

# DYING TO BE THINNER

AN ILLEGAL WEIGHT-LOSS DRUG HAS CLAIMED ITS FIRST IRISH VICTIM. WHAT IS DNP AND WHY ARE AN INCREASING NUMBER OF PEOPLE HERE TAKING IT? NATIONAL STUDENT DRUG SURVEY COORDINATOR TIM BINGHAM HAS SOME OF THE ANSWERS.



Tim Bingham and (inset) the dangerous weight-loss drug DNP

## "IN CHINA, SUBSTANCES LIKE DNP ARE BEING PRODUCED ON AN INDUSTRIAL SCALE"

**T**he dangers of buying drugs on the internet were brought into sharp focus last month when the Chief Executive of the Health Products Regulatory Authority, Pat O'Mahony, announced that an unnamed 24-year-old Irish student had died in May after taking diet pills containing 2,4-dinitrophenol (DNP), a prohibited substance that's also used as a bodybuilding steroid.

"The HPRA and An Garda Síochána are liaising regarding their respective investigations into the supply of the DNP product and the events surrounding the death of this man," O'Mahony says. "We strongly urge members of the public to never use the internet to source slimming products or any prescription medicines at any time. No amount of these products is safe to take. Bogus websites can be very sophisticated and appear to be legitimate. However, in reality they can be supplying unsafe and harmful products. Laboratory analysis of products detained in the past has shown that medicines being sold through illicit websites will often contain too little or too much of the ingredient or may contain undeclared and harmful substances."

At the request of the French authorities, Interpol issued an 'Orange Notice' in May, which

explained that, "Although usually sold in yellow powder or capsule form, DNP is also available as a cream. Besides the intrinsic dangers of DNP, the risks associated with its use are magnified by illegal manufacturing conditions. In addition to being produced in clandestine laboratories with no hygiene regulations, without specialist manufacturing knowledge the producers also expose consumers to an increased chance of overdose."

"In the 1930s DNP was used to boost metabolism and encourage weight loss, but it was taken out of circulation because of several deaths."

The warning came too late to save Eloise Parry, a 21-year-old student from Shrewsbury in England who died on April 12 after taking tablets that contained DNP. In total, 62 deaths worldwide have been attributed to DNP, which can lead to a weekly weight-loss of up to 1.5kgs without any change to the user's diet. It does this by increasing body temperature and metabolic rate, often to dangerous levels.

Searching online this week, it took *Hot Press* precisely five seconds to find a site offering 100 DNP caps said to originate from Biomax Labs in Turkey for €32.50.

It's also one of a whopping 338 products that can be bought for \$18 a kilo from the Taian Health Chemical Co., a certified pharmaceutical

manufacturer in Shandong, China.

"In China, especially, substances like DNP are being produced on an industrial scale," confirms Tim Bingham, an independent drugs researcher based in Kerry, who's done work for both national and European agencies.

"As per the HPRA warnings, the sites selling them look professional and reputable," he continues. "They're often sold in colourful branded packaging that makes them look like health supplements, which obviously they're not. Even if these diet or fat-burning pills are clearly marked as being DNP, you don't know whether they contain 5% DNP or 15% DNP or whatever. One of the common myths is that they're weaker than normal pharmaceuticals, so people tend to take extra."

74% of Irish respondents to the Global Drug Survey said they've bought drugs off the internet, which is low compared to the 20.7% in the UK and 40% in France. The figure shoots up to 18%, though, in the newly published National Student Drug Survey, which was conducted by Tim Bingham in tandem with Graham De Barra and Colin O'Driscoll, and has 2,701 third-level respondents.

"What's really interesting for me is that over 80% of the student population are doing some kind of sporting activity during the week," Bingham resumes. "When we asked people, 'Why do you take IPEDs (Image and Performance Enhancing Drugs)?', 16% said 'To lose fat', which compares to: 'Make the team' - 5.52%; 'Attain a higher sporting achievement level' - 12.88%; 'Get faster' - 17.7%; 'Feel better about myself' - 21.41%; 'Get fitter' - 23.3%; 'Gain muscle' - 26.99% and 'Get stronger' - 34.9%. Effectively, the survey shows a 16% increase in the number of students using DNP in the last 12 months and a 31% increase in the use of particular thyroid hormones."

"The 'Feel better about myself' figure is interesting," Bingham reflects. "The way people are becoming socially accepted and getting their self-esteem may not be through their peer group, but from external sources like Facebook and Instagram. You've first and second year students doing their bodybuilding and diet nutrition and posting pictures of, 'This is what I looked like six weeks ago, this is what I look like now', and you know it's impossible for them to have got that way in such a short space of time without having taken something. Social media is feeding into this body image. And because it's happening more and more, it's becoming normalised."

While the internet is the villain of the piece when it comes to students and others getting their hands on dangerous substances like DNP, it's also become one of the best sources of peer-to-peer harm reduction advice.

"A lot of people are buying drugs through darknet sites like the Agora Marketplace where vendors can be rated, the drugs tend to be what they say they are on the packet and, if they're not, alerts quickly go out," he explains. "I've looked at sites like Bluelight, Erowid and Pill Reports closely, and the peer-to-peer information being exchanged there tends to be accurate and up to the minute, which means if there are dodgy pills or powders out there you hear about it straight away."

The results of the National Student Drug Survey aren't being published in full until the start of the new academic year in September, but courtesy of Tim Bingham and his colleagues we can bring you the key findings now.

"We've seen a significant drop - over 50% - in the number of students using mystery white powders. There is however a massive increase in the use of MDMA but not, interestingly, in the number of those being admitted to A&E because of it. The percentages



for that are very, very low.

"Mephedrone use has also declined among students, suggesting a return to more traditional drugs."

