement effect’ where users substitute the criminalised NPS for another legal or illegal drug (Measham et al., 2010: 19). In this section we highlight the findings from previous research on the effects of criminalising mephedrone in the UK (2010) and BZP-party pills in Aotearoa New Zealand (2008), which are then followed by an exploration of the results from our own study of BZP-party pill users.

Criminalising mephedrone use

McElrath and O’Neill (2011: 121) describe mephedrone as a NPS which mimics ecstasy with reported effects including increased energy, and feelings of empathy and euphoria. The drug became popular in the UK in 2009 and then, following negative media coverage and concerns of policy makers as to the potential health risks (Measham et al., 2010: 18), was subsequently banned by the UK government in April 2010. Although the full extent of mephedrone use at the time was unknown, a survey in the UK dance magazine *Mixmag* in 2009 suggested the NPS was the fourth most popular drug among dance music fans (Measham et al., 2010: 16), while the UK Home Office (cited in United Nations Office on Drugs and Crime, 2014: 52-53) subsequently estimated that over four percent of 16-24 year olds had taken the drug in 2010.

McElrath and O’Neill (2011) undertook 23 semi-structured interviews with previous mephedrone users aged between 19 and 51 in Northern Ireland shortly following the ban on mephedrone in May and June of 2010. The researchers found that most (20 participants) were still using the substance, with some suggesting it had become their drug of choice despite many previously using illegal drugs such as ecstasy or cocaine. Although McElrath and O’Neill (2011) found no ‘displacement effect’ towards either still-legal NPS or to illegal drugs at the time of the study, they suggested that this may be an unintended consequence of criminalising mephedrone in due course.

Shortly after McElrath and O’Neill’s research was completed, in July 2010 a much larger survey of mephedrone use was carried out with 308 participants of two ‘gay-friendly’ clubs in London by Measham et al. (2011). Despite the recent prohibition, mephedrone was found to be the most commonly used drug on the night of the survey (used by 27 percent of the sample) as well as the second most commonly consumed drug in the last year (Measham et al., 2011: 269). Thus, Measham et al. (2011: 269) suggest that the legal status of the drug may not have
been the primary influence on use or availability of mephedrone. Though the researchers found some use of other NPS among their participants, this did not represent a significant displacement effect. Similar to McElrath and O’Neill, Measham et al. found some evidence for the superior effects of mephedrone over the more variable effects of other NPS on the market. The researchers conclude by suggesting that the market for increasing numbers of NPS may be aided by a recent reduction in the availability and purity of more established illegal drugs such as cocaine and ecstasy in the UK (Measham et al., 2011: 270).

A chief limitation of the above research on mephedrone is the relative closeness to the pre-ban period. It might appear from the results that mephedrone use would continue and a potential illegal market would open up for the drug. However, there is little evidence since that this did in fact happen, or that there was a significant displacement effect to either other NPS or illegal drugs. More than two years after criminalisation, the Home Office (2013: 10) reported from the 2012/2013 Crime Survey for England and Wales that mephedrone use had fallen by over a half compared to the previous reporting year (2011/2012); this was from over three percent of 16-24 year olds taking the drug to under two percent. At the same time, illegal drug use in general was either stable or declining (Home Office, 2013: 6-7). However, by the time of 2013/2014 survey, the Home Office (2014) did acknowledge an increase in the use of the ‘legal emerging drugs’ salvia (half of one percent) and nitrous oxide (over two percent) among 16-59 year olds. From this very limited research data it would appear that there were no significant displacement effects from the criminalisation of mephedrone. Although far from comprehensive, slightly more research has been carried out on the criminalisation of BZP-party pills in Aotearoa New Zealand (and over a greater length of time); the results from which have provided a more rounded picture on the effects of criminalising a NPS.

