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School of Pharmacy

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YESTERDAY'S MEDICINE, TODAY'S PROBLEM

"Tablets Heroin 1/100 gr., Squibb Per 1000 Per 500 Per 100
No. 10870-S-1 $1.20 20¢ 20¢

Heroin is held to be a remedy of much value, as a stimulant to the respiration in dyspnea and emphysema and as an anodyne in the treatment of bronchial and tubercular cough, and to be preferable to morphine as a cough sedative because it does not disturb digestion or produce a habit readily. In asthma, by its effect upon the respiratory center and the relief it affords in dyspnea and emphysema, its action is reported to be prompt and prolonged, not only diminishing the severity of the attacks but preventing their recurrence. Combined with expectorant it is deemed useful in bronchitis, pneumonia and grip, and it is also used as a mild anodyne and as a substitute for morphine in combating the morphine habit. DOSE: 1 or 2 tablets, every three or four hours, to allay cough in children and elderly people." (Emphases added, editors).

I. PREMISE

Until some years ago the analysis of the reasons for drug dependence was based upon the following considerations:

a. the use of addicting drugs begins more or less casually, for curiosity, hedonistic desire, and/or proselytism; the user ignores the consequences of drug taking (physical dependence, tolerance);

b. dependence begins immediately, or after a few experiences with drugs;

c. the user reaches a certain level of drug dependence it is very difficult to reverse the process because abstaining from drugs provokes severe physical disturbances (withdrawl syndrome).

This approach determined the type of prevention and therapy that was proposed in order to solve the problem. Repressive laws were passed in order to deter potential drug users from indulging in dangerous curiosity; at the same time a biased publicity campaign was launched to inform/terrorize the public about the dangers of drugs. The treatment was focused on the medical aspects of the problem, and all efforts were concentrated on overcoming the period of withdrawal. The progressive diffusion of heroin dependence claramously illustrates the failure of that approach.

A closer examination of the phenomenon brings to our attention the contradictions inherent in this conventional hypothesis. First of all, the image of the withdrawl syndrome as a long, violent and dramatic illness in purely somatic terms has to be revised. According to drug users' testimony, the seriousness of the withdrawl syndrome is almost always inferior to that depicted by convention (LeDain, 1973).

It should also be noted that physical dependence does not begin after a few sporadic experiences, but only after uninterrupted use lasting for at least a week (Brown, 1976), and the first experience with narcotics is often unpleasant (Goode, 1972; LeDain, 1973). Moreover, after many years of persistent and vast anti-drug campaigns it seems questionable to insist that most drug users are not aware of the dangers of addicting drugs.

Finally, research has shown that the most difficult phase in recuperating a drug addict is not that of interrupting the use of the drug but the effects of the drug tend to disappear and the addict is forced to use the drug not to obtain an euphoric state but to avoid withdrawl symptoms (Judson, 1974; Goode, 1972).

We can therefore assume that certain conditions create in certain subjects a tendency to contract a state of dependence, which is one of the causes for beginning and continuing the compulsive relationship to the drug, commonly referred to as "addiction." I will analyze this tendency in its cultural background and in its dynamics.

II. CULTURAL BACKGROUND OF DRUG DEPENDENCE

II.1. Medicalization of Life

Private and government research, such as the LeDain Commission (1973), have pointed out the relationships between non-medical use of illegal drugs and indiscriminate use of medically prescribed drugs. In fact, it could be argued that illegal drug addiction and abuse of medically prescribed drugs are both expressions of the same phenomenon, the "medicalization of life." According to Illich (1976) the medicalization of life is triggered by the ruling class and executed by the medical class. Illich (1976) names the various aspects of medicalization as follows:

- clinical iatrogenesis, which damages public health directly;
- social and cultural iatrogenesis, which damages public health indirectly.

