

Response to amendments to the poisons standard: with particular reference to nitrite inhalants to be added to Schedule 9.

I strongly oppose the inclusion of nitrile inhalants in Schedule 9 of the poisons standard and statements included in the proposed amendments due to the harms this will directly create for the community, the negative impact to marginalised groups who depend on these chemicals, the high utility and efficacy of nitrile inhalants, relatively low evidence of potential harms, and possibility to increase the risk of these harms if regulated under the poisons standards.

With respect to the “risks and benefits,” nitrile inhalants can in no circumstances be considered to be without great utility, which has led to their widespread adoption, and availability, particularly within marginalised groups such as LGBT.

This is extremely important to consider in the current climate for the sale of inhalants and the potential for further harms on the poisons schedule.

Whilst small evidence for potential harms has been documented, the utility of these chemicals is such that they have become a cultural practice. Surveys of LGBT community indicate past 6-monthly usage rates at roughly 30% of the gay community in some areas [1] with higher rates reported in other inter-city communities historically [2]. Nitrate inhalants are routinely sold and distributed particularly in LGBT venues, sex stores and adult bookshops, etc and are widely relied upon by a great number of persons. Further, considering role of inhalants in sexual practice [3, 4], for purposes which many depend on for normal sexual intimacy including prolonged sexual activity, facilitating meeting of partners, enhancing sexual desire and experience [5], it is misleading to simplify such behaviour as “illicit” use and represents a market for which is unlikely to go away any time soon and highly likely to continue in less regulated, underground models.

As unlicensed products, “poppers” already are frequently sold under misnomers such as “leather cleaner,” “vinyl cleaner,” “room de-odorizer,” in an attempt to dodge regulatory burden in a market where legality is perceived as ambiguous. Whilst this actually exacerbates the issue by divorcing the product from reasonable consumer warnings and protections, it indicates an environment in which amyl is very primed to go “underground” where consumers are more likely to be subjected to poor quality control and the introduction of contaminants by unregulated vendors.

The issue of a lack of regulatory guidelines and sale without consumer health warnings is complicated further given strong contraindications with sildenafil citrate (██████) which, given similar sexual utility [6] is unfortunately, used in combination. Consumers are without advisory on this and risks of hypotension when regulated as a poison. Further, consumers are unaware of different blends and compositions, which are widely referred to only as “amyl.” [7] Such issues are unlikely to be addressed on the Poisons Standard (SUSMP), and unlikely to go away with the proposed amendments.

Further, it is not without exaggeration that in a tighter regulatory environment, stronger alternatives are emerging [8], which are less clinically understood, and for which are likely to become more mainstream. Literature review suggests modifications to popular formulations may be in part to blame for risk of ocular harms [9], indicating a potential for higher risk when unclassified formulations are further deregulated for quality under a complete ban as per amendments to SUSMP, and a failure of the amendments to the act to identify and target those formulations which have greater health implications than others.

The potential for harm associated with nitrate inhalants, whilst raised in various case presentations and valid cause for continual monitoring, has not born significant cause for alarm in wider case studies. [10, 11]

For context from legislative considerations abroad, professional advice to legislature has been that nitrile inhalants are “not seen to be capable of having harmful effects sufficient to constitute a societal problem” [12] and such inhalants have not been included in drugs of abuse lists.

In light of such high utilisation, very few case reports of adverse events, and unlikeliness for the chemicals to withdraw entirely from the public scene, as well as poor evidence of dependency, addiction or habitual reliance, and only scant evidence for potential harms, however valid, it will pose a significant burden on the community if nitrile inhalants are added to the poisons schedule, and will see a marginalised community which uses these become a target for serious criminal consequences for distribution, sale, personal use or possession.

There is little evidence to suggest that, in light of high utilisation over large periods of time and in that period, the insignificant report of adverse events, habitual usage, addiction or other harms, that interventions of this format are of community value, or that detection and prevention of abuse of substance is likely to have positive impact for those effected, or the wider community. The impact to public safety from widespread criminal consequences is far greater than the potential dangers associated with nitrile inhalants.

I therefore strongly advise that nitrate inhalants are not added to schedule 9 on the poisons act.

1. Hull, P., et al., *Gay Community Periodic Survey: Perth 2010*. Sydney: National Centre in HIV Social Research, 2011.
2. *Sydney Gay Community Periodic Survey Data*. 1996.
3. Waugh, M., *Amyl nitrite as a sexual stimulant*. British Medical Journal, 1979. **2**(6188): p. 499.
4. Swartz, J. and D. McCarty-Caplan, *A Study of the Longitudinal Patterns of Stimulant and Amyl Nitrite Use and Sexual Behavior Pre- and Post-HIV Seroconversion Among MSM*. AIDS and Behavior, 2018. **22**(4): p. 1395-1409.
5. Lyons, T., et al., *Breaking the Bond Between Stimulant Use and Risky Sex: A Qualitative Study*. Substance Abuse, 2010. **31**(4): p. 224-230.
6. Slavin, S., *Recreational use of amyl nitrate*. Venereology, 2001. **14**(2): p. 81-82.
7. French, R. and R. Power, *A qualitative study of the social contextual use of alkyl nitrites (poppers) among targeted groups*. Journal of Drug Issues, 1998. **28**(1): p. 57-76.
8. Hall, T.M., S. Shoptaw, and C.J. Reback, *Sometimes Poppers Are Not Poppers: Huffing as an Emergent Health Concern among MSM Substance Users*. Journal of Gay & Lesbian Mental Health, 2014. **19**(1): p. 00-00.
9. Gruener, A.M., et al., *Poppers maculopathy*. The Lancet, 2014. **384**(9954): p. 1606-1606.
10. Lowry, T.P., *Amyl nitrite and the EEG: a pilot study*. Journal of psychedelic drugs, 1979. **11**(3): p. 239.
11. Lowry, T.P., *Neurophysiological aspects of amyl nitrite*. Journal of psychedelic drugs, 1980. **12**(1): p. 73.
12. House of Commons, *Psychoactive substances, First Report of Session 2015–16*, H.A. Committee, Editor. 2015.