**Criminalising BZP-party pill use**

In a review of the research literature on BZP-party pills, Cohen and Butler (2011: 96) report that the NPS produces ‘amphetamine-like effects’ for users. However, when the pills are mixed with both BZP and the compound TFMPP, it has been suggested that the resulting experience is more similar to the psychedelic effects of ecstasy. The drug became popular in the 2000s in Aotearoa New Zealand, with the government first placing restrictions on sale and consumption of the drug in 2005, and then – on the basis of ‘evidence-based research’ as well as increasing concerns from the media and the public – moved to criminalise the drug on 1
April 2008. A six-month amnesty allowed the personal possession and use of the drug until 1 October 2008 (see Sheridan et al., 2013: 412-413). While markets for the NPS emerged in some other countries during this period, they were not on the scale of Aotearoa New Zealand where – in a nation of just over four million people – the BZP-party pill industry was worth an estimated NZ$50 million, having produced over ten million ‘servings’ (that is, ‘the number of pills or tablets used at one time’) and with nearly half of 20-24 year olds having tried them (Cohen and Butler, 2011: 96-98).

Prior to the current study, Sheridan et al. (2013) had carried out the only cohort study with NPS users. The researchers utilised a web-based self-completion questionnaire to explore the change in BZP-party pill and other drug use among a self-selecting sample of 273 participants aged 18-30 year olds. The first collection point (wave-1) was in June 2008 – after the ban, but during the personal use amnesty period – and the second (wave-2) in December 2008, following the end of the amnesty. Although just six months had passed between data collection points, Sheridan et al. (2013: 416) found a significant fall in those using BZP-party pills from 29 percent (79 users) in wave-1 to 11 (31 users) percent in wave-2 which might suggest that criminalisation was already having the desired effect. Even more positive from the government’s perspective was that the researchers found no significant increases in illegal drug or alcohol use as a replacement for BZP-party pill use. However, Sheridan et al. (2013) did find a significant increase in the use of other NPS over time, which might suggest the beginning of a displacement effect for these users. Finally the researchers allowed respondents to comment on the reason for any changes in their own drug taking behaviour. At wave-1, 13 percent of participants (64 from 508 respondents) referred to an increase in the use of other drugs – particularly ecstasy – as due to the criminalisation of BZP-party pills, 18 percent (90 respondents) reported no change in substance use, and a further five percent (26 respondents) stated that changes in their drug taking behaviour was unrelated to the ban on the NPS. By wave-2, only one percent (32 from 344 respondents) gave comments suggesting an increase in their use of other drugs – again, mainly ecstasy – due to the ban, while a similar proportion (43 respondents) stated that criminalisation had had no effect on the changes in their drug taking behaviour (Sheridan et al., 2013: 416, 418).

Beyond the increase in trying other NPS, the evidence from the above cohort study strongly suggests that that the criminalisation of BZP-party pills had
a minimal displacement effect for former users. These findings have been reinforced by a representative national household survey of 2000 13-45 year olds undertaken by Wilkins and Sweetsur (2013) in early 2006 and repeated in June 2009 to assess the levels of BZP-party pill and other drug use before and after the ban. The researchers found that BZP-party pill use had fallen significantly from 15 percent in 2006 to three per cent in 2009. During this period, the use of nitrous oxide and amphetamines also declined, while no changes were found in the taking of ecstasy, LSD, cannabis, cocaine and other controlled substances (Wilkins and Sweetsur, 2013: 73-74). Similar to Sheridan et al. (2013) however, Wilkins and Sweetsur (2013: 74) did find that some respondents in the 2009 survey had tried other non-BZP NPS such as salvia (just over one percent) or synthetic cannabis (nearly half of one percent), but that the overall proportion of the sample trying such ‘legal highs’ was at a lower level than that of people using BZP-party pills in 2006.

From the limited research available on mephedrone and BZP-party pills it appears that usage of outlawed NPS, over time, will decline and without serious displacement effects. However, the results which will now be outlined from our own qualitative cohort study of 12 BZP-party pill users in Wellington will highlight some points of departure with such findings.