Clinical iatrogenesis is displayed by the illnesses caused by erroneous treatment. Social iatrogenesis is represented in society concentrating its attention on medical aspects of morbid and difficult conditions which are the result of social disfunction; in other words, society turns a political problem into a medical one. Social iatrogenesis is displayed by the increasing and unnecessary use of medically prescribed drugs, due to what Illich (1976) defines as "pharmacological ideology," that is the presumption of resolving all existential problems with pharmacocuticals. Cultural iatrogenesis is displayed by the fact that modern medicine tends to consider pain a technical medical problem in a way that strips suffering of its intrinsic personal significance. The individual becomes unable to accept suffering as an inevitable part of the confrontation with reality and sees in every illness the need for protection and care. It seems therefore rational to escape pain at any cost rather than facing it, even at the price of losing independence (Illich, 1976).

In the case of drug addiction we can point out the following aspects connected with "medicalization of life:"

- an existential or social problem is interpreted as a medical one;
- the subject is unable to cope with a condition of suffering;
- social and cultural iatrogenesis, which damages public health indirectly.

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II.2. Ideology of Consumption

The ideology of medicalization is particularly evident when drug abuse is motivated by what we could define as "hyperstimulation:"

"... exposure to an overwhelming stressful and complex environment, which requires the individual to solve problems which surpass his coping ability" (LeDain, 1971).
On the other hand we also know that drug use is often motivated by "hypostimulation", that is the lack of creative stimuli, or the impossibility to satisfy creative needs. This condition is typical of an advanced industrial society, where the individual is subjected to mechanized, superspecialized and fragmented activity. Society tries to deal with hypostimulation by offering a wide range of stimuli designed to satisfy individual frustrations. This attempt is obvious in many types of mass entertainment, such as television, popular press, spectator sports, etc., as well as in the forced multiplication of individual needs what is commonly called "consumerism" or "ideology of consumption."

In our context, it is essential to stress the following aspects of consumerism:

The ideology of gratification, which is the core of consumerism, posts a succession of undefined needs, whose fulfillment is not tied to obtaining any concrete advantage, but finds its end in itself. False representation is liberating, in opposition to the Catholic and Calvinistic ideologies of self-denial and repression, the ideology of gratification does not liberate the individual, but rather creates a constant series of new needs which must be satisfied; its outgrowth is a dependence of needs, which is strongly supported by the mass media, directly by advertising, indirectly by reinforcing specific cultural patterns.

Consumption is offered as a total, immediate and indefeasible solution: total because it encompasses all levels of existential problems, immediate because the results are quick and guaranteed, indefeasible because it can be bought at any price and paid for later (the installment plan.)

Gratification does not fulfill real needs because its ultimate aim is "to have" and/or "to show that one possesses," that is "pretending to be" instead of "being."

The ideology of consumption is closely tied to technological mediation, that is a tendency to solve human problems with technological tools (Arnao, 1976).

My hypothesis is that these aspects of consumerism form the cultural background that encourages the tendency to drug dependence. One cannot deny that in the context of the ideology of gratification a dose of narcotics is a functional and consistent choice. In fact the drug supplies a total and immediate solution for the need of happiness. The urgency for gratification compels the user to postpone the payment, both in terms of health and social problems created by the drug taking. Moreover, when compared to consumeristic gratification, the drug user receives a more direct and efficient compensation. A way of "being" instead of "having." When consumerism offers a mediated gratification, the drug is gratification in its current state.

The dependence phenomenon, which is conventionally considered one of the most perverted and pathological elements in the relationship between the drug and the user, is deeply rooted in the consumeristic ideology, where a repetitive and compulsive relationship is established between the individual and her/his need to consume.

The "artificiality" of the drug experience, also conventionally considered as a negative characteristic, clearly comes under the "technological mediation", widely accepted by our society.

The analogy between the mechanisms of drug addiction and those of consumerism is confirmed by the fact that in both cases a real liberation is not achieved. Gratification does not create permanent instruments of fulfillment and growth, but creates a situation which progressively leads the individual to lose his/her autonomy.

Paradoxically, the stereotype of the "drug addict" as a deviant and a perverted demon to be exorcised is deeply embedded in the mentality of the social class which has acritically accepted the ideology of consumption and the social class which has acritically accepted the ideology of consumption.

I wonder whether the irrational reactions of rejection and fear are caused by the similarity rather than the difference existing between the drug addicts and the supposed "normal" people.

III. THE DYNAMIC OF DEPENDENCE

The tendency to contract dependence is carried out through psychological mechanisms - Inside Dynamic - and through mechanisms connected with the relationship between the individual and the environment - Outside Dynamic.

