

Designer Dilemma ■

So where does all this leave us?

In a strange, freaky, dangerous place.

Because just as drugs have always appealed to the side of human nature that loves pleasure, drug *dealing* has always appealed to humans who love money.

And if history has taught us *anything*, it's taught us that people who love money will do almost anything to get more of it.

And that brings us to the last lesson to consider about designer drugs.

It's not that they're designed by evil monsters, just people trying to make a quick buck. And people who try to make a quick buck can make mistakes.

Don't let them experiment on you.

Because the problem with people who make mistakes when they make drugs is that the mistakes they make can make the people who take them dead—or messed-up for a long, long time.

And if you don't believe us, ask one of the living statues who shot up MPTP. And if you don't believe *them*, ask somebody who knew somebody who shot "Tango & Cash."

They're the *real* authorities. ■



This is one in a series of publications on drugs, behavior, and health published by Do It Now Foundation. Please call or write for a list of current titles, or visit our web site at www.doitnow.org.



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designer drugs

Accidents
will happen

► a do it now foundation publication by lisa turney

Facts of Life ■

To the drug dealers on the corner of 138th Street and Brook Avenue in the South Bronx, it started like any other Friday night.

Buyers wheeled in, cut their deals, then wheeled out again—with glassine bags of heroin in their pockets and attachés and furtive looks over their shoulders.

That's where things usually start—and end, except for the occasional rip-off or gun fight, which can bring the heat and a temporary break in the day-to-day trade that flourishes on the corner.

The evening's special was a new drug labelled, for no good reason, "Tango & Cash," after the movie cops played by Kurt Russell and Sylvester Stallone.



Mean Street, USA. Designer drug testing takes place on the street, using unpaid (and unwitting) volunteers.

Sales were brisk, as dealers made their scores and their way back home with the weekend's wares.

Still nothing out of the ordinary. What was unusual became clear a few hours later, when the first overdoses started turning up in emergency rooms—and *kept* turning up. By weekend's end, a dozen were dead and 130 were hospitalized in three states as victims of "Tango & Cash."

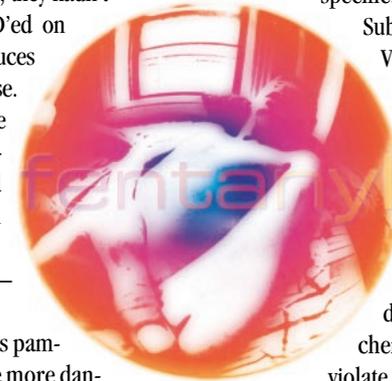
Whether the victims realized it or not, they hadn't overdosed on heroin at all. They'd OD'ed on *alpha-methylfentanyl*, a drug that produces a heroin-like high at a fraction of the dose.

All in all, the weekend was only one episode involving "designer drugs"—synthetic versions of illegal drugs cooked up in underground labs and tested on unwitting human guinea pigs.

Sometimes, the results are harmless—and sometimes horrendous.

That's the reason we put together this pamphlet. Because many designer drugs are more dangerous than the drugs they imitate. And while "Tango & Cash" wasn't the first to hurt or kill people, it *is* one more sign that designer drugs are a fact of life on the street today.

And for too many people, they're the *final* fact of life.



Some designer drugs are a lot more dangerous than the chemicals they were designed to imitate.



■ What are designer drugs?

They're lab-made versions of drugs that are designated controlled substances under U.S. law.

In fact, designer drugs came about *because* of the laws that make drugs illegal and restrict supply to users.

Why? Because laws that make it tough to smuggle drugs from other countries provide a big incentive to chemists who are able to create similar drugs in the lab.

Early designer drugs included substitutes for heroin, amphetamines, and hallucinogens—including the designer hallucinogen MDMA, and its chemical cousins.

■ What's 'designer' about them?

The main thing the drugs were designed to do was sidestep laws against controlled substances.

Before designer drugs came along, drug laws were specific: Heroin was on Schedule I of the Controlled Substances Act; amphetamine on Schedule II, Valium™ Schedule IV, and so on.

In other words, substances had to be *specifically* banned by law, or they weren't banned at all.

The chemists who originated designer drugs took advantage of this fact.

By switching base ingredients or otherwise tinkering with the chemical structure of drugs in the lab, they could cook up brand *new* chemicals, different enough that they wouldn't violate the law, yet close enough to produce many of the same effects as the original.

And even getting busted was only a temporary setback, one that only lasted as long as it took to get analysis results back from the crime lab.

■ Are they still legal?

No. Under provisions of the Controlled Substance Analog Act, the U.S. Drug Enforcement Administration has been granted powers that allow the agency to outlaw every designer drug on the street.

And the law didn't stop with the designer drugs that were on the street when the law was passed.