Cohort methodology and participants
Following a more traditional interactionist approach to understanding patterns of drug taking, a central aim of our research was to capture the experiences and meanings of BZP-party pill use within the broader context of personal histories, lifestyle choices and current socio-economic circumstances of each participant. As opposed to the research on NPS and criminalisation cited above, we sought a more open, qualitative format which would allow our participants to explain their legal and illegal drug taking behaviour with less direction from the researcher. Therefore, we constructed two semi-structured interviews which allowed the collection of basic demographic and drug-use information as well as broader attitudes, experiences and understanding of the place of drugs within participants’ lives. While similar to the first interview, the schedule for the second interview added questions to assess reasons for any changes in attitudes or behaviours towards BZP-party pills, other drugs, and their own drug usage. The only mandatory requirements for participation in the research was that the person was at least 18 years of age and had experience of taking BZP-party pills. The 12 research participants identified were obtained through opportunity and snowball
sampling; initial respondents were found through personal contacts and were then asked whether they could identify further people who might like to take part in the study. Wellington, the capital city of Aotearoa New Zealand, was also the researcher’s (WA) place of residence and thus was the practical choice for the study.

Each interview was carried out face-to-face by the researcher at a site of the participants’ choosing (usually their own home) and lasted between one and two hours. All interviews were digitally recorded with the permission of the participants. The interviews were repeated with each respondent over two time periods: August to November 2008 (wave-1; towards the end of the six-month amnesty on BZP-party pill use) and October 2009 to January 2010 (wave-2; a year after the end of the amnesty). At the first interview, participants were asked if they would like to be involved in a second interview; of the original 13 respondents, 12 confirmed their further participation (the thirteenth interview has been omitted from the results that follow). Each respondent gave us permission to use their email address for future contact, and we gave each interviewee a personal cohort identifier for data organisation and subsequent cohort analysis (these are noted in the results as ‘r1’, ‘r2’, and so on).

The 12 participants consisted of eight males and four females; four were between 21 and 30 years of age, with the remaining eight aged 30-45. All identified themselves as European New Zealanders (‘Pākehā’, or white, in the local context) with one participant also declaring Māori heritage. All participants were employed (ten full-time, and two part-time while studying at University), with all those working full-time employed in professional occupations. Education levels were high with seven having attained a first degree or higher, one person currently studying towards a first degree, and four having completed high school. The general demographic of the group can accurately be described as white, middle class, educated professional, and thus certainly not representative of the wider population of BZP-party pill users (including being an older group than would be normally expected).

**Drug use history and attitudes to usage**

All of our participants were long-term users of multiple substances (see Table 1), with illegal drug use histories ranging from five to 25 years. Only one participant had not used illegal substances before trying BZP-party pills. Ten participants listed cannabis as their drug of first use. All of the participants had used ecstasy, and all but one had used LSD. Six participants continued to use cannabis after
their first experience. Other substances had been used by less than half of the participants including cocaine, magic mushrooms, and methamphetamines (five participants each).

Table 1: Participants’ age at first use, first illegal drug used, and drug use history

