

Drug Policy Education Group

working in arkansas to address the harm caused by the war on drugs



Pharmaceuticals

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The term “pharmaceutical” covers a huge range of substances, all of which are manufactured (synthetic). In a separate section, we have discussed pharmaceuticals that are sold “over the counter.” In this section, we will discuss synthetic drugs that are only available by prescription.

Downers

Opiates, modeled on the tarry substance formed at the base of the opium poppy blossom, were among the first that science began altering in the laboratory. Opium in its original form is usually smoked. Morphine was the first derivative, and is still used to treat severe pain. Heroin was the next derivative, and was initially believed to be safer than morphine. Subsequent compounds based on the opium model include codeine, dilaudid, methadone, hydrocodone, and oxycodone, all labeled “narcotics.”

The general category of “downer” includes pain medication, sleeping pills, tranquilizers, cough syrup, and other “relaxing” drugs. Drugs in this general category include Valium, Klonopin, Xanax, and other anti-anxiety medications, Haldol, Thorazine, and other anti-psychotics, Dilaudid, Demerol, Percodan, OxyContin, and other pain medication, Halcion and other sleep medications, and Soma and other muscle relaxers.

Uppers

Cocaine, derived from the coca leaf from South America, became the pharmaceutical model for synthetic “upper” drugs such as amphetamines, which led to diet pills, treatment for ADD/ADHD, and treatment for narcolepsy. A crude form of amphetamine is “methamphetamine,” now widely manufactured by the public (illegally). Stimulant drugs commonly prescribed and diverted to the street market include Ritalin and Adderol. Extended use of uppers and accompanying sleep deprivation can lead to hallucinations and other mental dysfunctions.

Hallucinogens

Various plants produce visions and other psychedelic effects, most notably peyote cactus (mescaline), mushrooms, and fermented rye (LSD). In the early 20th century, scientists began experimenting with these compounds and synthesized the active ingredients. LSD was initially used in psychiatric cases before it was banned in the 1960s. Ecstasy was also synthesized with psychiatric use in mind, although abuse of the substance led to its ban. Some compounds now available by prescription can cause hallucinations in some users; for example, hydrocodone cough syrup may be used in combination with marijuana to produce sensory distortions.

Inhalants

Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects. A variety of products common in the home and in the workplace contain substances that can be inhaled, such as

spray paints, glues, and cleaning fluids. Inhalants include solvents, gases, and nitrites. Visit <http://www.nida.nih.gov/Infofacts/Inhalants.html> for more information.

'Ecstasy' Use Studied to Ease Fear in Terminally Ill

By Rick Weiss
Washington Post Staff Writer
Monday, December 27, 2004; Page A11

For some, the diagnosis comes out of the blue. For others, it arrives after a long battle. Either way, the news that death is just a few months away poses a daunting challenge for both doctor and patient.

Drugs can ease pain and reduce anxiety, but what about the more profound issues that come with impending death? The wish to resolve lingering conflicts with family members. The longing to know, before it's too late, what it means to love, or what it meant to live. There is no medicine to address such dis-ease.

Or is there?

This month, in a little-noted administrative decision, the Food and Drug Administration gave the green light to a Harvard proposal to test the benefits of the illegal street drug known as "ecstasy" in patients diagnosed with severe anxiety related to advanced cancer.

The drug, also known as 3,4-methylenedioxymethamphetamine, or MDMA, has been referred to by psychiatrists as an "empathogen," a drug especially good at putting people in touch with their emotions. Some believe it could help patients come to terms with the biggest emotional challenge of all: the end of life.

The FDA's approval puts the study on track to become the first test of a psychedelic substance since 1963 at Harvard, where drug guru Timothy Leary lost his teaching privileges after using students in experiments with LSD and other hallucinogens.

It also marks a milestone for a small but increasingly effective movement favoring a more open-minded attitude toward the therapeutic potential of psychedelic drugs, virtually all of which have been criminalized and disparaged for decades as medically useless.

Already, MDMA is being tested for its ability to reduce symptoms of post-traumatic stress disorder. And two U.S. studies are looking at the usefulness of psilocybin -- the active ingredient in "magic mushrooms" -- in terminally ill cancer patients and in people with obsessive-compulsive disorder.

In the coming year, advocates also hope to submit to the FDA an application to test psilocybin and LSD as treatments for a debilitating syndrome known as cluster headaches.

That would be a fitting birthday present for Albert Hofmann, the chemist who discovered both compounds while working for the Swiss drug company Sandoz and who turns 99 in January, said Rick Doblin, president of the Multidisciplinary Association for Psychedelic Studies. The Sarasota-based nonprofit has organized and funded much of the new research.

Hofmann, who has expressed support for clinical studies such as the one being planned at Harvard, has referred to LSD as his "problem child" -- a reference to his belief that despite its widespread abuse, the mind-altering drug has the potential to help some people.