III.1 Inside Dynamic

There is certainly an unconscious component at the roots of any drug abuse; one of its manifestations is commonly defined as the "ritual," but I prefer to name it "symbolism of the procedure of drug taking," that is the symbolic value the user's unconscious gives the procedures involved in the preparation and taking of the drug (Arnao, 1976). This unconscious component is evident in tobacco abuse, where psychopharmaceutical effects are scarce and the dependence is particularly strong, so that we could perhaps consider it a neurosis rather than an addiction.

An important unconscious mechanism of dependence is the process of the regression aspect. In fact, in the first stages of life the only relationship between the individual and the outside world is a relationship of dependence on the mother figure for nutrition and affection; a condition which is relived in fantasy throughout life as a total and reassuring protection.

The drug dependence establishes a relationship of dependence-protection with an indispensable substance which has a short-term urgency analogous to the relationship with the mother in the first stages of life; in fact the drug gives affection (pleasant feeling), nutrition (physical welfare) and protection (numbness to unpleasant stimuli). The preference of intra-venous injection could be considered an analogy to intra-uterine life, where nutrition arrives directly from the blood stream.

According to an ambivalence which is typical of some unconscious mechanisms, protection is integrated with a completely opposite element; that of self destruction. The self destructive aspect is in part of the regressive aspect; insomuch as the negative consequences of drugtaking serve as compensation for the guilty feeling caused by the fulfillment of the drug-taker's unconscious needs. There is therefore in the dynamic of drug dependence a system of self-sufficient compensation, where the drug is satisfaction and punishment at the same time. It can be the completeness of identification which makes all attempts at therapy so difficult, whether they are carried out through gratification or punishment.
An unconscious tendency toward self-destruction is inherent in socially accepted drugs such as tobacco and alcohol and in other forms of social behavior for example, overeating, gambling and dangerous sports.

In the case of narcotic dependence the self-destructive are displayed by:
- the choice of a substance whose effects can be deadly when used in an illegal context;
- the preference of a traumatic way of administration (intravenous injection);
- the risk of withdrawal syndrome; according to Laurie (1969), "...it seems that the self-punishment of finding drugs as well as insipient withdrawals is as important to the addict's personal universe as the enjoyment of his high."

The dynamic of this type of self-destruction is still unclear. According to Majore (Arnao, 1976), the individual looks for self-destruction because of the fear of death. She/he somewhat directly controls death instead of being subjected to it.

Besides, the unconscious mechanism of dependence is bound to the magic aspect. That is the possibility of removing the withdrawal syndrome almost instantly. In this context, the suffering caused by the lack of the drug is an important part of the magic element, just as in a film or a novel the dramatic situation of the protagonist is a necessary prelude to the happy ending; every time the drug addict uses the drug he/she becomes the drug ex machina of his/her own tragedy. The immediate elimination of the withdrawal syndrome is also pointed out by Goode (1972) as being a reinforcer of dependence. Sudden changes of mood, in drug jargon, "flashes," are in fact one of the most valued effects. These flashes are necessarily related to the intravenous injection of the drug, insomuch as it allows the body to absorb it immediately.

Finally, there is a sexual aspect, probably related to the symbolism of introducing the needle into the vein. It is not by chance that the effect of heroin is often described as an orgasm. Also in this aspect we have a closed cycle, a self-sufficient sexual compensation, which consists of injecting, active (syringe-needle), and receiving-passive (vein) components.

As shown above, the choice of intravenous injection has either a symbolic meaning or an operative function. This explains the importance of injection (which most users prefer to inhalation, and not only for economic reasons) in the dynamic of drug addiction. According to heroin users, the act of injecting is a fundamental element of initiation and prestige; according to an ex-addict:

"When I did finally shoot up, I felt a genuine and lasting sense of accomplishment. I had overcome a fear and had crossed the bridge" (Dubro, 1976).

III.2 Outside Dynamic

The outside dynamic of drug dependence is tied to a peculiar motivational pattern of drug use. The "expressive use," where drugtaking is motivated not only by a search for the psychopharmacological effects of the substance, but also by the necessity on the part of the drug user to express his/her own individual identity and/or that of the group she/he belongs to. In other words, the drug user experiences drug taking in terms of a "role."