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Age at first use</th>
<th>Length of use (years)</th>
<th>First drug used</th>
<th>History of illegal substances used</th>
</tr>
</thead>
<tbody>
<tr>
<td>r1</td>
<td>18</td>
<td>8</td>
<td>LSD</td>
<td>LSD, GHB, ecstasy</td>
</tr>
<tr>
<td>r2</td>
<td>17</td>
<td>13</td>
<td>cannabis</td>
<td>cannabis, ecstasy, LSD</td>
</tr>
<tr>
<td>r3</td>
<td>teens</td>
<td>&gt;15</td>
<td>cannabis</td>
<td>cannabis, LSD, ecstasy, MDA, 2C-B, cocaine, magic mushrooms, GHB, ketamine, methamphetamine</td>
</tr>
<tr>
<td>r4</td>
<td>18</td>
<td>27</td>
<td>cannabis</td>
<td>cannabis, cocaine, ecstasy, magic mushrooms, nitrous oxide, LSD</td>
</tr>
<tr>
<td>r5</td>
<td>18</td>
<td>&gt;15</td>
<td>cannabis</td>
<td>cannabis, amyl nitrate, LSD, ecstasy</td>
</tr>
<tr>
<td>r6</td>
<td>13</td>
<td>24</td>
<td>cannabis</td>
<td>cannabis, LSD, ecstasy, methamphetamine, crystal meth, cocaine</td>
</tr>
<tr>
<td>r7</td>
<td>25</td>
<td>15</td>
<td>cannabis</td>
<td>cannabis, ecstasy, magic mushrooms, LSD</td>
</tr>
<tr>
<td>r8</td>
<td>high school</td>
<td>&gt;15</td>
<td>cannabis</td>
<td>cannabis, LSD, magic mushrooms, methamphetamine, ecstasy, cocaine, amyl nitrate, crystal meth</td>
</tr>
<tr>
<td>r9</td>
<td>14 or 15</td>
<td>6</td>
<td>cannabis</td>
<td>cannabis, LSD, ecstasy</td>
</tr>
<tr>
<td>r10</td>
<td>18</td>
<td>8</td>
<td>cannabis</td>
<td>cannabis, ecstasy, crystal meth, speed, LSD, cocaine</td>
</tr>
<tr>
<td>r11</td>
<td>early teens</td>
<td>25</td>
<td>cannabis</td>
<td>cannabis, cactus juice, opium poppies, LSD, homebake heroin, magic mushrooms, ecstasy, methamphetamine</td>
</tr>
<tr>
<td>r12</td>
<td>29</td>
<td>5</td>
<td>BZP-party pills</td>
<td>ecstasy, methamphetamine</td>
</tr>
</tbody>
</table>

Note: GHB (gamma-Hydroxybutyric acid), sometimes known ‘Liquid X’ or ‘Fantasy’, is a central nervous system depressant which, taken at low doses, produces stimulant effects described as similar to alcohol or ecstasy; MDA (3,4-Methylenedioxyamphetamine), not to be confused with MDMA (3,4-Methylenedioxymethamphetamine), produces similar effects to ecstasy but with more stimulant and psychedelic qualities which last for a longer period of time; 2C-B (2,5-dimethoxy-4-bromophenethylamine) is considered to be a mild psychedelic with visual and auditory effects, often described by users as like combining ecstasy with LSD; crystal meth, known locally as ‘P’, is the freebase form of methamphetamine which is considered more pure – hence ‘P’ for pure – with the effects of the drug lasting longer.

When asked about reasons for using illegal substances, eight of the participants felt that drugs enhanced their lives in some way. The main themes were ‘fun’ and ‘insight’, as one participant recounted of taking hallucinogenics,
I have personally found value from doing the hallucinogenic drugs in terms of understanding who I am and what I believe and so on. And I’ve experienced hedonistic pleasure from the other drugs and that’s also nice as well (r6).

The participant who had not used illegal drugs prior to trying BZP-party pills described previously having used alcohol as a party drug. When asked whether he felt BZP-party pills had acted as a ‘gateway drug’ for his later use of ecstasy, he felt that it had not, rather he had been persuaded to use ecstasy on a recommendation of a friend:

No. It [BZP-party pills] didn’t [act as ‘gateway drug’]. I was quite happy with the BZP[-party pills] ... I was still pretty green and, like, ecstasy was bad and ... I was kind of horrified when [my friend] told me he’d done it, I’m like, ‘God you took what?’ And then he ran through his whole night and I was like, ‘gee that sounds like actually a really good night’ (r12).

At the time of first interview, most participants were taking two to three substances regularly other than BZP-party pills, notably alcohol, LSD, ecstasy and/or cannabis.

First interviews (wave-1)
Respondents had become aware of BZP-party pills through a variety of sources including other people (nine participants), advertising (four participants), the media (four participants) and seeing them available for sale (four participants). They had first tried BZP-party pills for a variety of reasons including recommendations from friends (five participants), interest in the experience (three participants), as a dance party stimulant (three participants), and because they had been told it was similar to ecstasy (one participant). Participants’ usage patterns emerged in two distinct groups (see Table 2). Half of the group could be described as ‘light’ users, typically having taken BZP-party pills on less than ten occasions spread over a number of years. While one of these users did not supply details of doses per session, the other five all took either the recommended dose or less than the recommended dose. The other half of the group described using BZP-party pills much more regularly, typically every weekend or every month. Four of this group admitted exceeding the recommended dose. However, there were no notable age or gender distinctions between the ‘light’ and the ‘regular’ BZP-party pill users.

