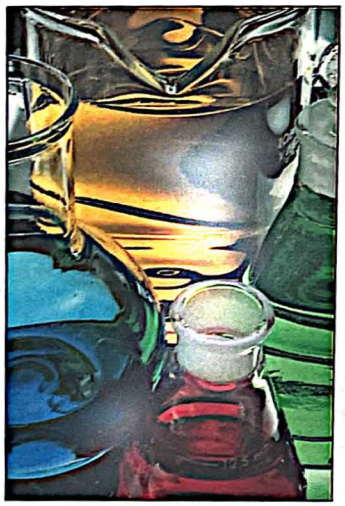
sparking a wave of ecstasy theme par...

THE NEXT NIGHTMARE

BY GERALD POSNER

The drug epidemic has become the national scourge of the 1980s. But the future holds a worse scenario as science makes more powerful narcotics that are easier to produce. Law enforcement recently had a glimpse at this new world in California. At dawn on March 20, 1988, an army of 350 heavily armed federal and state narcotics agents struck at dozens of houses in a coordinated attack. Their assault was the result of nine months of intensive undercover work, and the early-morning raids resulted in the largest illicit-drug roundup of its kind in the country's history. But the target of the multi-agency effort was not a handful of Chinese heroin kingpins or Colombian cocaine distributors, or even the up-and-coming Jamaican posses. Instead, the focus had shifted to what many police fear may become the drug battleground of the future—designer drugs.

Engineered in clandestine laboratories scattered across the country, the rapidly expanding synthetic-narcotics field is comprised of popular drugs such as ecstasy, LSD, barbiturates, amphetamines, MDA, PCP, and China White, the latter being a more potent and cheaper form of pure Southeast Asian heroin. Originally a term coined to refer to synthetic drugs manufactured to meet consumers' demands, "designer drugs" now includes anything the kitchen chemist can concoct. Every organic drug has a synthetic counterpart that is often stronger, cheaper, and more varied than the original. The Drug Enforcement Administration acknowledges that the illegal trade in designer drugs is already a multibillion-dollar-a-year business. A loose-knit cabal of underground chemists can produce a staggering assortment of synthetic narcotics in inexpensive, makeshift labs with over-the-counter chemicals. If, in a



utopian future, all organic drugs from heroin to cocaine to marijuana were eliminated, they could be replaced in a day by a more powerful and varied array of designer drugs, often at a fraction of the organic's price. Gene Haislip, the D.E.A.'s designer-drug expert, likes to call the potential scourge "the pharmaceutical Frankenstein."

According to the D.E.A. analyst, the only thing that has kept designer drugs from overwhelming law enforcement is a lack of organized distribution. Organic drugs, by contrast, do have the necessary distribution: Heroin is plugged into sophisticated Chinese Triads that control the production and refinement in Asia's Golden Triangle, then market the product worldwide. These Chinese organized-crime groups control 80 percent of the U.S. heroin trade. Colombian crime cartels dominate an even higher percentage of the cocaine business, from the South American coca crops to the gram sales in Miami. Even so-called soft drugs such as marijuana and hashish are controlled by crime syndicates with branch offices on several continents. But the designer-drug trade is in its infancy. The large criminal organizations that have the ability to turn designer drugs into our next national crisis are too busy making billions in profits from the organics they control. The Chinese Triads and the Colombian cartels are so busy and successful that they haven't ventured out of their drugs of choice to deal in other illegal substances.

But according to a D.E.A. intelligence source, this situation can change quickly. All it will take is a major crackdown by a drug-producing nation, or several years of bad crops at the source of the world's narcotics supply. If their drug sources become scarce, these massive, sophisticated criminal syndicates, armed with billions of dollars in illicit profits, will look for new merchandise to ply to a massive addict market. Designer drugs eliminate the need to worry about bad crops, foreign production and politics, and the resulting payoffs to police and government officials, as well as the need for smuggling across national borders. To the large syndicates, designer drugs might seem like a panacea. Coupled with the fact that the drugs give more bang for a smaller price ($800 worth of

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chemicals and equipment can produce almost $3 million worth of synthetics), profit margins would zoom while the risks would fall. A D.E.A. analyst in Washington told me, "A single suitcase could contain enough designer drugs to keep all the addicts in New York City stoned for a couple of years. We're talking about an entire new generation of narcotics, making our job all the more difficult. Right now, the loose-knit operators have managed to make it into a big business. But the moment a real organization plugs into this drug revolution, then it's going to spread like wildfire. And it's only a matter of time until some goddamn drug overlord figures out that he can double his profits by going to designers. It's still too new to know exactly where we are headed with this problem."

