

Designer drugs:

Junior chemists concoct potent mindblowers

BY GINA SMITH
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California expert Robert Robertson called it "a designer drug disaster."

Two years ago, a group of young men in their early 20s checked into California's Santa Clara Valley Medical Center, shocking the staff who first saw them—they were literally frozen inside their bodies.

Unable to speak, move, or feed themselves, the men resembled in every way elderly patients in the final stages of Parkinson's Disease. The culprit? MPTP, or synthetic Demerol—perfectly legal at the time to manufacture and distribute on the streets.

Told they were injecting "synthetic heroin," the young men had indulged only once in the most dangerous of designer drugs, but they had set in motion an irreversible process that had killed a good part of their brains.

"Designer drugs are any drugs similar in chemical makeup to an illegal drug, or any that simulate its high," said Rich Paul of the U.S. Senate's Special Subcommittee on Drugs and Alcohol. "What can happen now is a kitchen chemist can take a drug that's illegal, make a slight modification and make it legal."

Designer drugs are chemical "analogues" of illegal drugs. Three types have attracted national attention: fentanyl and its derivatives, synthetic heroin; MPTP, synthetic Demerol, and Ecstasy, synthetic amphetamine. And Paul is concerned that hundreds more may be synthesized this year—and under present conditions, all of them would be legal.

Because the federal government is required by law to specify the exact chemical formula of any drug it wants to control, anyone with a good knowledge of chemistry can take an amphetamine molecule, for example, add a carbon atom or two, and create a product as psychoactive as the first, but one that is now legal.

And, according to Robertson, unless legislation is introduced to control existing designer drugs—as well as those not yet invented—there will be no stopping this trend. Currently, it can take the Drug Enforcement Administration up to two years to outlaw a drug once it's been recognized and subjected to investigations.

"By that time, new variations of drugs may already be in circulation and, in this way, individuals manufacturing them can stay ahead of the law indefinitely," said Robertson.



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—SMU sophomore Becky Shockley

If measures to halt their proliferation are not taken, Robertson believes designer drugs will alter the very nature of drug abuse in this country.

"As efforts to control natural drugs such as opium, coca, and marijuana grow more successful, and as safeguards to prevent pharmaceutical use become more effective, there will be more incentive to illicitly make drugs locally," he said. Robertson said newer, more potent, more selective drugs will

appear rapidly, and that "smoking" or "snorting" these drugs will gain popularity. These types of ingestion are more difficult to detect chemically.

And the use of the new synthetics will inevitably spread, he said, across the nation and to other countries.

ECSTASY

The synthetic amphetamine ecstasy very nearly took charge of Texas' Southern Methodist University campus last spring. "It's not like we were druggies or anything, and it's not like SMU is a druggie school," said SMU sophomore Becky Shockley. "But last spring doing Ecstasy was really casual. It was legal and it was everywhere."

Shockley estimated that nearly 70 percent of all SMU students tried Ecstasy at least once last spring. Students could purchase 100mg tablets with cash at fraternity house, or with credit cards at some exclusive Dallas bars. (The cost—\$20 for a "hit," plus \$1.33 tax).

"When people did it, it was when they went out," said Shockley. "It was strictly a go-out-and-party type thing. It lasts long, and frankly, a lot of girls did it because it has calories. People are very looks-conscious here."

"For the first 30 minutes or so, you feel kind of dizzy. It's really weird," she said. "And then, you just get really sociable, happy and outgoing. And it lasts about five or six hours."

Shockley said most students never used the drug more than five or six times. "Because the more you use it, the less euphoric it makes you feel."

But she said the fad "just fizzled out" after an emergency ban was imposed on the drug by the DEA July 1.

"We weren't aware, at first, how widespread the use was," said DEA agent Frank Sapienza. "We had known about Ecstasy for maybe 15 years, but incidents were isolated." It was partially the marketing uproar in Dallas, he said, that alerted them.