All participants reported using BZP-party pills in the context of dance parties or nightclubs. Four had used them for other purposes, including house parties, walking, sex, and for study. Several participants also described activities
they would not use BZP-party pills for, including going out driving, quiet nights in with friends, sitting down at a dinner party, and work, as one participant stated, The [BZP-]party pills were pretty specifically about going out and dancing. That seems to be how it was marketed … yeah, it seems to be about the only place I saw it being used. (r8)

Energy (ten participants) and euphoria (five participants) were the main effects of BZP-party pills described by users. Half of the sample found it made them want to dance a lot, three people found themselves easily distracted, and a further three users found themselves becoming ‘chatty’. Other effects included tingly skin, ‘going analytical’, increased heart rate, lights getting shiny, music getting more interesting, feeling on edge, tactility, and altered perception. Upon coming down, participants experienced body exhaustion from dancing combined with an inability to sleep for several hours. Three respondents also mentioned feeling antisocial, hung over, and intellectually sluggish the following day. Several people mentioned that this may have been associated with dancing all night, however it was commonly acknowledged as an after-effect of BZP-party pill use with one respondent commenting,

… afterwards I felt sort of bad. The next day is just kinda ‘oh’ … Yes, you just kind of go, ‘oh wow I’m going to have a pretty slow day today.’ Yes, admittedly I did dance all night but it … just felt like it had been hard on my body. (r7)

Other experiences with BZP-party pills included insufflation (r10, who did not recommend it), mixing with ecstasy (r4 and r12), a week-long bender (r10), and using it for studying (r9). However, the main purpose described by all participants was as an enhancement to a dance event.

A theme that emerged from the first interviews was the comparison of BZP-party pills with ecstasy. Participants in general felt that the BZP-party pills worked as an ecstasy substitute (as explicitly stated by six participants) but was less effective (mentioned by a further six participants, with one user stating that the BZP-party pills, ‘was, kind of like … cheapish, low-quality E’ (r2). However, others described appreciating the consistency of the BZP-party pill experience compared with the unreliability of street ecstasy, with one user acknowledging that,

I love ecstasy … but with BZP[-party pills], you know, every time you go buy BZP[-party pills] you’re going to get the same thing every time, whereas with ecstasy you take a lucky dip, you know, you don’t know what you’re going to get. (r12)
When participants were first interviewed, towards the end of the amnesty period on usage, only two participants stated that they would keep using BZP-party pills once possession became illegal. Two people said they would stop and a further two thought maybe they would stop, while three had already stopped, and three did not state how they felt the legislation would affect their use of the pills. The general view expressed, however, was that as BZP-party pills became illegal to use, the cost, risk and hassle associated with them would increase to the level of other substances (notably ecstasy), and the payoff would not make the consumption of the NPS worthwhile. This perception was expressed by almost all participants in one way or another as the following two comments illustrate:

If I’m going to be trying to get something that’s illegal I may as well try and get something that I feel is a better experience and that subjectively feels better for me. (r1)

I think I will potentially end up using ecstasy more, because if I’m having to pay exorbitant fees for it [BZP-party pills], then I’d much rather have the real deal. (r10)

**Second interviews (wave-2)**

The second interviews took place over a year after the possession of BZP-party pills had been made illegal. By this point, none of the participants were still using BZP-party pills or knew anybody who was taking them. Among other reasons, all participants but one (r2) felt the legislation had affected their decision to stop using in some way, including the lack of availability (six respondents), the experience not being fun enough for the legal risk (two respondents), and the health risks associated with illegality (one respondent). With the criminalisation of BZP-party pills, some felt that other drugs were now more appealing, as the following comment suggests:

There’s no point taking BZP[-party pills] and risking, you know, arrest or social censure or whatever ‘cause it’s actually not that much fun ... because the only advantage they [BZP-party pills] had was that they were legal, ‘cause there’s better drugs and if you’re going to take something illegal then you may as well take something decent. (r5)