Hallucinogenic designer drugs, including LSD, appeared in the 1960s, followed by the rush of more sophisticated derivatives in the late 1970s. Initially, most of the synthetics were legal under established federal doctrine, which stated that a compound had to be declared explicitly illegal before any government agency could take action against it. Moreover, before a drug can be regulated as a "controlled substance," it must be the object of a long and intensive investigation by chemists and toxicologists.

The problem with synthetics, however, is that even if a particular drug were outlawed, underground chemists can slightly fiddle with its structure and avoid the law by a molecule or two. There are literally thousands of possible variations for every designer drug, each creating a new legal loophole without losing any of the potency for street-hungry addicts. To match the possible onslaught of new synthetics, the federal government passed the Controlled Substance Analogs Enforcement Act of 1985, empowering law enforcement to battle such a menace. Under this law, if the chemical structure of a drug looks like that of another controlled substance, and produces psychoactive side effects, then the government can administratively ban it.

No legal expert is quite sure whether it's possible to get any two chemists to agree on what an analogue of a drug compound is—the very constitutionality of the act has yet to be fully determined. But for now, it sends out a message to syndicates that may be considering delving into designer drugs that the government intends to respond as fast as the underground chemists can.

If and when the major syndicates move into designers, no matter what the status of the law, the syndicates will find a veritable scientific cornucopia of narcotics for the twenty-first century. Yet however limitless the chemical variations available in a laboratory, there are currently three major families of designer drugs cornering the market in new addictions.

The first group mimics heroin and other opiates. It is composed of derivative drugs (analogues) produced from a synthetic anesthetic called fentanyl. It may be the most powerful addictive drug of its kind, nearly 40 times stronger than pure heroin. Chemical derivatives of fentanyl can be 6,000 times as strong as morphine. Fentanyl provides a dramatic rush for the user, much more intense than a dose of heroin. However, the trade-off for this fleeting pleasure is addiction. The drug is addictive after a single shot, and the kick often ends in overdose. In Pittsburgh in 1988, a spate of 18 overdoses from street fentanyl marketed as China White is the most recent sign of the drug's killer potential. Sometimes the batch of drugs is not mixed correctly in the lab, and the side effects to users are devastating. One botched supply of MPPP (an analogue of the painkiller Demerol) produced a deadly neurotoxin that caused severe brain degeneration mimicking Parkinson's disease in more than 400 California users. Another mismatched batch of fentanyl so shocked the central nervous system of its users that they developed total paralysis.

> Even if we achieve total victory in the current drug war, designer drugs could give us a larger problem than we ever imagined.

Despite the drastic unpredictability of fentanyl's side effects, the number of customers willing to experiment with the most powerful of drugs is apparently expanding. The D.E.A. office that tracks designer drugs cites evidence of growing markets in large cities, primarily on both coasts, and on college campuses in the Midwest and South. Some cocaine addicts use fentanyl analogues to come down from their accelerated high, resulting in a double addiction. Moreover, many heroin users buy street products that are cut with fentanyl analogues, and unknowingly develop an addiction to the synthetic product.

One of the most troubling developments related to fentanyl, aside from its street devastation, is that it is responsible for a growing addiction rate among the country's 20,000 anesthesiologists. Fentanyl (manufactured in legal form by Janssen Pharmaceutical, a subsidiary of Johnson & Johnson) is of great benefit for surgery, since it produces potent but short-lived and reversible anesthesia. Its benefits have prompted its use in almost 70 percent of all surgical procedures.

But according to a spate of recent studies, anesthesiologists are, in growing numbers, using the drug for recreational purposes beyond the operating room (these doctors have easier access to the drug than other medical professionals, since they can requisition it from the hospital pharmacy for their patients). The result is an addiction rate among anesthesiologists estimated to be 35 times higher than the national average, which in many cases leads to suspension from the medical profession and sometimes death. Dr. Will Spiegelman, an addiction expert and anesthesiologist at Stanford University Hospital, does not find the figures surprising: "Every morning at work, an anesthesiologist could have before him eight syringes full of different mood-altering drugs. How is he not going to be tempted unless he's had a lot of education on how to handle the stresses of the profession and the dangers of the drugs?"