The expressive use has two main characteristics. It is widespread among the youngsters, for whom the search of identity and autonomy is a particularly important problem. Secondly, the drug is taken mostly within a group and in this case has a dual symbolic meaning:
- group identity is reaffirmed with respect to society;
- individual identity is reaffirmed with respect to other group members, according to the group's conventional values.

The expressive use is closely tied to the "drug subculture," that is the structuralization of drugtakers' ideology (Arnao, 1976).

According to Young (1971), the dynamics which cause the individual to be involved in the role of "drug addict" are similar to those connected with the role of the "sick person."

"Studies in the sociology of illness have often intimated that the sick role is not always an accidental occurrence...Not only, then, are certain drugtaking activities characterized as 'sick,' but particular individuals will struggle to achieve this label. For example, in place of the current image of the heroin addict mechanically propelled against his wishes by his growing physical addiction, I would portray a man who, in the final analysis, is at some stage attracted to the role. What has evolved is a fantasy involving the systematic mystification of his own makeup."

Young (1971) argues that the tendency to take on the addict role is rooted in the inability of the individual to understand the problems of adjustment in collective terms:

"...a person facing severe strain, yet unaware that there are others that feel likewise, will probably interpret his troubles in terms of self-blame and personal inadequacy rather than as a result of stresses commonplace in society."

This tendency is generally attributed by the individual to her/his own pathological personality.

Another tendency is that of attributing to the drug the same pathological effects as those of an infective bacterium which provokes an immediate and severe illness by even the slightest contact (Young, 1971). The image of drug addiction as a plague is a very common stereotype, for example the abused term "drug epidemic." This concept is displayed in the theory of "escalation" from "soft" to "hard" drugs, where the soft drug is considered the infectious agent which causes addiction. It is meaningful that the theory of escalation is shared even by some drug addicts.
"Each way, the individual is seen to be sick: he has either a sick personality which has led him to addiction or has caused the 'sickness' of drug addiction. Such determined roles, which seemingly rule out any possibility of free choice or voluntarism are...peculiarly attractive to people who find themselves in impossible and irreconcilable situations. They enable them to continue a particular line of action, for example mainlining heroin and at the same time to condemn the practice" (Young, 1971).

In the context of expressive use, it becomes easier to understand the frequent cases where drug addiction is not connected with concrete existential traumas or social problems, but it stems from a situation of seeming normality. The following testimony of an ex-drug addict illustrates this mechanism:

"I knew from experience that happiness was clearly out of my grasp but perhaps, with effort, I could achieve unhappiness with class ....I felt very little in those days other than being more or less depressed. Anything - even feeling bad - was better than feeling nothing." (Dubre, 1976).

At the same time the tendency to identify with the drug addict role is strongly encouraged by society and is closely linked to the concept of deviance.

In order to be stable every society must take note of its deviants. The individual whose behaviour is eccentric becomes a subversive factor until his/her behaviour is properly labelled; once a role and a name have been given, the deviants are controlled and become a foreseeable exception.

In most societies there are specialists in labelling deviants. They decide whether the deviant is possessed by the devil, dominated by a god, intoxicated by a poison, being punished for his/her sin, or victimized by a witch's spell (Illich, 1976).

Through a series of inter-reactions between deviants and society the definition of deviance becomes a process of "deviency amplification," which stresses the gap between drug addicts and the rest of society, thus accentuating the involvement in the drug addict role (Young, 1971).

In spite of more liberal laws, the drug-takers are still forced to a condition of illegality. This is another very important factor in reinforcing the role of drug addict; in fact:

a. it contributes to the definition of deviance and to the amplification process mentioned above, giving deviance an institutional consent;

b. it gives the drug addict role a meaning of rebellion against a legal repression which is disapproved by a significant part of the dominant culture;

c. alternatively to point 'b' it can assign to illegal drug-taking a political significance, which is that of a refusal and rebellion against the whole establishment.

The use of addicting drugs is commonly seen as a form of suicide. Laurie (1969) assumes that in some cases dependence could take on the same value as a kind of suicide motivated by the need to attract the attention or pity of others to oneself.