Participants’ observations around criminalisation and their own use suggest that the legal status of BZP-party pills did have an impact on their view of them as acceptable, mainly in comparison to illegal alternatives, with two of the users stating,

Well, yes actually … It did make it a little bit more acceptable, probably more for the convenience than the innate quality of it. (r11)
You know, it wasn’t that I said, ‘whoa, this is illegal I shouldn’t, I don’t do illegal things,’ it was just that before because it was specifically legal it was an easy option when I didn’t have real drugs. (r3)

Overall, the opinions given by the participants did not vary greatly from those projected in the first interviews. The general view in both sets of interviews was that BZP-party pills, while useful as a legal alternative to other illegal substances (particularly ecstasy), were not ‘good enough’ to be worth the effort and risk to access once they were illegal and therefore not readily available.

All of our sample were alcohol users, and of the other legal drugs mentioned by them, ten participants used caffeine in the form of coffee, tea or energy drinks, two used tobacco, three used nootropics (also known as ‘smart drugs’), and four had used legal substances such as glue, antihistamines or DXM (that is, dextromethorphan, an antitussive found in some cough medicines which at high doses produces a dissociative and psychedelic effect) as recreational substances. When asked about the use of legal drugs after the criminalisation of BZP-party pills, four felt that they had to an extent replaced BZP-party pills with alcohol in social situations. It is notable that the four people whose alcohol use increased as a replacement for the NPS were all previous ‘regular’ users of BZP-party pills.

By the second interview, the number of people who had tried non-BZP NPS had increased from four to eight, with five liking them, one not liking them, and two feeling indifferent about them. When asked how they compared with BZP-party pills, the general consensus was that they were not as effective but also came with fewer side effects, as the comment below illustrates:

I’ve only tried one [non-BZP NPS] and that felt, I can’t remember the name of it unfortunately, I bought it from Cosmic Corner [a popular chain of ‘head’ shops in Aotearoa New Zealand] and … it felt less harsh than BZP[-party pills] but it had similar effects, but … there was less intense effects but it was still pleasurable and fun. (r1)

Several participants mentioned intending to try BZP-free party pills but not having heard enough good things about them to provide motivation. Of those who had tried them, only two were using them as a replacement for BZP-party pills on a regular basis.

In the first interviews (wave-1), the majority of participants thought that after criminalisation they would seek out other drugs in preference to BZP-party pills. At the second interview (wave-2), none were using BZP-party pills but all were still using other illegal drugs. Five participants felt that their illegal drug use
level was about the same as prior to the criminalisation of BZP-party pills, while half the cohort (six participants) were using illegal drugs more (see Table 2). One participant was using illegal drugs less and ascribed this to generally going out less often. None of the five respondents whose illegal drug use had not changed post-criminalisation felt that the legislation had anything to do with their choices related to drugs. One had stopped using BZP-party pills prior to criminalisation for health reasons (r2) and continued in the same illegal drug use pattern. For all of these people, their drug use was described as an internally driven choice, as one stated, ‘I’m more likely to buy illegal drugs now if I want to get high. But I want to get high less often’ (r8). Of the six participants whose illegal drug use had increased, four felt that it was related to the law changes surrounding BZP-party pills, as represented by the following comment:

I think I’m probably taking more [illegal drugs] because BZP[-party pills] just isn’t really an option anymore, so if there is some event on or if I want to go dancing with friends and stuff then, yeah, so it might be harder to get. Yeah, so I take a lot, I think I take more of the substances that were illegal … than I did before BZP[-party pills] became made illegal. (r1)

The final two participants felt that their use of drugs had increased in general and that the criminalisation of BZP-party pills was purely coincidental, one stating that the increase had,

... a lot to do with my introduction to the environment and the scene and various people, circumstances change and that kind of stuff, who can get stuff. And I think … my BZP[-party pill] use coincided with an introduction into a social kind of environment where I became more aware of how to get hold of things that I like, yeah. (r12)

At the first interviews five participants had predicted that people would start using other illegal substances as a replacement for BZP-party pills. However, of these five, only one felt he had actually increased his use of other drugs in response to the legislation. Overall, five participants felt that the criminalisation of BZP-party pills had affected their illegal drug use and seven felt that it had not. Thus, there appears to be no relationship in our research between changes to illegal drug use, perceptions of the impact of the legislation, and previous BZP-party pill usage patterns.