Rehabilitation programs directed at medical professionals, however, provide evidence that fentanyl addiction also extends to other doctors, nurses, dentists, and pharmacists. Medical users of fentanyl and its analogues talk of injecting "party packs," a dosage strong enough to anesthetize a patient for minor surgery.

While fentanyl supplies the heroin end of the market, there are also cocaine-like stimulants, the most widespread being MDMA, more popularly known by its street name, "ecstasy." Synthesized more than 70 years ago as an appetite suppressant, it was refined in underground laboratories in the 1970s and then outlawed by the 1985 Analogs Enforcement Act. But during that time, its popularity spread worldwide to millions of yuppies, gays, college students, and business professionals. According to officials at Scotland Yard, ecstasy has become the No.1 drug problem among young Londoners, with prevalent use cited at discotheques. French authorities say it is the fastest-growing drug of choice in Paris. In the United States, ecstasy has become a favorite drug on college campuses, and even the D.E.A. admits that its use has "boomed." In late 1988, *The New York Times* reported that ecstasy was enjoying a "vogue" in the city's trendiest nightclubs, "attracting a young and arty following and even

sparking a wave of ecstasy theme parties, T-shirts, and music." A 21-year-old party promoter was quoted as saying, "It's a wonderful drug. This is a depressing era for liberal-minded youth, and ecstasy is a happy, peace-loving, purely positive experience." The article also tied in the popularity of "acid house" music to the explosion in ecstasy use.

Ecstasy is a bitter white powder that is a synthetic variation of the hallucinogenic mescaline. It is combined with amphetamine to form the popular version sold on the street in pill form, at $20 a single dose. But the thousands of young partygoers who believe ecstasy merely heightens their dancing or sexual pleasure are wrong. There is overwhelming medical evidence that ecstasy is psychologically addictive and can cause paranoia and other psychoses that sometimes lead to deaths from accidents, cardiovascular failure, or overheating. Research pharmacologists report that in animal tests, ecstasy destroys nerve endings in the portion of the brain responsible for regulating mood, sleep, sexual desire, perception of pain, and aggressive behavior. Research at the University of Chicago has concluded that ecstasy use can lead to "long-term damage to the central nervous system structures." Dr. Charles Schuster, director of the National Institute on Drug Abuse in Rockville, Maryland, believes that ecstasy may cause some nerve cells to be irretrievably lost, though brain damage may not show up for several decades. Other researchers point to evidence that ecstasy can cause long-term disturbances interrupting sleep patterns and inducing depression.

Dr. David Smith, medical director of the Haight-Ashbury Free Medical Clinic in San Francisco, has seen his share of trends in the underground drug world in the Bay Area during the past three decades. While he believes that the popularity of drugs progresses at different times in different parts of the country, he is certain that MDMA use started in California in the seventies. "It was used in self-therapy and discovery," he recalls. "It started as a drug with the cognoscenti, the new-age people. It was used in a lot of nonsupervised therapy. It also became the second drug of choice sold by coke dealers."

Smith does not report many problems in the clinic with ecstasy users. Most of those who use ecstasy also use cocaine and sometimes heroin. By the time they go to the Free Medical Clinic for help, their problems are the result of chronic use of the heavier drugs. Smith believes that some of the cocaine addicts admitted for hospital treatment nationwide may also be regular MDMA users, but it does not show up in the statistics because hospitals and doctors focus on cocaine, not on ecstasy.

"It also causes psychological toxicity," says Smith. "Our systems pick up very poorly on this." And if the medical evidence and research is correct, the real damage—permanent damage to brain and nerve tissue—will not be seen in many ecstasy users for at least a decade.

While fentanyl analogues may be the new-and-improved replacement for heroin and opiates, and ecstasy may be the enhanced and dangerous replacement for cocaine, underground chemists have returned to a tried-and-true staple of synthetic drugs—"speed"—in order to make inroads into the crack market. Both law-enforcement officials and drug-treatment experts say that the production of speed has surged on the West Coast, where it rivals crack in many cities. They also believe it will soon fill that same role elsewhere in the nation.