Ecstasy's chemical name is 3,4-methylenedioxymethamphetamine, but on the streets it's commonly called MDMA, Adam, or XTC. Although it was first synthesized in 1912 by a German pharmaceutical firm looking for the ultimate appetite suppressant, it was never manufactured.

In 1953, the U.S. Army tested the drug on animals searching for a possible military use for it. But when the drug

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proved lethal to monkeys and dogs in large dosages—325 mg/kg of animal weight killed 50 percent of the animals—research was suspended.

And—although experts can't say how or where—in 1970 the compound reappeared in psychotherapists' offices. They began recommending and administering it to their patients—heralding it as a magic elixir, a miracle drug.

"Until July, a psychotherapist could make it or have it made under the supervision of a chemist," Robertson said. "It's probably not addictive, but no one knows what effects it might have because there's been so little testing on animals."

"These doctors have been testing it on humans for nearly sixteen years, and not near as many animals have had it."

Psychotherapists kept their secret for some time, he said, fearing it would be outlawed. But the DEA, in cooperation with law enforcement agencies, became aware of its use when the substance started turning up in arrested persons' pockets and in seized illegal drug labs.

The DEA placed Ecstasy under an emergency "Schedule I," a classification which kept it legally out of the hands of the public. That included, to the angst of some psychotherapists, mental patients.

Thirty-one-year-old Sarasota researcher Rick Doblin—whose dream is to become the world's first "Psychedelic Psychotherapist"—is one of those who believe Ecstasy should be placed in the less restrictive Schedule II category, which allows freer medical research and prescription to patients.

Doblin has reincarnated the Earth Metabolic Design Foundation, a group inspired by '60s counterculture architect Buckminster Fuller, to push his cause. Members include therapists, researchers, spiritual leaders, and pharmacologists, all of whom intend to hold sway at this October's DEA hearing.

"If someone has a pre-existing depression, the Ecstasy can help bring it to the surface," Doblin said. "And if there is already a trusting therapist-patient relationship, it permits a patient to travel deeply into his or her emotions. It is a drug that strengthens the ego, create a peacefulness, a clarity, and an openness of the heart."

Currently applying for a research permit from the government from the drug, Doblin says he administered it to four or five patients before the ban was instituted.

"One (Ecstasy) patient was suicidal, and after she took it—she realized for the first time the true core of her problem had not been reached. Ecstasy had created a situation where she could be open and trusting."

"She had been raped, and she was told if she ever talked about it, she'd be killed," Doblin said. "But after doing (Ecstasy) she realized she didn't need to think he was lurking

around every corner, about to get her. In reality, the man was far away and long since out of her life...and after taking the drug, she realized that."

"Now, she's okay. She may not be the happiest woman in the world or anything, but she's coping now, in grad school, and leading a better life."

Doblin charges the federal government wants to squash all research with psychedelics—and that it wants to "put Ecstasy on a shelf, forget it ever happened, and never research it."

But DEA agent Sapienza says that just isn't the case. "We don't have an argument with the psychoanalysts about their claim—maybe (Ecstasy) does have some therapeutic potential. But the point is—they didn't go about it the right way, they've been giving an unlicensed drug to patients. And what they haven't done is demonstrate to us its potential."

But getting Ecstasy classified as a Schedule II substance—allowing prescribed use by the public, is a costly process, he said.

"It would have to be tested by a sponsor—that could be a pharmacological company, a lab, or an independent researcher—who meets certain (Food and Drug Administration) guidelines," Sapienza said. The sponsor must be a legitimate researcher, have the necessary credentials and facilities, access to a lab, and be willing to foot what could be a \$10,000 bill in testing the substance. The results are then given to the FDA, he said, who must then approve the substance.

But Sapienza feels there is little chance any researcher could complete experimentation by the Oct. 8 DEA drug hearings.

"There have already been two hearings," he said. "One in early June in Los Angeles, and one last July in Kansas City. At the October hearing, Judge (Frances) Young will take all the testimony that's appeared and make his scheduling recommendation."

