THE LOSING WAR AGAINST ‘DESIGNER DRUGS’

They’re mind-bending, dangerous—and entirely legal. They’re called designer drugs, and these ultrapotent powders are being concocted in underground labs and snapped up on the streets. Some, such as Peak White, give users a heroin-like high but pack many times the punch. Others, such as the recreational drug Ectasy, are said to offer the euphoria of LSD but without the hallucinations.

All these drugs are the product of an ingenious scheme that keeps clandestine chemists one step ahead of the law. The underground technicians create a designer drug by subtly varying the chemical structure of an existing illicit drug. Until it is banned by the U.S. Drug Enforcement Administration, the drug is legal to make, sell, and use. When the DEA does outlaw it, the chemists simply design a new—and legal—variation.

“The law requires the DEA to act after the fact,” says Gene R. Haselip, who heads up the agency’s efforts to control such drugs. “These guys are always working in front of you.”

This catch-22 is paying off big for the drug designers. To begin with, the drugs are cheap to make. They require no poppy fields in Turkey or midnight runs from Colombia—just the right lab equipment, a shoebox full of chemicals, and a highly trained pharmacologist who is capable of nothing less than redesigning the structure of complex molecules.

A few thousand dollars’ worth of raw materials is enough to cook up millions of high-priced doses. Heroin users in California are paying $40 a dose for additive variations of the anesthetic fentanyl. Young professionals throughout the country are forking over $20 for a dose of Ectasy, chemically known as MMDA. “This is a phenomenon unlike anything we have experienced before,” says Rene Topalian, an official with the Los Angeles County Health Dept.

The Food & Drug Administration, which regulates the drugs prescribed by physicians, lacks the clout and enforcement staff to deal with hidden drug factories. The herbicide DEA is fighting back, but even its arsenal is limited. Last October, Congress streamlined procedures so that the agency could slap a one-year ban on a hazardous drug in just 30 days. But it still can’t go after illicit chemists until the drugs are banned. “If we stumble across evidence of a clandestine laboratory,” says Haselip, “there’s no incentive to follow it up because the DEA has no authority to arrest anyone.”

DEADLY CATCH: The drug-variation play goes back at least as far as the LSD derivatives of the mid-1960s. But the current designer-drug game is far more sophisticated. “These synethetics are tailor-made,” says Gary L. Henderson, a pharmacologist at the University of California at Davis who coined the term “designed drugs.” “You can control the degree of potency and duration. And there’s clever marketing involved. The drugs have names like Mexican Brown, and there’s a mystique about them.”

That cachet can be deadly. Consider the case of fentanyl, a surgical anesthetic known to doctors as Sublimaze. In 1979 underground chemists in California altered the structure of Sublimaze to produce a potent analog. Pushers sold the new drug under the name China White, a street tag usually given to pure Southeast Asian heroin. Within months, two heroin users had died of overdoses of the new drug.

The DEA quickly placed China White on Schedule I, the list reserved for drugs such as heroin that have no medical use and a high potential for abuse. That move means that makers and sellers of China White were open to a 15-year prison sentence and a $125,000 fine. But the designers simply produced more variations—10 at last count. The fentanyl-based drugs have caused at least 97 deaths to date, and they continue to kill at the rate of six overdoses each month.

The odds of taking an overdose of a fentanyl analog are great because, although the drug resembles heroin, it is as much as 3,000 times more potent. “You can hold 900 grams of this stuff in your hand,” says Robert J. Robertson, chief director of drug programs for California. “That’s equivalent of 200 million doses when cut.” Since only two laboratories in the country can detect such small amounts of the drug in the bloodstream, it is likely that many fentanyl-related deaths escape detection.

