

# The Illicit Use of Legal Substances

Bill Sanders, PhD

School of Criminal Justice

California State University, Los Angeles

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# Aims of Presentation

- To provide a brief overview of some the illicit use of legal substances in the 21<sup>st</sup> Century
- To attempt to answer the 'so what' associated with such behaviors

# Definitions

- In recent years, there has been more attention/increase in use of substances that are: 1) legal to produce and use, but are used illegally or in ways not originally intended (i.e. deviancy); and 2) drugs that are legal to use, but chemically analogous to those that are not. Three general categories:
  - Over the counter (OTC) medicine – esp. DXM-based cough syrup and pseudo-ephedrine based products.
  - Prescription (RX) drugs – esp. pain killers, CNS depressants and stimulants.
  - ‘Research chemicals’ – including a vast array of tryptamines and phenethylamines.

## Over the Counter drugs

- Cough syrup containing DXM – dextromethorphan. Large amounts cause it to act as a strong dissociative ('Robo'-tripping).
- Erowid website indicates 70 products available – and that there are likely more.
- Pseudo-ephedrine products (e.g. cold tablets) – used in the home and mobile production of crystal methamphetamine. Customers now need to ask for these from a pharmacist and may only buy one or two products at a time.
- The production has become more mobile: 'shake and bake' method of production – empty 2 liter soda bottle, a cold tablet, some noxious household chemicals. Very dangerous, explosive. Produces a couple of hits of meth. Leaves toxic mess that's easily discarded

# Prescription (RX) drugs

- In some cases, RX drug abuse and its consequences outpaces that of 'normal' illicit drugs (e.g. heroin, cocaine, marijuana).
- Significant increases in Western countries of reports of RX drug abuse, as well as negative health outcomes – overdose, addiction, & death.
- Common RX drugs: opiates (Vicodin, Oxycontin – post-surgery pain control); stimulants (Ritalin, Adderall – ADD/ADHD meds.); CNS depressants (Xanax – for anxiety, drug withdrawal)
- Diversion routes often non-criminal. E.g. Friend/relative has 'left over' opiates after surgery – why not try one with a beer?; little sibling has ADD/ADHD – why not go raving on Ritalin?; Mom has anxiety – We can use Xanax as a 'come down' after partying!
- Regulations of wide-spread diversion, though, appears lax. What are the qualifications of those legally able to buy mass quantities of RX drugs? (see K. Eban, 2005)

## RX use among IDU sample (from Lankenau et al., 2007)

Drug Type	Brand Name	Generic Name	Total Sample N=208
Tranquilizers/ Benzodiazepines	Ativan	Lorazepam	31.7%
	Halcion	Triazolam	2.4%
	Klonopin	Clonazepam	73.1%
	Librium	Chlodiazepoxide	15.4%
	Valium	Diazepam	78.4%
	Xanax	Alprazolam	79.8%
Sedatives/Barbiturates (primarily)	Amytal	Amobarbital	5.3%
	Nembutal	Pentobarbital	6.3%
	Phenobarb *	Phenobarbital	28.4%
	Seconal	Secobarbital	10.6%
	Quaaludes	Methaqualone	23.6%
Pain Relievers/Opioids	Methylmorphine *	Codeine	74.0%
	Darvon	Propoxyphene	28.8%
	Demerol	Meperidine	52.9%
	Dilaudid	Hydromorphone	51%
	Alfentanil *	Fentanyl	29.3%
	Dolophine *	Methadone	55.3%
	MS Contin *	Morphine	64.9%
	Oxycontin	Oxycodone	68.8%
	Percocet	Oxycodone	65.9%
	Percodan	Oxycodone	41.3%
	Vicodin	Hydrocodone	83.2%
Stimulants	Adderall	Dextroamphetamine	38.9%
	Desoxyn	Methamphetamine	6.3%
	Ritalin	Methylphenidate	52.9%

† asked about Percocet, Percodan, or Tylox in same question

‡ asked about Xanax or Ativan in same question

§ asked about Nembutal, Seconal, or butalbital in same question.

\* More commonly known generic names were asked during interview.