In the first interview, several participants had described life changes that had impacted their BZP-party pill use. For example, one participant had stopped going out – and therefore stopped using BZP-party pills – due to a marriage breakup prior to the first interview. Others talked about having made ‘growing
up’ lifestyle changes prior to criminalisation which had, likewise, led them to go out less and reduce their use of BZP-party pills. By wave-2, participants had experienced a number of life changes (see Table 2), including attaining education qualifications, changing jobs, changes in financial situation, moving house, changing relationships, and changes to how often participants would go out socially. Overall, when asked whether things in general were better or worse, all participants felt that their lives were either the same (six respondents) or better (six respondents). While it was only specifically stated in one case, participants described the changes they had experienced in terms of their life path rather than in relation to their use of BZP-party pills or other drugs, thus giving the impression that they did not consider their general drug usage to have an impact on major aspects of their lives.

Discussion and conclusion
As with other studies on NPS and the effects of their criminalisation, our study suggests that, over time, prohibition brought about the decline in the consumption of BZP-party pills. Similar to the work of Sheridan et al. (2013) and Wilkins and Sweetser (2013), there is some evidence for the increased use of non-BZP NPS and other legal drugs (such as alcohol). In a departure from previous findings, however, our study also found an increase in the use of other illegal drugs for half of our sample (six of 12 participants), with the majority of these participants (four) suggesting that the criminalisation BZP-party pills was responsible for this displacement effect. This result reflects the concerns of McElrath and O’Neill (2011) and Measham (2010) that criminalising popular NPS will lead users to seek out illegal alternatives, with potentially more harmful consequences for both the drug taker and for society.

An explanation for the differences we found in post-criminalisation drug taking behaviour compared to other research is the proportionally older and more experienced composition of our cohort. The majority of our participants were aged 30-45 years and long-term users of a variety of drugs; younger groups of BZP-party pill users will tend to have less prior knowledge and experience of illegal substances, meaning the experience of using an NPS is likely to have more significance for them, as will the resulting change in their behaviour due to the prohibition of that NPS. To illustrate this point, in a related study of BZP-party pill use Cohen (2010: 27) found that participants who had no previous experience of illegal drug taking considered legal NPS use as ‘clean fun’ but illegal drug taking as ‘dodgy’ and deviant. Similarly, Sheridan and Butler’s (2010: 79-80)
study of perceptions of the then legal status of BZP-party pills found that users who did not already consume illegal substances were particularly attracted by the ‘socially acceptable’ nature and lack of stigma attached to taking the NPS.

Table 2: Original BZP-party pill usage, and illegal drug taking and life changes between first and second interviews

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Wave-1</th>
<th>Wave-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>r1 light</td>
<td>More</td>
<td>Yes+</td>
</tr>
<tr>
<td>r2 regular</td>
<td>Same</td>
<td>Yes+</td>
</tr>
<tr>
<td>r3 light</td>
<td>Same</td>
<td>No</td>
</tr>
<tr>
<td>r4 regular</td>
<td>More</td>
<td>Yes</td>
</tr>
<tr>
<td>r5 light</td>
<td>Same</td>
<td>No</td>
</tr>
<tr>
<td>r6 regular</td>
<td>Same</td>
<td>No</td>
</tr>
<tr>
<td>r7 light</td>
<td>More</td>
<td>No</td>
</tr>
<tr>
<td>r8 light</td>
<td>Same</td>
<td>Yes+</td>
</tr>
<tr>
<td>r9 regular</td>
<td>More</td>
<td>Yes+</td>
</tr>
<tr>
<td>r10 regular</td>
<td>Less</td>
<td>No</td>
</tr>
<tr>
<td>r11 light</td>
<td>More</td>
<td>Yes+</td>
</tr>
<tr>
<td>r12 regular</td>
<td>More</td>
<td>No</td>
</tr>
</tbody>
</table>

Note: ‘+or-’ refers to the participant commenting on the change as a positive(+) or negative (-)

Thus, we should not ignore the fact that the very issue of an NPS being legally sanctioned is in itself significant for less experienced users. With criminalisation, such groups are likely to return to consuming other legally available substances, especially alcohol, as well as experimenting with other legal NPS from time to time.