Although they vary in their chemical structures and specific effects, many psychedelic drugs work on the parts of the brain that regulate serotonin -- the same brain chemical that is the target of many FDA-approved antidepressants. That does not indicate that the drugs are necessarily safe; indeed, they all carry some medical and psychiatric risk.

Yet even scientists who have been vocal about those risks have expressed at least guarded support for the idea that, in the company of a therapist and with proper medical monitoring, moderate doses might benefit some people.

"When taken under adverse circumstances by ill-prepared individuals, there are substantial psychological risks," said Charles Grob, a psychiatrist at Harbor-UCLA Medical Center in Los Angeles. "But when taken in the context of carefully structured and approved research protocols and facilitated by individuals with expertise, adverse effects can be contained to a minimum."

Grob is leading an FDA-approved study in which terminally ill cancer patients are being given psilocybin to see whether it can help them sort through emotional and spiritual issues. He said the patients take a "modest" dose of synthetic psilocybin, equivalent to two or three illicit mushrooms. They spend the next six hours or so in a comfortable setting with a psychiatrist -- talking, thinking and sometimes listening to music with headphones.

"So far they have had very impressive results in terms of amelioration of anxiety, improvement of mood, improved rapport with close family and friends and, interestingly, significant and lasting reductions in pain," Grob said of the first few patients to enroll. "These are extraordinary compounds that seem to have an uncanny ability to reliably induce spiritual or religious experiences when taken in the right conditions."

Promising results have also been reported at the University of Arizona from a 10-person study of psilocybin for obsessive-compulsive disorder, which locks people into repetitive thoughts and actions. And Charleston, S.C., psychiatrist Michael Mithoefer has seen no complications in any of the five patients who have enrolled in his 20-person study of MDMA for victims of violence struggling with post-traumatic stress disorder.

With the FDA's Dec. 17 approval of the Harvard MDMA protocol -- and permission in hand from ethics review boards at Harvard and the nearby Lahey Clinic, where patients will be recruited -- the only remaining hurdle is getting a special license from the Drug Enforcement Administration. A dozen subjects with less than 12 months to live will get either low or moderate doses of MDMA during two sessions a few weeks apart, along with counseling and a variety of psychological tests before and after treatment.

The approach has its doubters.

"Even in antiquity, some groups thought it was especially important to take whatever their local psychedelic was -- including alcohol -- when confronting mortality, whether it's to see into the hereafter, improve spiritual growth or just numb yourself to the reality," said Joanne Lynn, president of the Washington-based Americans for Better Care of the Dying and director of RAND Health, a science and policy research center. But drugs can be disorienting, she said.

"It's sometimes poetic, sometimes majestic, but often mundane work to wrap up one's life," Lynn said. "I think it's unlikely there's a pill that will make that go away."

John Halpern, associate director of substance abuse research in the biological psychiatry lab at Harvard's McLean Hospital, who will lead the MDMA study there, agreed that it is not for everyone. But creating a sense of connection with something greater than oneself "may be helpful" for many facing death, he said.

Halpern emphasized the differences between his study and the freewheeling experiments conducted by Leary in the 1960s.

"This is not about hippy dippy Halpern trying to turn on the world. I'm not looking at this as a magic bullet," he said. "But for a lot of people, the anxiety about death is so tremendous that there is no way to get their arms around the problems that were ongoing in their family. This could be a substantial contribution to the range of palliative care strategies we're trying to develop for people facing their death."

Laura Huxley, widow of the author and metaphysical pioneer Aldous Huxley, said her husband asked for -- and she provided -- a dose of LSD as he lay dying in 1963. "He wanted to be aware," the 93-year-old supporter of the new research said last week. "It's a very important moment."

Leary took a wide array of psychedelics in the weeks leading up to his death from cancer in 1996. Some suspect the drugs clouded rather than sharpened his perceptions, but he died with a positive attitude.

"It's kind of interesting really," he said of dying, talking to a friend in his final days. "You should try it sometime."

Rush Limbaugh's drug problem: (Washington Post) The tough love of the criminal justice system is considered the appropriate treatment for most addicts according to our drug policy leadership. Does the policy apply to everyone?

The Associated Press

Friday, October 10, 2003; 3:41 PM

<http://www.washingtonpost.com/wp-dyn/articles/A8889-2003Oct10.html>

NEW YORK -- Conservative commentator Rush Limbaugh announced during his radio program Friday that he is addicted to painkillers and is checking into a rehab center to "break the hold this highly addictive medication has on me."

"You know I have always tried to be honest with you and open about my life," Limbaugh said during a stunning admission aired nationwide. "So I need to tell you today that part of what you have heard and read is correct. I am addicted to prescription pain medication."

"Immediately following this broadcast, I am checking myself into a treatment center for the next 30 days to once and for all break the hold this highly addictive medication has on me," he added.

Limbaugh gave up his job as an ESPN sports analyst Oct. 1, three days after saying on the sports network's "Sunday NFL Countdown" that Philadelphia Eagles quarterback Donovan McNabb was overrated because the media wanted to see a black quarterback succeed.