The hearings scheduled for this September in Congress are not to be confused with the adversarial DEA hearings coming up in October. The October DEA hearings deal exclusively with Ecstasy, and how it should be scheduled. In September, Congress will hold its own set of hearings to decide whether legislation is needed to make all designer drugs illegal.

"The Senate will bring in various people who have something to say about designer drugs' use and misuse," said Sapienza. "They'll make their statements, bring in documented evidence and then the (Special Subcommittee on Drugs and Alcohol) will publish all the testimony, leaving it for the Senate Judiciary Committee to decide whether legislation is needed."

Sen. Paula Hawkins (R-Fla.) is head of that committee.

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and has already issued press releases to state news media detailing her research position on the new drug genre.

Rich Paul, a spokesman for Hawkins' committee, said "I think it's likely to get out of committee really soon. There's a bipartisan fear of designer drugs."

THE FENTANYLS

But Ecstasy, it seems, is the least of the government's fears. Far more ominous are the fentanyls—over 20 known varieties. It is estimated that over 77 deaths in Southern California have been the direct result of the fentanyl analogues, less than half of which are illegal.

One—called 3-Methyl Fentanyl—is 3000 times as potent as morphine and is thought to be responsible for over a dozen recent overdose deaths in the San Francisco Bay area before the DEA placed in emergency Schedule I last June.

The Fentanyls are predominantly confined to urban areas in California and New York, he said. Known as China White, Persian White, or Mexican Brown on the street, a dose of it is much less expensive than a comparable amount of heroin.

And, Robertson believes, as more fentanyls are discovered and outlawed by the DEA, more analogues will appear to take their places. Robertson estimates that a single chemist could, in one day, supply the entire nation's heroin supply with fentanyl derivatives for months. And he said a six month supply for the entire nation could be stored in a closet.

"One can see the immense attractiveness of the (drug) in terms of cost and liability to those on the production side of the Designer Drug market," he said.

MPTP

MPTP—a synthetic Demerol—first hit the streets of northern California in 1982, and, as a result, Robertson believes countless youth may be stricken into a Parkinson's Disease-like state.

"What we may be facing is an epidemic of Parkinson's Disease in young adults throughout the (area)," he said.

MPTP—pushed on the market as a "synthetic heroin"—is highly toxic to a certain group of braincells called the *Substantia Nigra*. Coincidentally, this is the same group of cells which is damaged in Parkinson's disease.

Already, 20 young adults have sustained severe neuro-damage which Robertson said is irreversible. And he fears there could be as many as 300 youths who had taken the drug in 1982 who may suffer severe symptoms of the disease later.

"Up until now, this concern was just theoretical. But in the last several months, we have started seeing a group of youths at Santa Clara Valley Medical Center who used it two years ago and have by now developed a myriad of