Those responsible for creating the designer derivatives of fentanyl have also found an escape route. A lot of ex
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Experts theorize that all of the drugs may be the work of one brilliant pharmacologist. This phantom chemist could whip up a five-year supply of a designer drug in a few months, store all of it in a closet, and quietly dole out wholesale portions to pushers. The operation would be far more sophisticated than the underground labs that churn out such street drugs as amphetamines. "We are talking about a state-of-the-art operation here," says Robertson. "A world-class chemist is probably behind this." Among suspects, use of certain designer drugs has so far been confined largely to California. It's not the case with MDMA, an amphetamine-like drug that was first patented by E. Merck of Germany in 1914 and resurfaced several years ago as an analog of the illicit drug MDA. Thousands of young professionals and students in at least 20 states are buying MDMA in dance clubs, pizza parlors, and living rooms. "If it's getting to the point where Ecstasy is just as easy to obtain as marijuana," says Philip E. Jordan, a DEA special agent in Dallas. The DEA last month used its emergency powers to place MDMA on Schedule I after a study by the University of Chicag o Medical Center warned that the drug could cause brain damage. The ban immediately drew a backlash from psychologists and psychiatrists who insist that MDMA is a helpful therapeutic tool and who want the drug downgraded to Schedule III, which would facilitate medical research. "No one knows exactly what MDMA does in the brain," says Dr. George Greer, a Santa Fe (N.M.) psychiatrist who has given the drug to 15 patients. "It seems to reduce fear response. People can think about things that normally would be too threatening emotionally. All of his subjects, Greer says, reported "more closeness or communication" after taking the drug. Greer had tried Ecstasy himself and insists that it has only minor side effects, including jaw-clenching and fatigue. And he guesses that it has a low potential for abuse because its effects diminish with frequent use.

Nonence, says Lewis S. Seiden, on of the University of Chicago researcher who conducted the MDMA trials. Seiden, who is trained in pharmacology and psychology, insists that MDMA belongs on Schedule I. "The claims for the drug as a drug," he says. "They say it 'breaks down barriers' and 'what does that mean?'" Seiden points out that the Greer study was not "double blind," which means it was not designed to prevent inadvertent suggestions by the researcher or from affecting test results.

S E R I O U S M I S T A K E" Greer and three colleagues have nonetheless mounted a legal challenge to the DEA ban on MDMA. They are putting their case before a DEA administrative law judge in Los Angeles. Attorney Richard Correa, who represents the therapists, says that his clients want MDMA taken off the street. "If [the drug] is not heroin, it's not cocaine, he adds. "To insist on shoe horn into the same regulatory apparatus is serious mistake."

Two major drugmakers, Johnson & Johnson's McNeil Pharmaceutical subsidiary and Hoffmann-La Roche Inc., also want MDMA banned but are pressing the speed with which the DEA takes the drug onto Schedule I. The companies are arguing that the drug might have a chilling effect on the creation of new medicinal compounds, since it might be more difficult to conduct medical research with Schedule I drugs.

Regardless of the judge's decision, a market remains. Some people have already ran up their kids on designer-drug Florida, the nation's pot for illegal cocaine, doesn't yet have a big problem with the derivative. Nonetheless, the legislature last month granted the state attorney general powers to put potentially hazardous drugs on a controlled substance list in as little as 24 hours. Congress may soon take broader action as well. Both houses are considering bills that would mandate a study of the designer drug problem. That could lead to new legislation providing harsh penalties for those who create analogs of controlled drugs with the intention of distributing them illegally. Until then, however, drug dealers will have little reason to stop creating new substances that may kill. After all, they are breaking any laws.
Dear Editor,

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Your June 24th issue discussed MDMA, a chemotherapeutic adjunct to psychotherapy. Also mentioned was Unimed, a publically traded company that markets THC for the treatment of nausea in chemotherapy. As MDMA becomes a Schedule I drug, the only appropriate response by those interested in its use is to do the FDA research to justify its use as a medicine. Therefore, a venture capital stock offering is being planned to raise the $10,000,000 for research required prior to an FDA decision regarding its rescheduling.

The company, tentitively named Orphan Pharmaceuticals, will raise funds for research for both patentable and unpatentable compounds for use as adjuncts to psychotherapy. It is my hope that the business community will critique and advise in the development of the company so that it can become more than a dream.

Also, there was a major misstatement of fact concerning the research cited by the DEA to suggest that MDMA causes brain damage. The U. of Chicago study injected DMT, not MDMA as the article stated, in rats. Several drugs currently approved by the FDA for daily use in children cause similar brain damage when injected in rats, and the medical community has decided that the rat brain and the human brain act significantly different to make the rat studies largely irrelevant. Also, a recently completed study by Intox Labs, Redfield Arkansas, administering MDMA orally to rats demonstrated that even a human equivalent dose of 25 grams caused no brain damage in rats.

Sincerely, Rick Doblin