Finally, another element of attraction to dependence could be the life style that drug addicts are forced to follow in order to support their illegal and costly habit. According to Goode (1972), the constant need for large sums of money pushes the drug addict towards an agressive, flexible and exciting behaviour, which makes his/her life challenging and rewarding.

Laurie (1969), on the other hand, considers the "reaction to an excess of leisure" as another facet in the addicts' way of life:

"The point of addiction...is to provide a rigid framework for the addict's life. On heroin, almost every minute of the day is prescribed: the user is either fixing, high, coming down, out boosting to buy more drugs, fixing again. His life goes in eight-hour cycles, and it is significant that the drug chosen has the shortest cycle period of any available opiate" (Laurie, 1969).

In any case, drug-dependence seems to be a reason for living, where the pinch for the drug is as important as its use.

"Choosing to be a junkie is choosing something; it is a life of ups and downs (literally) but it seems more than a pointless existence in which pitiful material rewards are given to those with the least character, whose lives stretch on in servitude and loneliness. Junk ...provided me with a reason to get up in the morning, a routine, a form of excitement, a tangible and immediate reward, and a whole system" (Dubre, 1976).

The Importance of life style in the dynamics of dependence is confirmed by the fact that many drug addicts' biggest problem after they overcome physical dependence is that of finding another reason for living, that is to say, to fill the emptiness left by their previous life style.

II. THE SPIRAL OF DEPENDENCE

As we have seen, the role of physical dependence, and that of withdrawal syndrome, in the evolution of drug addiction can take on a new and less important dimension, as far as psychological and social factors are given priority. Nonetheless, dependence can be particularly tenacious in the use of substances, such as heroin, which rapidly establish a strong physical dependence; it seems therefore unquestionable that the physical aspect plays an important role in the phenomenon of dependence.

As shown above, the choice of the drug addict role can be linked to the drug-taker's interpretation of the drug as a contagious agent. In this context the physical dependence becomes an evident and objective conformation of the contagious power of the drug and reinforces the motivation or taking on the drug addict role.

Physical dependence becomes therefore an important factor in the evolution of what could be called the spiral of dependence", i.e. the positive feedback, also tied to social and psychological factors, which determine a progressive involvement of the drug-taker in the addict's role.
"When physical sickness occurs because of withdrawal...(the addict) will interpret this as a confirmation of the social or psychological factors, from which he long suspected himself as suffering. He then...relaxes his control on his heroin use because he believes that it is useless to resist. His perception of the significance and severity of his withdrawal pains will be distorted as he re-evaluates them in the light of his notion of himself as an addict. At no time does he resist this involvement in the vortex of dependency because the benefits of sickness are greater than the pains of freedom. His desire to avoid choice has become translated into a notion of himself as being unable to make a choice. He is ill; and is so obviously really sick because he experiences tangible physical symptoms which informed medical opinion describes as being both painful and tenacious...A spiral of involvement occurs. The greater the physical sickness experienced the more the confirmation that one’s self is sick; the more the belief in the inherent sickness of one’s position the greater the likelihood both that withdrawal symptoms are perceived as chronic and irresistible and that one will be impotently forced into using a greater dose. Because of this, physical dependency will indeed become greater, withdrawal distress will increase, and so on” (Young, 1971).

V. CONCLUSIONS

As the title indicates it is not possible to draw a conclusion from this analysis. Up to now, I feel that all further examinations of the problem can only clarify our limits in explaining the mechanisms that are at the roots of drug dependence.

These limits can be overcome by what Goode (1972) defines as the “drug experience”: research based upon the “reality of drug use, from the point of view of the user.” The direct testimony of drug users, who are the protagonists and almost always victims of drug-taking, and know the problem from within, seems the best source of knowledge. The so-called experts—caught up in their convenient interpretations handed down from their aloof position of “normality”—have ignored for too long this source of knowledge.

Only by studying this patrimony will it be possible to turn these notes into operative guidelines.