In contrast to younger, less experienced drug users, our cohort gave less significance to both their personal use of BZP-party pills and the eventual criminalisation of the NPS. Nevertheless, prohibition did change both their legal
and illegal drug taking behaviour to some extent; BZP-party pills may have been a low quality drug, like a ‘poor man’s ecstasy’ (Cohen, 2010: 27) for experienced drug takers, but legality at least meant that the NPS was easily accessible and convenient to purchase without the threat of legal sanction. Criminalisation changed that, and our cohort tended to revert back to illegal alternatives as well as alcohol – a drug that has been described by experts as the most harmful drug of all (Nutt et al., 2010). What is often ignored in the research on NPS and criminalisation is consideration of the wider circumstances in which this drug use takes place. While our study has demonstrated that the criminalisation of NPS will have an effect on drug taking behaviour over time, it also highlights the complexities of how participants personally understand and make sense of such changes. As we have seen, BZP-party pill and other drug use is contextualised within broader lifestyle choices – a change in a relationship or network of friends, for example, can mean a change in patterns of leisure or forms of socialising, with different drugs consumed as a result. Maturation can also have an effect on drug taking, for example, with the feeling of having to ‘grow up’ and perform a closer cost-benefit analysis of which drugs are suitable and appropriate to purpose when considering additional responsibilities of ‘older’ drug takers (such as employment and family obligations). Within such a context, drug taking is less a central component of the drug takers identity and, as our results have shown, taking more illegal drugs did not have a negative effect on the lives of our participants either economically or socially. In fact, changes in life circumstances were seen as unrelated to respondents’ drug taking behaviour.

In common with the broader scholarship on the legal sanctioning of psychoactive substances, the implications of our findings are that criminalisation only works to the extent that some – though far from all – will be dissuaded from using illegal drugs. The global trade in illegal drugs is buoyant, while prohibition remains a blunt political tool in seriously engaging with social and economic drug harm in society. At the policy level, the criminalisation of substances such as mephedrone and BZP-party pills has failed to stem the tide of new NPS appearing weekly on the international market. Taking an innovative approach to this issue, in 2013 the Aotearoa New Zealand government passed the Psychoactive Substances Act which established a Psychoactive Substances Regulatory Authority responsible for ensuring that NPS meet Ministry of Health safety requirements before they can be licensed for sale. This new regulatory framework has been cautiously welcomed by NPS researchers (Wilkins et al., 2013b), and it
will be important for social researchers to monitor the impact (if any) of such regulation over the next few years, including the assessment of any changes on NPS and other drug taking behaviour among the population.

As sociologists, the rise of new psychoactive substances in the twenty-first century also offers some fruitful opportunities to theorise further on the meaning of recreational drug taking as it is now carried out on a grand scale. The consumption of different ‘legal highs’ has brought into sharp relief what Parker et al. (1998) previously termed the ‘normalisation’ of recreational drug use. Though these scholars were referring to the use of illegal drugs such as amphetamines and ecstasy by increasing numbers of young people during the 1990s, the emergence and growing popularity of NPS only serves to further illustrate the argument that ‘recreational drug taking’ – that is, rational and informed drug taking behaviour by young people, utilised for specific leisure activities such as dancing and clubbing – is now mainstream behaviour, rather than marginalised and deviant. As we have seen in this article, however, the criminalisation of NPS does not appear to have the same effects on experienced drug users as it does for those new to psychoactive substances. Further investigation of whether such findings signify the maintenance of subcultural identities (Cohen, 2010) or represent the further ‘mainstreaming’ of psychoactive drug use (Parker et al., 1998) would seem to offer a very useful focus for future sociological study.

References
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