John D'Ulisse, a D.E.A. agent and authority on speed, says, "It's an astronomical problem. It can't be overstated. There's unanimous agreement out here that, hey, this drug is out of control." Speed, or methamphetamine, is a powerful stimulant to the central nervous system that has been used for a generation to aid in weight loss. But there has been a steady and expanding black market for the drug since the late 1950s. In the fall of 1988, the D.E.A.'s western laboratory in San Francisco made an ominous discovery: Underground chemists had finally perfected an inexpensive, smokable form of the drug that resembles rock crystals. On the street it is called "ice." Crack, or rock cocaine, was discovered in 1985 at an East Coast D.E.A. lab, and then exploded onto the national scene in less than a year. Compared to crack's 20-minute high, ice provides a high that lasts from 12 to 24 hours. It can cause addiction after the first use. Because ice is colorless and odorless, it can be smoked in public virtually without any risk of detection. When lighted in a glass pipe, the crystals turn to liquid and produce a potent vapor. When it cools, ice reverts to its solid state and is reusable and easily transportable.

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Ice, which first appeared in Hawaii, was originally priced higher than crack, but large demand and increasing supply has rapidly brought the price down. The first pockets of ice addiction, resulting in psychotic and violent behavior, have now appeared on the West Coast. "Ice is a real horror story," concludes Henry Lau, narcotics captain for the Honolulu police. Bill Koch, program director of the Parkside Recovery Program in Concord, California, has no doubts about where ice abuse is headed. "This is going to do to speed what crack did to cocaine," he says. "It's like Hades revisited." Experts like Koch are worried that since speed does not have the same deadly reputation on the street that crack has, it could make large inroads in the inner cities.

For the drug barons, the profit is excellent, with only $175 in chemicals producing almost $40,000 in street sales. Moreover, the legal risks are not as great, since there is no need to smuggle the drug across the borders. The primary drugs needed in the synthetic production of the narcotic are phenyl-2-propanone, used in making perfume, and ephedrine, found in several over-the-counter cold medications. The fact that these chemicals are used for widespread commercial purposes means that there is little chance of legally banning or severely limiting them. And the signs that dealers are moving the drug in a major fashion can be seen on several fronts. In the past two years, the number of hospital-related admissions for speed has doubled, and deaths from the drug are up 80 percent. While raids on clandestine labs have more than tripled in the past year, law-enforcement officials estimate that five underground labs are in operation for each that has closed.

According to Ron Bass, a prosecutor in the California attorney general's office who specializes in narcotics cases, California is the nation's headquarters for the new speed explosion. "The labs that are busted are always getting bigger and more sophisticated," he says. "And motorcycle gangs like the Hell's Angels, independent white trash, are involved in selling speed around the state." Bass points out that speed regularly sells at one-half the price of cocaine, and its production is only limited by access to a lab and a supply of chemicals.

The new labs are sometimes equipped with hydrogenators and can make up to 100 pounds of speed at a time. Some of the labs are so large that they are in warehouses, although Bass points out that because of the strong urine and sulfur smell, most of the labs are located outside the cities. Wherever they are located, the fact that they are producing speed is not the only

danger they pose, for the labs also produce two gallons of toxic waste for each gallon of speed manufactured. Most of the waste, which illegally is dumped on nearby land or in streams, includes carcinogens, mutagens, explosives, and hazardous metals such as lead and mercury.

David Smith of the Haight-Ashbury clinic says that speed is a real and growing problem, especially since it gives the user inexpensive choices of snorting, shooting, or smoking the drug. He is convinced that with chronic use, the drug can lead to psychotic behavior and violence, and says the current phase is reminiscent of the 1967 Summer of Love in San Francisco, where the phrase "speed kills" was coined. Speed is not only popular in the gay population, where it is fabled for providing five- to six-hour erections, but it is also part of what medical experts call the upper-downer syndrome. Many speed addicts use barbiturates to eliminate overstimulation so that they can function regularly at work and in society. The downers also eliminate the nervousness and grouchiness that are unwanted residues from speed use. But it's a vicious cycle. The barbiturates inevitably bring the user down too low, so more speed is needed on the next dosage to attain a high equal to the previous one. Then more barbiturates are needed to come down. The cycle normally ends in hospital admissions for drug-induced psychosis, or admission to the coroner's office as another grim statistic.