The reports of possible drug abuse surfaced at about the same time, first in the National Enquirer. The tabloid had interviewed Wilma Cline, who said she became Limbaugh's drug connection after working as his maid. She said Limbaugh had abused OxyContin and other painkillers.

Law enforcement sources who spoke on condition of anonymity confirmed to The Associated Press that Limbaugh was being investigated by the Palm Beach County, Fla., state attorney's office.

"At the present time, the authorities are conducting an investigation, and I have been asked to limit my public comments until this investigation is complete," Limbaugh said Friday.

Mike Edmondson, a spokesman for the Palm Beach County state attorney's office, said Friday his office could neither confirm nor deny that an investigation was under way. Limbaugh's attorney, Roy Black, did not return a message seeking comment.

Limbaugh said he started taking painkillers "some years ago" after a doctor prescribed them following a spinal surgery. His back pain stemming from the surgery persisted, so Limbaugh said he started taking pills and became hooked.

"Over the past several years I have tried to break my dependence on pain pills and, in fact, twice checked myself into medical facilities in an attempt to do so. I have recently agreed with my physician about the next steps."

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[Drugs for fun: Pharmaceutical industry exploring profit potential in marketing drugs for recreational use \(NY Times\)](#)

September 18, 2003

Levitra, a Rival With Ribald Ads, Gains on Viagra

By GARDINER HARRIS

After one of the most expensive and ribald advertising blitzes in drug industry history, Levitra, the new impotence treatment, has in less than a month captured half of Viagra's market share among new prescriptions.

The secret of Levitra's extraordinary success is an unapologetic push for recreational use.

Janice Lipsky, a spokeswoman for [Pfizer](#), which makes Viagra, said that Levitra had benefited from "false claims and public relations in which they inaccurately state that Levitra works faster and is better, neither of which is true."

[GlaxoSmithKline](#) and [Bayer](#), the co-marketers of Levitra, boldly admit that they are focusing on men who may have successful sexual relationships but who simply want to improve the quality or duration of their erections.

Federal drug regulators only started allowing widespread consumer drug advertising in 1997, and for years the drug industry — worried that its newfound right could be taken away if it was seen to be abused — mostly ran high-minded ads that sought to educate consumers about serious diseases.

Pfizer's initial ad campaign for Viagra, for instance, used Bob Dole as its pitchman and educated the public about a serious condition called erectile dysfunction, a phrase that was meant to be a euphemism for impotence. Pfizer insisted at the time that it was not trying to encourage recreational use among otherwise healthy men.

Levitra's campaign has no such high-minded purpose. The company's ads feature a young man whose attempt to throw a football through a tire bounces off the side. After Levitra is mentioned, he shoots the ball through the tire again and again and is joined by his attractive wife. Executives at GlaxoSmithKline and Bayer are unapologetic about their attempt to corral healthy men into trying the drug.

Simply achieving penetration and ejaculation — the main goals Pfizer initially set for Viagra — are not the goals set by Levitra's sellers. Sexual satisfaction is. "We've done a lot of research on trying to understand what men want," said Nancy Bryan, vice president for marketing at Bayer. "And what they want is to improve the quality of their erections, to get one that's hard enough and lasts long enough for a satisfying sexual experience."

Data collected by ImpactRx, a pharmaceutical promotion research company based in Mt. Laurel, N.J., found that Levitra had captured 50 percent of the share of new prescriptions in the erectile dysfunction market by Tuesday. New prescriptions represent only a fraction of total sales because they do not include refills of existing prescriptions. The data also show that sales representatives from GlaxoSmithKline and Bayer are talking to doctors about Levitra 50 percent more than sales representatives from Pfizer are speaking about Viagra.

Ms. Lipsky said the ImpactRx data was "grossly inconsistent with the audit data that we use, which shows that Viagra still dominates the category." With 11,000 sales representatives, Pfizer generally dominates marketing among physicians in almost every category of drugs that is important to the company. But GlaxoSmithKline has 8,000 sales representatives itself, and Bayer has 3,000 more. Levitra is the most important drug introduction for either company in years.

"We're committed to being very competitive," Ms. Bryan said.

Tony Butler, an analyst for [Lehman Brothers](#), said he thought that Levitra's fast start would soon begin to fade. Many men who have tried Viagra have been disappointed, Mr. Butler noted. Others have been waiting to use an impotence drug and, with a new entrant, have decided now is the time, he said. Levitra is capitalizing on both sets of men.

But Levitra offers few benefits over Viagra, Mr. Butler said, so many of those trying Levitra may return to Viagra or will again cease using either drug, he said. "It's way too early to make a decision as to whether Levitra will be preferred over Viagra," he added.

Just months away is another competitor, Cialis from Eli Lilly, which is under final review by the Food and Drug Administration. Cialis is effective for 36 hours while Viagra and Levitra work for four to five hours.

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