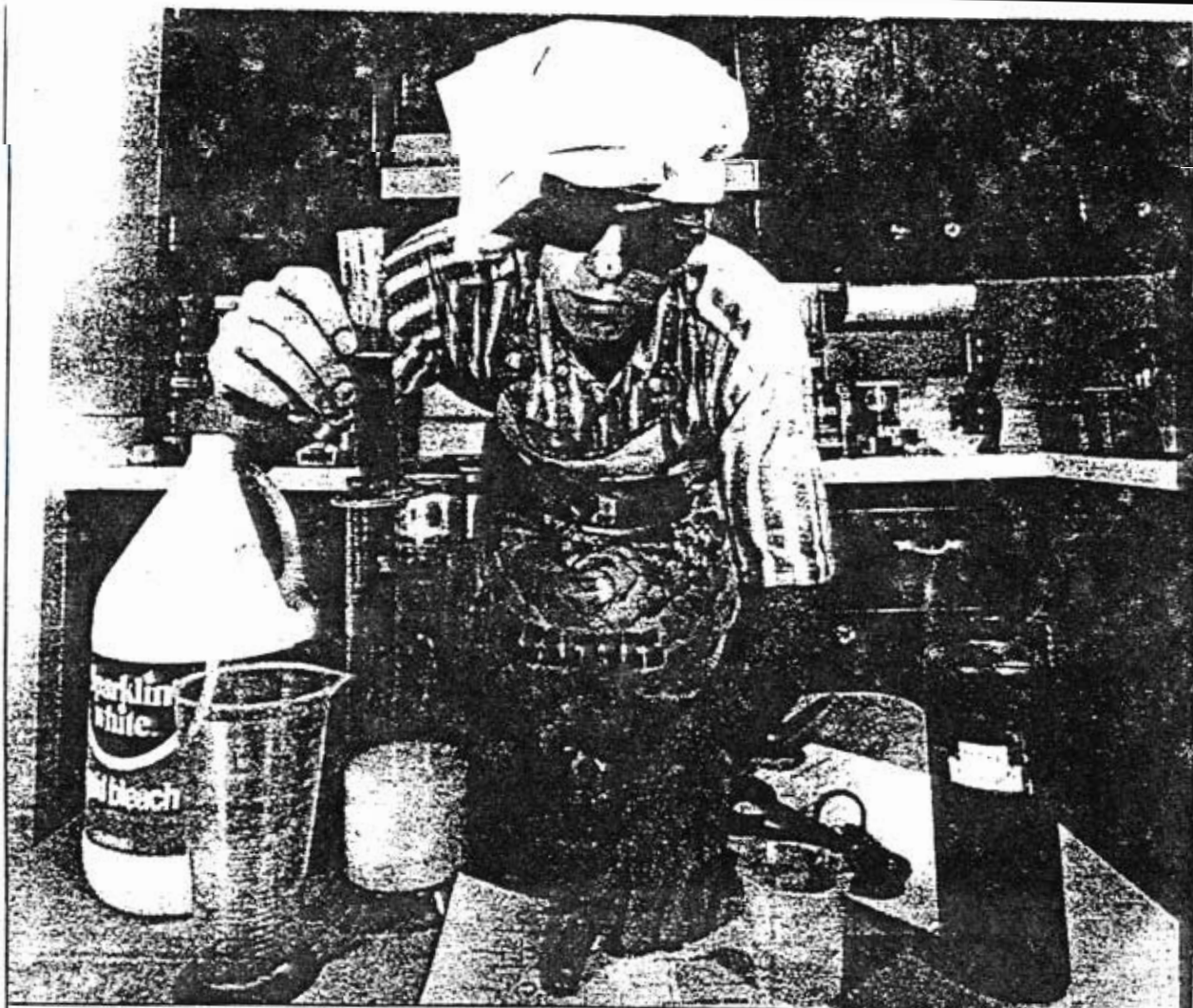


Photo by Deborah Thomas

Any chemist with half a brain and the proper materials can manufacture some version of analogue drug—which is what has some people so worried.

symptoms all suggestive of Parkinson's disease," he said.

"We now have enough evidence (about MPTP's) damage to this area of the brain. Even if the (injected amount) was not enough to cause symptoms at first, it may act like a time bomb, with changes in the brain just ticking away."

Although MPTP was placed in Schedule I last year, Robertson believes the situation is indicative of what could happen should "designer drugs" run rampant.

It doesn't appear, however, that designer drugs—particularly the fentanyls—have infiltrated Florida

yet. A spokesman for the Twelve Oaks Drug Treatment Center had never heard of the drugs, and spokesmen at treatment centers in Jacksonville, Tampa, and Miami say they have heard of them but have seen no cases.

Nonetheless, one Tallahassee drug dealer said he's "heard all about Ecstasy."

"People keep askin', they keep askin' can I get them some Ecstasy," he said. "Well, I haven't seen anything yet. But when I do, it'll be \$40 a hit."

That's double the price legal vendors were getting for it in Dallas last Spring.