While fentanyl analogues, ecstasy, and speed may be three of the most potent and deadly designer drugs, they are by no means the only ones. Other hallucinogens, from LSD to PCP and an entire panoply of other uppers and downers, could fill a drug addict's dream catalog. For law enforcement, one of the most difficult aspects of mapping out an effective strategy to combat designers is the ease with which all of them are manufactured. It is a logistical nightmare that puts almost all of the advantage in the drug manufacturer's lap.

A good medicinal chemist can alter the basic designer compound and develop an increasingly sophisticated array of drugs for the addict. For instance, through a minor modification to fentanyl's basic structure, its potency and staying power can be significantly enhanced. Different grades with varying highs and durations can be sold to appropriate parts of the drug market. Within months, a good chemist can develop dozens of designer analogues to a basic drug and store his entire supply, no larger than a loaf of bread—and worth $1 billion on the black market—in a safe hiding place.

Robert J. Roberton, Ph.D., former chief of the California Division of Drug

Programs, recognizes the extent of the manufacturing problem: "One chemist working eight hours a day for a week can make enough to supply the whole United States for six months—and fit it into three shoeboxes. There are two micrograms in each dose, and you can put enough 3-methyl fentanyl on the head of a pin to kill 50 people. If you accidentally sniff too much 3-methyl fentanyl, you could die."

Many experts such as Roberton view the future with dread, the technological revolution paving the way for an ever-larger designer-drug market. The chemists do not need much training, and detailed instruction books with second-by-second instructions for the ambitious but novice entrepreneurial chemist abound on the black market. Moreover, after investing several hundred dollars in rudimentary equipment and chemical supplies, the designer-drug manufacturer produces a narcotic that law enforcement isn't even prepared to detect among users. The extremely high potency of these drugs means that only minuscule doses are needed.

As a result, the standard drug tests performed in hospitals and clinics across the country fail to identify most of the designer analogues. Only a few laboratories in the country are equipped with the expensive radioimmunoassay tests necessary to detect parts per billion of a given drug in body fluids. Even in the early 1980s, California, the nation's designer-drug capital, was burying people without detecting analogues because only a single lab in the state had the capacity to do so.

Federal and state police have raided thousands of designer labs since the 1960s, but many experts believe that a new one is running within hours of the last raid. "It's just too cheap and easy to get this business going," a D.E.A. analyst in Washington, D.C., says. "There are no real barriers to entry in this marketplace. Once dealers get the hang of this business, they quickly see it's a lot better than dealing with a bunch of suppliers in South America who may or may not rip you off."

Ron Bass, the California prosecutor who is at the forefront of the war on designer drugs, reminds the public that the only factor preventing synthetic narcotics from becoming our leading drug crisis is that no major organized-crime syndicate has taken control of the distribution.

"All you have," he says, "is a bunch of burned-out hippie chemists left over from the sixties, each doing his own thing and making up pretty potent batches of drugs. And then you have the Hell's Angels out here in California doing their own distribution, but that's about it. The big players haven't seen the potential and moved in yet."

But a D.E.A. analyst had no doubt of what the future holds. "It's only a matter of time. Once one of the large drug empires takes on designer drugs as its next marketable product, it will explode. Given the large demand, the minimal initial cost for production, and the elimination of an entire smuggling network, it's a natural move for modern drug syndicates. We're starting to see small-scale organization. And the big boys are just on the edge of the fence looking in. But once they decide to come into the newest game on the block, they are going to give us a new headache that will be hard to lose."

The war on drugs. Every day we hear more about federal, state, and local efforts to step up the battle. The next time you hear about it, just remember that even if total victory over our current organic-drug problem could be had tomorrow, designer drugs could still give us a larger, nastier, and more intractable problem than we ever imagined. Entrepreneurial chemists are waiting with synthetic poisons for millions of American addicts.

Designer drugs are cheaper, more plentiful, easier to manufacture, and give more bang for the buck. Unfortunately, they may be just what the drug syndicates are looking for.