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## Pacific Information Service on Street-Drugs January 1972

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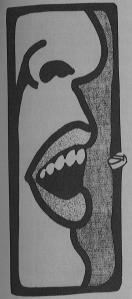
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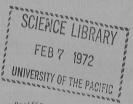
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Pacific

Information

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on

Street-Drugs

Sponsored by:

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Bulletin No. 2 January, 1972

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Straight Drug Talk (S.D.T.) Student Chapter, American Pharma School of Pharmacy, University o Stockton, California 95204			478-2797	
Director: Arthur Whitney				
The students will go into school of students to discuss the vario (and medical) use of drugs.				
Do It Now Foundation 6136 Carlos Avenue Hollywood, California 90028	Phone:	(213)	463-6851	
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This group does street-drug anal publish their results in the <u>Los</u>			to	
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#### ISD - and the market place

Our laboratory and others have not found strychnine as a contaminant of street-drugs, but reports of "strychnine" poisoning persist. This report will review some of the history of LSD and indicate a solution to this mystery.

LSD (lysergic acid diethylamide) is a semisynthetic hallucinogen manufactured from chemicals isolated from a fungus (Claviceps purpurea) that grows as a parasite on rye. Closely related lysergic acid amide is found naturally in the seeds of the common "heavenly blue" morning glory (Ipomea violacea) and also in another rather rare member of the same family (Convolvulaceae) known as Ololiuqui (Rivea corymbosa). It should be noted here that the eating of commercially processed seeds is not recommended since all such seeds are treated with a variety of toxic fungicides and pesticides to prevent spoilage.

In 1938, A. Stoll and A. Hofmann of Sandoz Research Laboratories in Switzerland synthesized LSD (1) starting with alkaloids isolated from the rye fungus (commonly called ergot). Hofmann discovered its hallucinogenic properties by accidental ingestion on April 16, 1943. He lapsed "into a kind of drunkeness which was not unpleasant and which was characterized by extreme activity of imagination" -- the first good trip. Not knowing the dosage he had accidentally taken, he decided to repeat the experiment and took what he thought would be a very safe dosage (250 micrograms). Soon he was "shouting half insanely and babbling" -- the first bad trip. He later found that he had taken 10 times the effective psychedelic dosage. Providing that the LSD is pure, an effective psychedelic dose is 20-30 micrograms orally (2). Classical schizophrenia-like symptoms begin to appear when the dosage exceeds 30 micrograms(3). With doses of 400-500 micrograms there is definite increase in blood pressure, profuse salivation, lacrimation, sweating, a marked increase in pupil size, an exaggeration of reflexes, total disorientation and marked tremors of arms and legs (4). These symptoms resemble the classic textbook descriptions of subconvulsive doses of strychnine. The first notice that a person under LSD intoxication could be a danger to himself and to others was published in England in 1955 (5). The first to report the strychnine-like effect of LSD on spinal reflexes was Weidman in 1957 (6) and this has been confirmed in many species -- even in the elephant (7).

A word about dosage is in order, a level teaspoonful of table salt weighs about 4.8 grams. This amount is equal to 4,800 milligrams and 4,800,000 micrograms. Weight-wise a teaspoonful of table salt is equivalent to 192,000 psychedelic doses

amounts Hospitalized strychnine pa Bad Trip Notes Also had of PCP Bad Trip 3ad Trip Bad Trip 3ad Trip 3ad Trip 3ig Overdosage Estimated Contain LSD 3X 3x X91 16X 20X To Content in Micrograms(11) Trips Found Estimated TSD 400 200 100 100 75 75 500 400 "Bummer" import of Fairfield, CA University CA Stockton, Stockton, Stockton, Stockton, Stockton, Stockton, Maryland Sonora, Source Of Sampling Gelatin flake (Windopane LSD) Purple powder\*\* powder wrapper Elongated orange tablet Orange tablet triturate\* Purple tablet tablet Blue tablet tablet V Description criturate Purple tak triturate briturate Orange in gum Table Pink

of LSD (assuming the psychedelic dose to be 25 micrograms). A safe psychedelic dose is a micro amount requiring considerable sophistication to package into a safe tablet or capsule.

Certain street-drugs are legitimate drugs made by legitimate manufacturers and diverted into street commerce without tampering with the formulation (amphetamines, barbiturates). Dosages of these agents are quite consistent. Such is not the case with LSD, since it is usually made by amateur chemists and packaged by even more amateur pharmacists. In our laboratory, (see Table 1) we have found that the dosage of LSD in a tablet or capsule may vary from nothing to 500 micrograms. This inconsistency in dosage plays a major role in the quality of the trip since levels of 20-30 micrograms will be consistently safe, levels of 70-100 micrograms will be unpredictable, and levels of 300 micrograms and above will be consistently bad. High doses of LSD can easily be mistaken for beginning strychnine poisoning (S).

Quite often the manufacturers of LSD are users and tolerant to ISD, hence they manufacture dosages that are effective for them -- blissfully ignorant that the same dosage will be a gross overdosage for an idividual that has not taken such drugs regularly. The first notice that LSD causes tolerance was noted by Isbell and co-workers at the Lexington Hospital (9) and has been repeatedly confirmed by others. Significant tolerance can be seen within 4 days of routine dosage. Chlorpromazine (Thorazine) is the best antidote for overdosage with LSD, and its use was first recommended in 1955 (10). However, it will not antidote all of the psychedelics, and severe drug interactions have resulted when chlorpromazine was used to treat LSD poisoning that turned out not to be LSD but PCP (phencyclidine) or one of the scopolamine-like drugs. It should be emphasized that the FDA does not guarantee the quality of street-drugs.

To date there is no scientific evidence that anyone taking ISD is more intelligent, more perceptive, more intuitive, or more artistic while under the influence of the drug; however, there is considerable evidence (scientific and otherwise) that they feel that way.

Generally, the word has gotten around among users of street-drugs that street quality ISD is unpredictable and that the chances for bad trips are high even when "conditions" are good (ISD should never be taken when a person is under stress or anxiety). Therefore, users prefer to buy "mescaline". While the dosage of pure mescaline is rather high (300 mg.), mescaline has an effective fail-safe mechanism to prevent overdosage. If one takes much above the ps chedelic dosage.

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there is vomiting which removes any unabsorbed drug from the stomach. Pure LSD does not have this emetic effect, so it is easy to take 100 times overdosage without vomiting.

While users want mescaline, mescaline is just not found being sold in the street (12). This situation is found uniformly throughout the USA and in Europe and is due pretty much to economics. LSD is relatively easy to make if one starts with certain of the expensive ergot alkaloids ( a semi-synthetic process). Mescaline is somewhat more difficult to make, but the starting materials are relatively cheap. However, one level teaspoonful of mescaline (assume that it weighs equivalent to table salt) represents 16 safe doses while the same weight of LSD represents 192,000 safe doses if formulated properly. Assuming that each dose could be sold for a minimum of 50¢ (cheap), the teaspoonful of mescaline could sell for \$8.00 as contrasted to \$96,000.00 for the same amount of LSD. Once you deduct the cost of the starting material, the mescaline manufacturer is loosing money even if he sells direct. The LSD manufacturer however, makes real money and is a businessman first and foremost. Altruism has never been a characteristic of street-drug manufacturers or peddlers.

> Marvin H. Malone January 28, 1972

#### References

- (1) Stoll, A. and Hofmann, A., Helv. Chim. Acta, 26:944 (1943).
- (2) Stoll, W. A., Schweiz. Arch. Neur., 60: (1947).
- (3) Greiner, T., Burch, N. R. and Edelbert, R., Arch. Neurol. Psychiat., 79:208 (1958).
- (4). Forrer, G. R. and Goldner, R. D., Arch. Neurol. Psychiat., May (1951).
- (5) Elkes, C., Elkes, J. and Mayer-Gross, W., <u>Lancet</u>, 268: 719 (1955). and Cooper, H. A., <u>Lancet</u>, 268:1078 (1955).
- (6) Weidmann, H., Helv. Physiol. Pharmacol. Acta, 15:C43 (1957).
- (7) West, L. J., Pierce, C. M. and Thomas, W. D., Science, 133:1100 (1962).
- (8) Kaye, S., <u>Handbook of Emergency Toxicology</u>, Charles C. Thomas Publ., Springfield, Ill. (1954) p. 263.
- (9) Isbell, H., Fraser, H. F., Wikler, A. and Belleville, R. E., Federation Proc., 14:354 (1955).
- (10) Schwarz, B. E., Bickford, R. G. and Rome, H. P., Proc. Staff Meet. Mayo Clinic, 30:407 (1955).
- (11) Brown, J. K., Shapazian, L. and Griffin, G. D.,
- J. Chromatogr., 64:129 (1972).
  (12) Brown, J. K. and Malone, M. H., Pacific Inform. Serv. Street-Drugs, 1:2 (1971).

#### News & Comment

Recently we have become aware of two new sources of information concerning the composition of street-drugs. The Los Angeles Free Press now publishes a weekly column, Dope Scoreboard, which gives the current status of the street market in the Los Angeles area. PharmChem Laboratories of Palo Alto have started to publish a monthly newsletter which reflects the condition of the San Francisco and Bay Area marketplace. PharmChem will send their newsletter to interested individuals and organizations, apparently without

These publications primarily reflect the status of the west coast street market and the materials currently available in these areas but we would suspect that much of this material is not restricted to this market alone. Consequently this information should be useful in other areas of the country.

Los Angeles Free Press 6013 Hollywood Boulevard Los Angeles, California 90028 (Published weekly - \$8.00 for 52 issues)

PharmChem Laboratories Contact: 1848 Bay Road L. J. Goldman, Ph. D. Palo Alto, California 94303 Vice President

The <u>Do It Now Foundation</u> of Hollywood has reported some results of their street-drug monitoring program in the <u>Los Angeles Free Press</u>(vol.8 (51), Dec.10, 1971). They wrote the following about mescaline;

"Mescaline: Another great hoax being perpetrated is that there is real mescaline in town. This is nothing but wishful thinking. A comparison of over fifty samples indicates that if you buy mescaline in capsules, you will probably get ISD. If you buy mescaline in tablet, you will probably get a combination of ISD and PCP."

Jim Anthony at the College of Pharmacy, University of Minnesota has made a suggestion that seems worthy of further consideration. He suggested that the various analysis services pool their information and publish a single bulletin. We are planning on presenting our program and some of the results at the APhA meeting in Houston (April 22-28,1972). Maybe at this time interested groups could meet and see what could be done. I suggested to Jim that he be the co-ordinator. If interested drop a note to - Jim Anthony, Community Program Assistant, College of Pharmacy, thiversity of Minnesota, Minneapolia, Minnesota 55455.