

# THE GHB NATIONAL CONFERENCE: A VISIT TO A DIFFERENT KIND OF DRUG ACTIVIST COMMUNITY

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**“GHB is basically paint stripper mixed with drain cleaner,”** announced Trinka Porrata, retired LAPD detective and self-proclaimed rave and club drug expert, addressing the crowd at the first annual GHB National Conference. Porrata is the president of Project GHB, a group whose strong and emotional opposition to GHB use is perhaps as clouding to good judgement and rational decision-making as the actual use of intoxicants.



Representatives from law enforcement, judicial, medical, school, and community groups gathered at the Grand Caribe Royale Hotel in Orlando, Florida on May 9-11, 2003 to disseminate much-needed information about the dangers of GHB. The result, however, was not only a sharing of knowledge and strategy, but a heated rally against GHB use and users.

GHB, a naturally occurring substance in the human brain, produces sedative-hypnotic euphoric effects, similar to alcohol, when taken orally. Its recreational potential was discovered in the 1990s, when it was marketed as a dietary supplement and sold over the counter. The media labeled GHB “the date rape drug” after several highly publicized cases in which sexual predators used GHB as a weapon by taking advantage of the unrousable coma that it can produce when mixed with alcohol. After receiving several years of negative press, GHB was classified as a Schedule I substance in March 2000.

The conference was organized into three tracks catering to specific interests—medical, law enforcement, and community resources. Medical presentations focused on the dangers of GHB overdose, addiction, and withdrawal, as well as strategies for properly identifying its symptoms. Presentations for law enforcement, prosecution, and judicial personnel included speakers from the DEA, US Customs, and the US Attorney General’s Office. The community resources presenters included organizations such as Parents of Murdered Children, GHBKills.com, Families Against Drugs, and DAMMADD (Dads and Mad Moms Against Drug Dealers).

Glen Stanley, Deputy of the Los Angeles Sheriff’s Department, narcotics detective, and rave/club drug expert, delivered a mocking ethnography of rave culture, which included slides of 8-year-old children dressed in rave attire and sarcastic explanations of gift-giving rituals in raves. Stanley also expressed anti harm-reduction sentiments, including disapproval of Dancesafe’s Ecstasy pill-testing program.

Steve Collier, Special Agent of the Drug Enforcement Administration (DEA), de-

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scribed a large-scale GHB bust that happened on September 18, 2002. Operation Webslinger was an “international takedown” of internet traffickers, distributors, brokers, and customers of GHB and GHB-analogues, resulting in 136 arrests in 84 cities. Arrests included major distributors in the US and Canada: Science Alliance, Miracle Cleaning Products, and Pelchat Labs, the parent company of European Cosmetics.

The conference opened and closed with Porrata’s emotional diatribes, discussing senior citizen GHB addicts, pop-icon Billy Idol’s GHB overdose, and good husbands who began seeking out “kinky sex” or became “chronic masturbators” after discovering GHB. The revelation eliciting the most gasps from the mostly out-of-town crowd was that airline mechanics take GHB at night while working on planes and commercial pilots use it as a sleep aid.

In contrast to the law enforcement and community panels, the third section, on GHB research, provided a promising bridge to the MAPS community. With the goal of increasing awareness through educating health care providers and the public with results of scientific research, the researchers were more able to focus clearly on the facts. Deborah Zvosec and Steve Smith of the Hennepin County Medical Center in Minneapolis are interviewing GHB addicts and former addicts for a study on the development and course of GHB addiction and withdrawal. Both advocates and dissenters can agree that well-collected information is beneficial to reducing the harms associated with any substance.

Overall, the conference thoroughly covered the symptoms of GHB addiction, overdose, and

withdrawal. However, nowhere in the lectures, discussion, or video footage did I hear information about the moderate GHB users like those I have known. The presenters also failed to offer any explanation as to why people choose to ingest “paint stripper mixed with drain cleaner.” This omission led one to wonder what was being hidden.

Users report that a GHB high is similar to an alcohol high, but with more lucidity and less body-heaviness, similar to the mental clarity and euphoria that is experienced after strenuous exercise. It has a profound ability to heighten sensuality and sexuality and is used to enhance a wide array of activities including dancing, communicating, massaging, and exercising. GHB is reported

to “take the edge off” an LSD experience and smooth the come-down from Ecstasy.

Responsible users are aware that the primary danger of GHB lies in its extremely narrow dosage range, and use measuring instruments to calculate each dose. Even so, accidents happen, and even the most experienced users are capable of miscalculating a dose, especially while high or when using unfamiliar instruments or concentrations. Symptoms of a GHB poisoning may include nausea, vomiting, unrousable sleep, abnormal breathing and convulsions.

Despite the risks and their exaggeration in the press, GHB was recently approved as a medicine to treat narcolepsy under the brand name Xyrem. Before this approval could take place, GHB received a unique treatment by the FDA. It was re-scheduled as both a Schedule I (no medical use, high potential for abuse) and Schedule III (accepted medical use, lower potential for abuse) substance. Orphan Medical’s marketing

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campaign appropriately boasts the slogan, "Bring back the laughter."

The emotional bias pervading the conference was understandable considering that many attendees had been personally affected by ill-informed or irresponsible GHB use. Some had lost loved ones to overdose or addiction; others had been victim to GHB-facilitated sexual assault. People are in need of truthful information to prevent these tragedies from happening in the future, but some are caught in an unfortunate cycle. Their personal experiences motivate them to seek out information, but at the same time prevent them from finding the impartial information that is needed.

In order for the MAPS community to fully realize its goals of honestly evaluating psychedelics as potential medicines, and educating the public about the risks and benefits of these substances, we must find a way to work with people who vary in personal and political beliefs. If advocates and dissenters of GHB and other psychedelics can work together more closely, we can exchange feedback on each other's blind spots and biases. Attending the National GHB Conference allowed me to have compassion for drug war proponents, and identify possible points of connection with the MAPS community. Hopefully, we can build on common ground and meet somewhere in the middle — before seeking out new information together. ■

## **THE THIRD NATIONAL CLINICAL CONFERENCE ON CANNABIS THERAPEUTICS**

MAY 20-22, 2004  
CHARLOTTESVILLE, VIRGINIA

*Patients Out of Time is pleased to announce that it will serve as a co-host along with the University of Virginia School of Nursing, the Pain Clinic of the University of Virginia's Health System, the Virginia Nurses Association and the University of Virginia School of Law for The Third National Clinical Conference on Cannabis Therapeutics to be held on May 20-22, 2004, at the Charlottesville Omni Hotel in Charlottesville, VA, USA.*

*The conference is designed for physicians, nurses, healthcare professionals, legal professionals and patients. The conference theme, "Cannabis Use Throughout the Life Span" focuses on the current research and clinical applications involving cannabis as one of the therapeutic options for health problems that include: behavioral problems, general pediatric applications, use during pregnancy, dependence and addiction risk, pain, traumatic brain injury treatment and movement disorders. The educational sessions facilitated by researchers and clinicians from the United States, Canada, Israel and the United Kingdom provide a platform for discussion that include the pros and cons for considering cannabis as a therapeutic option, varied delivery modalities, modern clinical research, use in the hospice setting, and other medical and legal issues related to this therapy.*

*The conference provides AMA Category 1 credit to physicians, and CEUs to nurses and other healthcare professionals through the Office of Continuing Medical Education of the University of Virginia School of Medicine.*