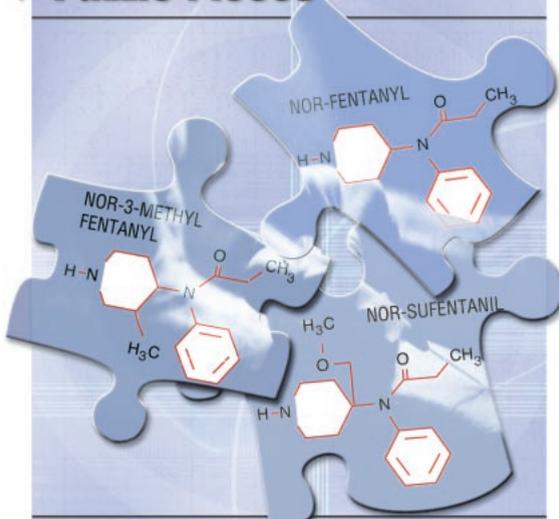
It went further than any drug law had ever gone before, banning all *possible* variations on controlled substances—even those that hadn't been discovered yet.

The law triggered a storm of protest—from legal chemists, who felt it restricted their research, and from behavioral therapists who saw promise in the then-legal designer stimulant MDMA (better known as “ecstasy”) as a tool in therapy.

Still, it allowed police to do what they hadn't been able to do before: arrest and prosecute designer drug makers and dealers.

Dozens of designer analog chemicals have been banned under the law. Among them: MDMA and two relatives, and 11 versions of synthetic heroin.

▶ Puzzle Pieces



Variations on a theme. Slight changes in chemical structure can result in a variety of drugs (like the fentanyl analogs shown above) having similar effects.

■ Then why are they still around?

For a lot of reasons, almost all of which revolve around money.

For one thing, high-risk/high-profit street drugs like heroin have to be smuggled into the country. Designer drugs are already here—or, at least, they are as soon as they're created.



Quality Questions. Designer drug risks stem from both chemical mishaps and lack of quality controls.

chemists make their own.

Then, too, simple supply-and-demand economics can push designer chemicals onto the street drug marketplace, particularly when supply of an old favorite is down and price is up.

Then they become cheaper *and* on-the-street, magic words to an otherwise-uncomfortable junkie.

And that can mean trouble. Because designer drugs can pose serious risks to users—dangers linked as much to how the drugs are made as how they're used.

■ What kinds of risks?

The possibilities are as endless as the chemicals themselves.

Some problems center on the toxicity and instability of the base chemicals—ingredients like phenylacetic acid, formaldehyde, carbamate, acetic anhydride, and others. They can build to toxic levels in rooms used as drug labs—if the room doesn't blow up first.

Other problems are tied to the drug-making process and the skill—or lack of skill—of the chemist.

A single slip in the process of synthesizing some chemicals can poison the final product—creating lead-tainted “crystal meth,” for instance, or seizure-inducing forms of PCP.

Sometimes even the chemist doesn't know exactly what chemical he's created until it's been “tested” on real people—and confirmed by coroners.



And sometimes even the chemist doesn't know exactly what drug he's created until it's been “tested” on real people—and confirmed by coroners.

■ Is it really that bad?

Sometimes, it's almost *worse* than that.

In 1982, a California chemist working on an analog of the narcotic Demerol® took a shortcut that backfired.

He may not have even known that he'd screwed up, and his customers didn't find out about the screw-up until they shot up—and short-circuited their nervous systems in the process.

And just as in the South Bronx episode, those people were safety-testing chemicals that would be more at home in a toxic dump.

They thought they were shooting “China white,” one of the most sought-after forms of heroin on the street. What they were getting instead was a brain-damaging drug called MPTP.

Those unlucky enough to buy and use it developed Parkinson's disease—a nervous system disorder that can paralyze its victims. In several cases, users were found dead or paralyzed with needles still stuck in their arms.

And while MPTP—and its analog, PEPAP—has pretty much vanished from street trade in recent years, uncounted users tried it—and swore by it—when it was around.

And their experience—and the increased risk of Parkinson's disease they carry—points up the real risk today of drugs in general and designer drugs in particular: Anything's possible.

▶ Designer ‘Heroin’: Deadly Double

They're the most powerful painkillers ever discovered. But on the street, they cause as much pain as they take away. Meet the Fentanyls—a group of “designer” narcotic analogs that look and act like heroin, but which can be hundreds—or thousands—of times stronger.

Fentanyls can be dangerous—and deadly—on a couple of different levels at the same time. Here are just a few:

▶ Effects are nearly identical to heroin (the drugs even block heroin withdrawal symptoms), but last only 1-2 hours.

▶ An active dose of fentanyl—about 100 micrograms—weighs about 1/600th of a postage stamp. Just a few crystals more can trigger overdose—or death. Their extreme potency makes it practically impossible to “cut” the drugs to a safe dosage level.

▶ All forms of fentanyl interfere with breathing and can “freeze” chest muscles. Respiratory-depressant effects last hours longer than the buzz, so users risk overdose every time they re-dose, chasing the short-lived fentanyl high.



Another big problem: There's no easy way to tell fentanyls from heroin. Some users report that the analogs don't leave the same bitter tang on the tongue as heroin, and that the rush is milder and the comedown easier. And since fentanyls dissolve easily in water, they don't have to be cooked.

Luckily, when it comes to overdose (and it often does), differences disappear: Fentanyl and its analogs respond quickly to naloxone (Narcan®) just like heroin and other narcotics—if someone happens to notice (and act) in time. ■