There's been much debate as to whether the recent upsurge of new HIV cases in Dublin is linked to the intravenous use of mephedrone. The Ana Liffey Drug Project believes it is, whereas the heroin addiction specialist *Hot Press* works closely with, Dr. Garrett McGovern, says he's yet to see evidence of this in his own clinics.

"You don't hear about it in every city, but there is a small cohort of people in Dublin who are injecting mephedrone as well as heroin," Tim Bingham proffers. "One of my questions – and I don't know the answer to this – is, 'Why are we only getting this HIV spike now?' I did a study around mephedrone injecting in Dublin in 2010/11, and would argue that it was far more prevalent then than it is at the moment. I'm not privy to what's going on in government, but you'd very much hope that Minister O Ríordáin and his colleagues are making this one of their top priorities."

## THE NATIONAL STUDENT DRUG SURVEY

THE KEY FINDINGS AND HOW IT COMPARES TO THE GLOBAL DRUG SURVEY 2015

### PAST 12 MONTHS USE

DRUG	NSDS	GDS
All MDMA:	44.25%	38.5%
Mephedrone:	5.59%	2.05%
Ketamine:	10.59%	8.94%
Cannabis:	48.77%	60.8%
Mystery White Powders:	5.48%	11.9%
Synthetic Cannabis:	3.25%	1.1%

# PILLING IN THE NAME OF

THEY USED TO BE EUPHEMISTICALLY KNOWN AS 'MOTHER'S LITTLE HELPERS', NOW PRESCRIPTION DRUGS LIKE VALIUM ARE SYNONYMOUS WITH HEROIN USE. BENZOS EXPERT DR. PAUL QUIGLEY TELLS STUART CLARK WHY SO MANY IRISH PEOPLE ARE POPPING PILLS.



"Getting out of it' with sedatives is one response to insoluble life problems"

**B**enzodiazepines. It's a difficult word to say and, for most people, an even harder one to define. In the Global Drug Survey 2015, almost 14% of the 2,393 Irish respondents said they'd taken benzos over the past 12 months, with two-thirds doing so without a doctor's prescription.

Discussing the GDS 2015 findings with *Hot Press*, the Minister with Responsibility for Drug Strategy, Aodhán Ó Ríordáin, said, "I believe young people aren't taking heroin up in the same numbers that they used to, but other substances are a problem with teenagers. Benzos and different types of prescription drugs being among them."

Those comments are welcomed by Dr. Paul Quigley, an addiction GP with a special interest in benzos, who's worked for over 20 years in the Ballymun area.

"Rather than scaremonger and throw words like 'epidemic' around, which hasn't resolved anything in the past, the Minister has recognised benzos as being part of the drugs landscape," Dr. Quigley reflects. "He's a smart guy, who's taught in the

north inner city, and knows that the methadone population is generally benzo co-addicted. One of the reasons for that is the low quality of the heroin in Dublin over the past 30 years. People use benzodiazepines, which are easier and cheaper to get, to boost it up. Another is that a lot of doctors have historically been happier to treat with valium than provide methadone."

We'll return to the idea of methadone users being an ageing population later. A campaigning voice who's worked with Dublin's Northern Area Health Board HIV and Addictions Service, Dr. Quigley continues: "There are lots of different benzos, including the well-known valium, dalmane, temazepam etc. and they do what it says on the tin'. Sedate. They help people to sleep, to reduce worry, and to cope, and these have often been recognised by doctors as genuine mental health issues and as legitimate prescribing needs.

"Benzos were marketed very heavily in the '70s and lots of money by Big Pharma was made before the problems of dependence and addiction were identified. Now they're regarded by doctors as being rather disreputable, but they are still very

heavily prescribed long-term by many GPs.

"The z-drugs – zopiclone etc – were marketed about ten years ago as a safer non-addictive version of benzos, and are also heavily prescribed. But they also have addiction and misuse issues. Precisely because they are effective sedatives. In short, any sedative has misuse potential. The stronger, or the more short-acting the sedative, the higher is the risk."

As concerned about benzos as he is, Dr. Quigley reckons there's little that Minister Ó Ríordáin can do to stem their use.

"Like alcohol, problematic benzo and z-drug use is deeply ingrained in our society at all levels, so demand for prescribed, internet supplied or street supplied benzos and z-drugs is unlikely to fall," he reasons. "In global terms they are as cheap as chips – maybe 1 cent per tablet – so control of supply is almost impossible.

"We need to step back and see the bigger picture. Benzos are a sensitive issue, which the medical profession has been very reluctant to examine openly. We don't even have statistics for private benzo prescribing, but it is very substantial indeed. Unless the profession is willing to be more open about what doctors are actually doing with benzos, rather than what doctors are saying about benzos, 'the benzo problem' will continue to grow."

Dr. Quigley also questions the viability of the safe injecting rooms, which the Minister has made a cornerstone of his harm reduction agenda.

"I can't see consumption rooms taking off in Dublin," he cautions. "We don't have the structures to manage something like that, and the potential clientele are very disorderly. There's even a waiting list for methadone downtown, because Trinity Court is overwhelmed with homeless treatment applicants."

Suggesting that Minister Ó Ríordáin and his governmental colleagues need a keener social agenda as well as a harm reduction one, Dr. Quigley concludes by observing that, "Addiction and social exclusion is chicken and egg, but the bottom line is that homeless, directionless people are looking for the cheapest, most reliable 'bang for the buck'. Benzos boost up poor quality heroin, and are combined with alcohol and cannabis. Like self-harm, or suicide, 'getting out of it' with sedatives is one response to insoluble life problems and feelings of despair. That's the bottom end of the society, and the most visible, disturbing aspect of the drugs' iceberg."