# 'Research Chemicals'

- Tryptamines – DMT has a long history of abuse and is illegal in the US and UK; its 5-MEO counterpart, though, has a shallower history of use and is not currently Scheduled in the US (though it appears that this is in the process). Many other similar cases.
- Phenethylamines – MDMA, 2C-B – long history of use and are illegal; others in the '2C' series are not.
- Drugs are measured in micro-grams and provide intense hallucinations that may last for hours; overdoses have occurred, leading to DEA intervention and indictments of online companies.
- Formerly able to buy these online – even homeless 'traveling' youth were able to do so.
- *You called them 'research chemicals', where did you get that from?*
- Because websites, you buy em, they sell em as 'research chemicals'...that's what they're known as, research chemicals.

## Tryp/Phene use from IDU sample (from Sanders et al. 2008)

- [DMT is] the craziest thing I've ever experienced...It was instantaneous. As soon as I blew out, my whole body was immobilized ...The moon literally dropped out of the sky and hit the ground...It was almost too intense
- The 2C-Ts are really, really intense. Like crazy. You see all kinds of things that really aren't there
- [5-MeO-AMT is] psychedelic. There's color spirals, sometimes hard to walk, audio hallucinations sometimes.
- See, [4HO] MiPT is really, it's similar to candy flipping – like acid and ecstasy. The 4-ACO-MiPT is almost like just taking ecstasy. And the 4-HO is a little more visually hallucinogenic.
- 5-MeO-DMT is beyond any other drug I've done in my life...Like the way it feels is so intense that you just like fall to the ground and curl up in a ball and just pull the hair out of your head and just scream 'Oh my God!' over and over...It's beyond everything.



## Since I agreed to do this....

- ...other drugs have emerged that also fit these categories
- Mephedrone – synthetic stimulant; plant fertilizer; big in the UK club scene - currently in the process of being scheduled; reports have emerged in US, Europe, Australia and NZ;
- K2 – a synthetic version of THC that's sprayed on herbs; banned in Europe; reports in the Midwest-US (e.g. Missouri); sold as incense or potpourri

E.g. K2 Bubblegum scented incense sold at [k2forless.com](http://k2forless.com)



Looks like incense, right?

Atomic blueberry kush flavored K2 incense



Maybe not so much this one, though

## Use in Clubs

- Prescription drug use by club punters is not uncommon (see qualitative reports by B. Kelly, D. Perrone, G. Yacoubian). Polydrug use in a variety of clubbing contexts – as amphetamine to dance and party; as opiates/depressants to come down and chill out.
- Research chemicals popular at raves/electronic dance music festivals. E.g. DEMF – many in IDU sample who had used these drugs mentioned this event in particular; 2C-B (Nexus) has a longer history in raves. B. Kelly also records usage at raves. It's almost as if such locales were the first places youth became aware of such drugs.
- OTC at clubs? Unclear. Potential for abuse among juveniles at all ages access raves/clubs/events.

## Who cares?: Public Health

- Usage of OTC and RX drugs poses unknown health risks. Given the ever-expanding drug repertoires of youth, the polydrug combinations seem endless. This presents a challenge to epidemiologists in terms of accurately identifying negative health outcomes.
- Also, RX drugs less stigmatized. Instead of injecting heroin, youth can now swallow pills – perhaps the least stigmatizing administration, thus potentially inviting more users.
- Gateway aspects? If youth are introduced to substance abuse through these products, what does that tell us in terms of substance use progression? In terms of prevention services?
- Research chemicals: Perhaps untapped sources of therapy; many recent advancements in the therapeutic use of hallucinogens from the same families.



## Who cares? Criminal Justice

- How to control the use of OTC and RX drugs: hyper-penalize usage and sales? This will include more resources towards enforcing new laws. How well has this worked for 'normal' illicit drugs (e.g. marijuana, cocaine, heroin)?
- How to control the 'emergence' of new substances? Blanket scheduling (e.g. the UK model – where all of them became illegal). Analogue Statute Act (e.g. US model), but still loopholes.
- Clashes with public health. What about the medicinal use? More people likely use OTC and RX drugs for their intended purpose. Also, tighter control may push usage further underground, increasing health risks.



# For copies or comments

- [bsander2@calstatela.edu](mailto:bsander2@calstatela.edu)
- References:
- Sanders, B., Lankenau, S., Jackson Bloom, J., and Hathazi, D. (2008). 'Research chemicals': Tryptamine and Phenethylamine Use amongst High-Risk Youth. Substance Use and Misuse, 43 (3-4), p. 389-402.
- Lankenau, S., Sanders, B. Jackson Bloom, J., and Hathazi, D. (2007) Prevalence and Patterns of Prescription Drug Misuse among Ketamine Injectors. Journal of Drug Issues, 3, p. 717-736.