7th International Institute on the Prevention and Treatment of Drug Dependence
Lisbon, Portugal

VI. BIBLIOGRAPHY


Foodborne Marijuana Outbreak -- Colorado

On April 27, 1976, 9 of 22 persons who had attended an office party became ill with muscular incoordination (9 persons), dizziness (8), difficulty concentrating (8), confusion (7), difficulty walking (7), dysarthria (7), dry mouth (7), dysphagia (5), blurred vision (5), and vomiting (1). Three persons consulted a physician. Food-specific attack rates implicated a bundt cake as a cause of the symptoms. Illness began 15-120 minutes after consumption of the cake. Most symptoms resolved after several hours, but 2 persons manifested extreme excitability and paranoia for about 3 weeks.

An interview with the baker of the cake provided no information on the cause of the illness. The remainder of the cake had disappeared, and the platter on which it was served had been washed. However, thin-layer chromatographic analysis of a few crumbs scraped from the knife used to slice the suspect cake and 2 other cakes served at the party indicated the presence of tetrahydrocannabinol (THC), the major active ingredient of marijuana. Analysis of urine collected 3 days after the episode revealed THC in 3 of 4 specimens tested. All 9 patients denied prior marijuana use.
Editorial Note: The pharmacologic effects of marijuana vary with the dose, cannabinoid content and concentration, route of administration, and prior exposure of the subject. The concentration of Δ⁹-tetrahydrocannabinol, the primary active ingredient, varies in different parts of the plant and in plants of different geographic origins (1). Following oral ingestion, effects usually begin in 30-60 minutes, peak after 2-3 hours, and may persist another 2 hours (2). In spite of the fact that gastrointestinal absorption is complete, Δ⁹-THC is nearly 3 times more potent when inhaled than when swallowed, in part because the liver and the lungs produce different metabolites (2,3). Metabolites can be found in the urine for several days (2).

Persons not previously exposed to marijuana respond differently than persons who have had experience with the drug. For example, non-users are less likely to have a strong subjective experience (a "high") (4). The severe and somewhat unusual symptoms reported in this episode may be due to the dose ingested, the lack of experience with marijuana of the ill persons, or the presence of another unidentified contaminant.

References

Report, Editorial Note and References reprinted from:

Commentary from the editors of Pacific Information Service on Street-Drugs:

During the past years we have had three samples of cake containing marijuana. They were submitted to our laboratory because a number of the consumers had experienced adverse reactions. In each case it was suggested that the marijuana had been treated with another drug. In each case no other drugs were detected. But, thin-layer chromatographic analysis showed the presence of a high concentration of THC, much greater than we had seen in unbaked or unsmoked marijuana. The following may help explain the unexpected pharmacological results.

"...the other constituents which are frequently present in Cannabis are the carboxylic acid derivatives of the major cannabinoids, such as Δ⁹-THC acid...These carboxylic acids are smoothly decarboxylated by heating at temperatures of 75°C or higher."

Cakes are usually baked at 325-375°F (160-190°C) and these temperatures would be adequate to convert the inactive cannabinoid acids to the more active decarboxylated compounds which would increase the potency of the marijuana in the cake.

Some Street-Names (USA) for Phencyclidine (PCP)
Angel Dust  Peace
Animal Trank  Peace Pill
Aurora Borealis  Peace Weed
Cadillac  Rocket Fuel
Crystal  Scuffle
Crystal Joint  Sheets
Crystal T  Shorts
Cyclones  Soma
Dust  Supergrass
Elephant Trank  Superweed
Embalm Fluid  Surfer
Eirth  T
Goon  T-T-1
Hog  Verbs:
Horse Crystal  to be crystallized - really out of it
Horse Trank  to be dusted - to be intoxicated with PCP
KJ  to be ozoned - to be stoned on PCP
Killer Weed  In my experience the above verbs have been used to describe a situation where the person has had a rather severe and sometimes adverse reaction to PCP, either after smoking or snorting. JKB
Krystal  New Magic
Mintweed  Ozone
Mist  I am certain that this list is not complete and we would appreciate hearing about any other names.
Monkey Dust  The other day I had an inquiry from the Rocky Mountain Poison Center in Denver, Colorado about a street-drug called "Black Star", reputed to be a hallucinogen. We would appreciate any information that would help identify this material. (JKB)

Verbs: