

Journal of Pills

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PILL NEWS AND VIEWS

by Chet Antonini

Good morning boys and girls! As you can see right away, this issue of PaGG (which happens to be approximately its three year anniversary issue) is a little different. It's bigger for one thing and for another we now have some primo art to look at thanks to the creative genius of a chick named Shalometh and of Seattle's reclusive and elusive ☆. She's also the designer of our new logo. Shalometh did the harvest scene on the back.

In other words, things are changing once again at PaGG but nothing's carved in stone (tablets).

We also got a shitload of pill news to report along with some articles ... and there's plenty more where they came from. I'm gonna have to condense the news squibs a little bit — maybe by folding them into this running commentary.

I don't know since I haven't started yet and this is all done on the fly. As a sort of inspirational intro to it all I direct your attention to a young teen in Weirton, W. VA who recently ripped off a couple hundred hits of Haldol from a crazed relative and started handing them out to his teenaged chums, saying they were Valium.

Nine of 'em ended up in the hospital with muscle spasms, joint stiffness and the like.

But who can blame the kid? Ever look at a Haldol? They come in the same colors as vitamin V and, just like Valium, have a cut-out letter in the center to show you're not getting generic. Only difference is Haldol has a stylized H instead of a stylized V.

Newsweek saw fit to put a big scare story about antibiotics on its cover and even though some high-profile celebs have been connected with pills of late, we still feel this story deserves to be addressed first.

LETTERS

Dear Pills-a-go-go,

First pill I remember taking was baby aspirin. Can take pills with liquor without gagging but taking pills with beer makes me gag. I rarely pay attention to taste...

My experience with pills has run the gamut but my attitude has changed through the years. At 17 to 18 I ate pills and asked what they were later. Twenty years later, with less to risk health-wise I'm always weighing risks etc. especially to my liver. This doesn't seem to slow me down much, instead it makes me just start my high worrying.

Favorite pill of all time was 3-grain Tuinals. I had a T-shirt made in Fla. once year that was baby blue and on the back I had them put Eli Lilly with F-66 under it in red. The Tuinal colors!

On New Year's Eve 1973, I had bought 100 Tuinals and the baggie had ripped so I just dumped them in my flannel shirt pocket. Had eaten four or five and been drinking beer and switched to champagne at midnight. Was taking my date home. I had borrowed a van from a buddy. It was his pride. He had carpeted and panelled the inside and put in stereo and balling bags (as bean bag chairs were marketed back then). It was very seventies, as were my platform boots, which kept getting caught in the clutch due to my sluggish motor skills.

I ended up rolling the van on a huge hill while trying to open a beer. There was no traffic but it was a five lane road. The windshield came out. The can landed on its roof and I slid across the road on my back leaving a trail of Tuinals rolling down the road.

I got a hell of an asphalt rash on my back and was laying there in shock.

Amazingly, a car stopped to help and the guy saw

the Tuinals and got out and grabbed a handfull and drove on.

Another car stopped and it was a couple of heads. They got pills and beer bottles up before the police came. I was really lucky. The cop drove me to the hospital and I never got charged with anything. A couple of days later we went to the towing company to get a look at . The funny thing was there were probably 25 Tuinals that had been fused to the carpet the guy had installed in the ceiling of the van. I guess it was gas from the engine.

-- Loyal Reader

Dear Pills-a-go-go,

Back in ish #11 of PaGG, the amino acid L-Glutamine was given mention as an energy booster and fatigue fighter at dosages of around 500 to 1,000 mgs. I have for many years now been experimenting with cognitive enhancers the likes of DMAE, Ginkgo Biloba, Choline Chloride and others. L-Glutamine I've found — and concur with the PaGG gang -- packs a definite punch of energy as well as helping to increase concentration and alertness, more so than I've encountered with other smart drugs and nutrients, short of tried and true energy supplements such as amphetamines in the form of cross-tops and black beauties, which I took in younger hop-head years before becoming a responsible member of society.

Anyway I use the stuff such: 500 mgs (under the tongue) in the AM with a strong cup of pitch black coffee to wash it down. Another 500 mgs before lunch, which helps me get a jump on my most lackadaisical/drowsy part of the day, when oftentimes I fall into a "food coma" and feel the need for a nap coming on. L-Glut. helps immensely in getting over this low energy part o' the day. And even though I may take a 15 min. nap, under L-Glut it seems like I wake up afterwards more bright eyed and bushy-tailed than in my pre-L-Glutaminine incarnation. Lastly, I'll sometimes have a late afternoon early evening blast 500 mg dose just to intensify my evenings at home, whether fueling creative literary efforts, or just simply enjoying another hilarious episode of Martin.

-- A. Gorightly

Mr. Gorightly also wrote us about some non-FDA approved tests involving the OTC "motion sickness" pill called Marezine (cyclizine). He says some of his friends have taken as many as 13 pills at a time, "which induced extremely palpable hallucinations right in front of their astounded eyes. One associate... gobbled up about thirteen of these pills and visualized a total hallucination in the guise of a friend of his who walked right up to him, said, "hello" and then disappeared."

A couple issues ago I argued with a reader who made essentially the same observation about the diminishing effectiveness of antibiotics, and blamed it on overprescribing of these drugs. In my view the cause is more likely to be *underprescribing* or at least under-use of antibiotics. We may not really have any argument. There may very well be overprescription of antibiotics but I think it's not finishing the course that causes the problem. These things can go hand in hand. That and shooting up farm animals with antibiotics helps create these fearsome "superbugs". Still, it's a scare story.

There's nothing to worry about. Yep, a few strains of pneumonia have become quite resistant to antibiotics, and in at least one case, resistant to all but a single one. Scare stories point out correctly that if such a bug were to become resistant to the remaining pill, then no antibiotic could kill it.

That sounds bad, but is it? It doesn't mean there would be no way to kill the bug, it just means there wouldn't be a *single* drug to do it.

Maybe a panoply of therapies would have to come into play, maybe the docs could even resurrect the sulfa drugs to keep it in check (if not kill it). And there's always the chance the pill-makers will come up with another drug either in the nick of time or earlier.

Contrary to news reports, there is plenty of research going on in ways to kill not only bacterial but viral infections. The lopsided funding for a "cure" for AIDS is throwing off a lot of knowledge about such things.

What would pill news be without our favorite megalomaniac David Kessler? Kessler's mere presence as FDA head under both Bush and Clinton should cause suspicion. The last public figure to transform a political-prize job into a tenured position was J. Edgar Hoover. And he did it by blackmail. How is Kessler hanging on?

No matter right now, the fact is, he's still there issuing edicts and decrees more furiously than Boris Yeltsin. His latest is to take control of tobacco by asserting that nicotine is an addictive drug and therefore under FDA control. Cigarettes, then, are "nicotine delivery systems". If you recall, this is how the FDA killed the "smokeless" cigarette designed to eliminate "side-stream" smoke many believe is harmful to the health of non-smokers who share air with smokers.

Kessler's aim is clear. If he has his way he will (in his own words) "ultimately remov[e] from the market ... tobacco products containing nicotine at levels that cause or satisfy addiction"

Notice he didn't say anything about cancer -- only "addiction" Is coffee next? Sugar? Think I'm joking?

But at least Kessler argued strenuously on behalf of

THE TORMENTED MIND

OF THE PHARMACIST

"You know, I hate pharmacists. Doctors are just dumb. If they write, they're dumb for believing your story. If they don't write they're dumb for not believing your story. But pharmacists are evil. They have a special ability to see right through a dope fiend. They can tell instantly, just by looking at a prescription, whether it was written in response to a story you concocted. They give you these withering looks ... If I ever get off narcotics I'm never going to speak to a pharmacist as long as I live."

-- Eric Detzer, former junkie, in his book, *Poppies*.

Pill-hounds are not the only ones who hate the pharmacist. Practically everybody else hates the pharmacist, too. In turn, he hates everyone back and, for that brief moment when he is in charge of your medical treatment, will jack you around out of pure spite.

He challenges your prescription, he makes you wait an extra half hour, he makes you talk out loud about your medical problems. He makes you sit up and beg.

A pharmacist shuffling papers behind his altar-like counter won't even look up when you arrive. He won't even grunt before he's good and ready to peer down at you and acknowledge your existence.

And then, no double-talk, he wants to see that prescription. Hmmmmm, you got the clap dontcha? Prozac, eh? Don't look depressed to me. Isn't it a little *early* for you to be refilling this codeine? In fact, I'm not sure you should *have* any more codeine.

Once they've got the script, they can make you grovel.

How did the pharmacist become so odious? Does pharmacy simply attract people who like to seethe with inner malice while maintaining a stony facade? Are they born this way or does something happen to them?

There is no evidence that pharmacists have a genetic problem. Like sadistic prison guards are largely creations of their surroundings. Something about the job does it to them.

To understand what you and your measly prescription look like to the pharmacist, it's crucial to have an understanding of his constant anger; the anger born of being hoodwinked and conned, soaked and hung out to

dry — with only his own gullibility to blame.

A pharmacist's soul is a hundred times more embarrassed than any sap taken to the cleaner's in Vegas. His self-esteem is more acutely wounded than a town full of jilted lovers. All the land sold in Florida cannot have caused the pain a single pharmacist feels by the time you see him there among the pills.

THE BIG SCAM

It probably doesn't take more than one day on the job to show a newly-minted pharmacist that he or she has been tricked. Pharmacy school is rough — you can't get through it without advanced calculus, chemistry and super dedication. Pharmacy school lasts five years. And it costs a lot.

No one would endure pharmacy school for the chance to count pills, let alone to be hated by customers and held in contempt by doctors. So, to make students cram pharmacokinetics (which they will never use on the job) the school outright lies to them. It promises that they will be *liked*. This is the opposite of reality, of course which just makes the hoax crueler. Here are students, who just want to be liked and valued by the community, slaving away for respectability and honor they will never get.

Pharmacy schools promise an esteemed position in medicine, in society even. Students are told again and again about the high degree of trust placed upon pharmacists by patients and doctors. They see pictures of kindly people in smooth coats holding up test-tubes or being beamed at by reassured old ladies. They are shown photocopies of a folklorish survey rating how certain professions are trusted. Pharmacists, they see, are only a notch or two below Supreme Court Justice — and far above a doctor.

As a pharmacist, they learn, You Are Trusted.

THE SUCKER PUNCH

Of course the reality of pharmacy is that it is a service industry, not much different than a dry cleaners. Pharmacists are not pillars of the community, they are pill-counters and stock boys. And respect? Please.

Instead of being part of a benevolent triangle of medical care, the pharmacist finds himself at the raw end of an abusive process nobody likes.

Here's where you, the consumer, come in.

Cutomers arrive at the pharmacy because they have been hurt or are sick. They have already made the trek

to the doctor's office, lost a day of work, been kept waiting and charged a hundred bucks to spend three minutes with a doctor who hands them a piece of paper. Now they have taken the bus to the drugstore and are about to be appalled by the money they are going to shell out to this grump behind a counter so high it makes them feel like a three year old.

Overlooking the Obvious

Pharmacy customers are not happy to be there. They aren't even happy. And nothing the pharmacist does is going to make them happy. But, too bad, the pharmacist isn't all that content himself. He's been swindled so badly he's never going to trust anyone again. Since old people take the most medicine, the majority of his customers are old people — cranky old people who complain about prices and ask the same stupid questions a thousand times a day. This is just more gravel in this guy's shoes.

The collision between sick, ripped-off patient and tired, ripped-off pharmacist is as predictable, and mean, as a cockfight. The customer grumbles at the pharmacist, asks some ridiculous question — or any question at all. The phone is ringing. People standing in line start clearing their throats. The pharmacist slows up, shoots a few withering looks, then doles out the pills. Sufficiently abased, customers begin to limp home — finally. The pharmacist counts pills and waits for more abuse.

There are no test-tubes in sight. No mortar and pestles, no hand-in-hand work with the doctor. In fact, there are no real prescriptions anymore. A clerk in a pizza joint has a more complex job than a pharmacist.

Doctors prescribe ready-made medicines, often by brand name. Doctors decide if a generic can be substituted. The pharmacist just gets the right bottle of pills and starts counting. A pigeon could do the pharmacist's job. There is no pharmacy going on in a

pharmacy. All those nights of midnight oil, learning absorption rates of alkenes into mucous membrane mean nothing now. That was just the price for a pill-selling license. The Pharmacy School didn't breathe a word of this.

Neither did the pharmacy school teach any practical skills the pharmacist genuinely needs.



They don't teach 'em how to run a cash register or catch shoplifters or even those things related to pills. Pill identification for example. Pharmacy students can draw the molecular structure of a drug but cannot visually ID or even name the top 20 or 100 drugs they will sell.

Of course, as the years grind by under the fluorescent lights, behind his silly counter, he eventually learns all this. But it's all on-the-job and self-taught.

Then there's pill-counting — the most obvious part of pharmacy drudgery. Just how much organic chemistry is necessary to count pills? This is even more humiliating since the number of pills in a bottle is one of the few things a pharmacist/pigeon can control. It's also something the old bag snapping about high prices can and will check.

Pharmacists are not taught to read doctor handwriting, which really and truly is bad. Despite the jokes about it, inability to read the doctor's handwriting can lead to serious mistakes. People have been killed by script fuck-ups and pharmacists commonly misdispense drugs because of an error in reading the prescription. Then they get sued and kicked out of the business forever.

Calling the doctor's office for clarification of a prescription just makes the pharmacist a pest. The receptionist treats him as an irritant. The doctor treats him like an idiot. Should the pharmacist have any other "problems" with a prescription he comes dangerously close to questioning the doctor's wisdom. It's bad enough to be an idiot, it's even worse to be loathsome pipsqueek. The brittle ego of a pharmacist cannot risk calling a doctor everytime he thinks there's something wrong with a script.

What this means to you, the pill-hound

On the other hand, the drudgery of pharmacy makes catching fake scripts practically the only "fun" thing about being a pharmacist. Other "fun" things open to a pharmacist are diverting drugs, selling stolen drugs and dealing controlled substances illegally. These guys still keep a sharp eye out for fake scripts — they just might not call the cops if they see one.

Then again, as law enforcement begins paying attention to pharmacists, enlisting their help in the war on drugs the police may be the only source of feelgood a pharmacist has. But most pharmacists, in their broken little hearts, know it is futile to call the cops on a single guy and won't even bother. Hell, they might just fill the damn thing.

MINOR SUPERPOWERS OF THE PHARMACIST

- Pharmacists in many states have the power to self-prescribe. In practice this means the pharmacist ends up prescribing to family and friends, so for whatever it's worth, a pharmacist is allowed to decide if he should take an antibiotic or not.
- Although it is severely restricted compared to a couple decades ago, pharmacists still retain vestiges of a right to refill a prescription w/o contacting a doctor. Before about 1970, refills were still the province of the patient and pharmacist. A doctor merely prescribed a medication and a regime. It was up to the patient to comply. One prescription was essentially good for life.

Of course, if a doctor complains to the proper authorities about it, the pharmacist gets suspended and fined.

These days this happens almost exclusively when little old hunch-backed ladies come in to get more heart pills and the pharmacist goes ahead and refills the damn thing, knowing she's gonna be on that med the rest of her life. When the doctor discovers this, he may get insulted and retaliate against the pharmacist.

- A pharmacist may have the statutory right to prescribe certain medications to the public at large. In practice, this is almost never done because of the severity of punishment should some authority be brought down to investigate.

In a sick kind of way, the very fact that pharmacists ever get busted for selling medicines to people who have convinced them they need a certain drug betrays their essential

soft-heartedness. Instead of being seen as a positive trait, this trace of mercy in their souls makes them perfect targets.



Just to torment pharmacists some more, 60 Minutes once sent a team of middle-aged, well-dressed and well-spoken women with out-of-town ID to pharmacies around Washington, DC and had them beg the pharmacist to give them just a few days supply of Valium since they had forgotten theirs back home.

Lo and behold, some pharmacists went so far as to dispense a few days' worth of the (at-that-time) number one selling drug to a person who, from all outward appearances, was not only a typical patient for Valium, but verging on hysteria. A believable story and supporting identification clinched it.

60 minutes sent their women all over town and managed to collect a stock of Valiums which they dramatically poured into a little pile in front of the camera declaring with shock an outrage that such a "haul" was possible.

Gee, why didn't they send in scrungy men with three-day beards and no coherent story to get the pills? Why didn't they try for a more controlled drug or one that was less popular?

666

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How To Read A Script

Part II

In the first part of this series (PaGG #16) we discussed the origin and purpose of the prescription — what it was meant to be in the first place and what it has become today. We also ran through the basic classifications or “schedules” of drugs and took a look at the DEA code number on every script and how it is used by the government to track prescriptions and watch people.

In Part II of this article, we focus on decoding and understanding the prescription itself, that scrap of paper that has been elevated to near-holy or magical status. We begin:

First of all, a prescription is almost always just a piece of paper. A lot of people think there’s some kind of special ink or invisible marking or some other hi-tech way of making the prescription pad distinct.

This simply is not true.

Though some doctors are beginning to use a carbonless system to keep track of all the prescriptions they write, the vast, vast majority of prescriptions are written on normal white pieces of paper that have been preprinted in pads. You can easily photocopy one and make a decent fake script (although not perfect). There is no latent “VOID” hiding in a background pattern. Indeed there isn’t even a background pattern. There is also nothing to show erasures, no sequential numbering, nothing. The main thing “protecting” widespread prescription forgery is ignorance about what is on the prescription and an almost superstitious belief that there is something there the pharmacist can pick up on. Hence the urban legend of invisible marks, etc.

There is nothing special about the prescription paper or anything printed on it. All of it is very straightforward. Yet, pharmacists can spot alterations and forgeries miles away. How do they do it?

The answer lies in the subtle things that are written on the prescription by the doctor — not any special message to the pharmacist — but the peculiar way scripts are written. The vestiges of Latin, the probability of a certain doctor prescribing a particular drug. The presence or absence of recognizable internal patterns every pharmacist internalizes. And of course, the doctor’s signature.

Pharmacists recognize doctor’s signatures. If the signature is wrong an alarm will go off in his head. But that’s not usually what tips him off.

The doctor’s true signature resides in the way he or she writes the script in the first place. For one thing there are those Latin holdovers and their modern equivalents. These days they are mixed up more often than not. Indeed, a prescription written entirely in Latin or with medical symbols would be highly suspect.

SOME EXAMPLES OF PRESCRIPTIONESE

The first part of the script is called the ‘superscription’ and is the pre-printed RX, which is the shortening of the Latin

command “mix thou”.

The next part of the script is the “inscription” and today, alas, it is gone today. Here’s where the doc told the pharmacist which ingredients to use. Today he just names a pill. The next part of the prescription (called the “subscription”) is where the doctor used to tell the pharmacist how to dispense what he just made. We normally don’t find any of the old stuff except for perhaps “M” meaning misce (mix in Latin). Another way to write that is \overline{ff} .

Normally this is where you find the total amount of the drug to be handed over. Sometimes you’ll see Disp. here, but normally it’s just a number sign (#) or No. and it represents the entire number of pills needed to fill a prescription. Although this number is sometimes written in Latin (L=50 e.g.) that’s normally the sign of a guy in his eighties. Here they use Arabic numerals following either a # or sometimes the letter N, or even No..

At the next part of the prescription (called the “signature”) where dosage is given, doctors almost always write Sig: this is short for signature. They don’t write it out or abbreviate it any further, nor do they write “dosage”. They also don’t write the word “take” since this is implied already.

Then come some of the cute little holdovers. Here docs use the old apothecary symbols for numbers. One tablet is expressed as $\overline{\text{I}}$, the dot is supposed to backup the single leg denoting “one”. Two is expressed by $\overline{\text{II}}$, with the dots once again in there to ensure accuracy (not to prevent alteration). And so on with other numbers using this modified Roman numeral set up. Since there’s rarely any time a person needs to take more than four pills at once this is usually the highest number.

Then comes the “times a day” part in which case docs use the following Q.D (sometimes rendered q.d.) is an abbreviation for “every day” in Latin. Twice a day is b.i.d. and three times is t.i.d.

Note here that the doc doesn’t use the modified Roman numerals. Anybody with a script that says $\overline{\text{I}}$ tablet $\overline{\text{III}}$ q.d. has a glaring problem on his hands — even though, if the doctor wanted to write it that way, he or she could. It would just be strange and catch attention.

Like a check, a prescription is simply a message to an agency to carry out an order. That means the thing could be written on a napkin or even given orally.

Now, there are other things the doc might want to stick on there and here he has the option of using latin phrases and abbreviations or else English words or abbreviations. For example he or she can write “before meals” or else “a.c.” (Latin). He or she can write “as needed” or else p.r.n. (Latin). In this case it’s up to the doc. However, he or she is likely to add something in English after such directions like “for pain” or “for sleep” or something.

Hence Vicodin #30 t.i.d. for pain means you get 30 hits of Vicodin and you take them three times a day. It can be seen the doc has prescribed a 10 day supply. If you add a “1” in front of the 30 and expect to get 130 tablets (and you might if the pharmacist is an old lady with bad eyesight), you’re tak-

How to read a script

ing a chance. Here, an alteration to some multiple of three is wiser. 90 sounds better than 130.

Same goes for alteration of refills. Some drugs cannot be refilled more than a certain number of times according to its schedule (see PaGG #16).

There are any number of internal consistencies in a prescription, not the least of them being that the prescription fits a normal pattern. Prescriptions coming from old doc Whitehead the pediatrician are likely to be for meds associated with children. Prescriptions coming from an emergency ward will be for drugs of the type and quantity for a short time.

Prescriptions for narcotics come from such likely places as oncologists and dentists. If they come from either one, however, they are likely to be accompanied by another prescription for a related drug, say, something for nausea or an antibiotic to stave off infection. And these drugs, too, will tend to mesh in a coherent fashion and may very well be written on the same piece of paper.

A single piece of paper can have as many as four or five prescriptions on it, though one or two is the norm. Once again, this goes by doctor.

Thus, we see that, although there is no magical trick to markings on a prescription, they can be very distinct to a pharmacist because the information they contain is subtle, precise, and keyed into a much larger picture.



AB 375987	$\times 2 = 46$ $= 16$	$46 + 16 = 62$	full DEA number AB 3759872
AK 479966	$\times 2 = 44$ $= 19$	$44 + 19 = 63$	AK 4799663

(check digit is last digit),

AND ABOUT THAT DEA NUMBER ...

In issue #16 we looked at the DEA number assigned each physician since the first Scheduled Substances law of 1970 and described what we knew about it. Now we know more.

As we said, the numbers always start out with A or B and are then followed by another letter, which we speculated (wrongly) was perhaps the "check digit". Here's what those two letters mean. The first letter is A for physicians who got their numbers before approximately 1980, thereafter they begin with B. This may not be a hard and fast rule, but it seems generally true.

The next letter is the first letter of the doctor's last name! So old doc Smith's number will begin AS. But the number stays the same no matter what Smith does with his or her name. So if old doc Smith is a woman who finally marries J.Paul Getty her number will still begin AS.

The next numbers are the registration number and it seems the final digit is the "check digit". A "check digit" is a number that can be used to verify the rest of the number by corresponding to the proper algorithm. Credit cards have check digits at the end and the algorithms are more or less secret. This greatly lessens the chances of someone just making up a number.

In the case of the DEA registration number the algorithm seems to be as follows: the final digit will equal to the last digit of the sum of a) the addition of the 2nd, 4th, and 6th digits times two PLUS b) the sum of the addition of the first, third and fifth digits. See above for examples.

Three Cool Books

Well, they have arrived — three books from Loompanics that give one hope both in the continuing free press and in the advancement of science. Although none of them have to do with pills directly, PaGG feels they are important because they cover material essential to the creation of pills. At PaGG, we love pills at all stages of the game!

Outlaw Food

First off is the third and latest edition of Uncle Fester's *Secrets of Methamphetamine Manufacture*. Right on the cover the book boasts "as seen on CBS's 60 Minutes". Normally you're not allowed to use your appearance on TV "news" shows to promote a product, but in this case the plug Fester got was indirect. His book was waved around in front of the camera during a drug bust filmed for the famed TV newsmagazine.

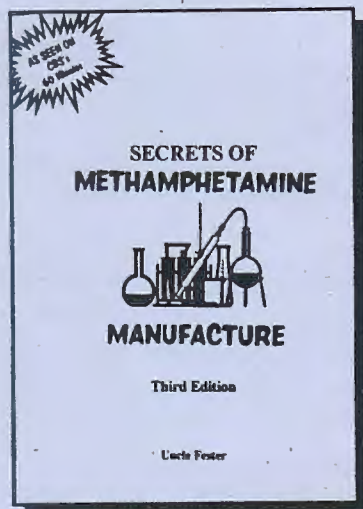
The best kind of endorsement! This is the book used by real-life meth cooks to brew their versions of "human rocket fuel" (as Fester puts it). And with genuine meth recipes fetching hundreds of dollars on the street *Secrets* is a positive bargain at \$24.95!

Fester details brand-new recipes for a variety of amphetamines using different precursors, reagents, equipment, and procedures, so the reader can best utilize whatever's at hand. Reluctantly, Fester even gives a recipe for the famed "ice" though he strongly discourages using it or making it and swears he never will!

This may be because his recipe is wrong. PaGG has already gotten a complaint on Fester's idea of "ice" and its making.

The author also reveals — at last — the definitive synthesis for "cat" or methcathinone, the hot new drug that's sweeping the nation and can be made from "cold pills" and ingredients purchased at the hardware store

(or so frets the media). In reality, hardware stores don't sell the stuff you need to make good drugs, but the ingredients Fester's recipe calls for are readily available and hints at ways to substitute for them if you must. He likes cat but says it's not his favorite speed.

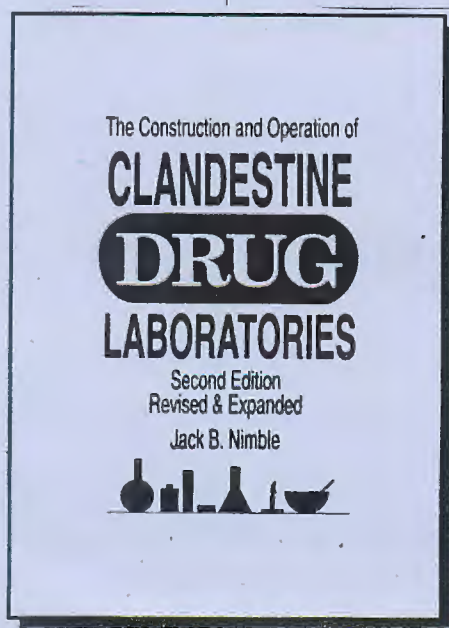


At the Factory

Having Fester's new book wouldn't be half the fun without Jack B. Nimble's *Clandestine Drug Laboratories*. In this second and updated edition Nimble tells you all you need to know to construct and operate an underground laboratory. Whether you're making speed, bootleg AZT or Laetrile, Jack's book recommends the latest in technology and yankee ingenuity to ensure you a quiet career puttering around your lab with little Igor at your side.

Indeed, the first four chapters of the book deal with security and safety. Well before Jack talks about glassware and fume hoods he carefully goes over the risks and ways of overcoming them. He discusses how to choose the right dog to guard the perimeter, how to keep a low profile, listen in on police and DEA radio transmissions and, as a last resort, he explains how to make a battering-ram-proof-door. Jack's safety-conscious attitude may seem odd for an outlaw, but he doesn't see the point in running a secret laboratory if you're going to get it shut down. Follow the instructions in this book, stay out of jail and live long enough to attend hokey Las Vegas conventions of the Society for Retired Meth Cooks.

Also interesting is his method of obtaining first-rate precursors through an unpoliced "second-hand" chemicals market. While the cops are scrutinizing the retail shops, it seems they've ignored the thrift stores! \$14.95



Picture Yourself...

Finally, there is a brand new book by Jim De Korne

comes to the rescue for everyone here at PaGG. The book, *Psychedelic Shamanism* is your one-stop shop for the most potent and exotic psychedelic drugs — including the elusive DMT. So to all you who have written in wanting to know about DMT — this is the book for you. To others interested in the way people hack their way into nature's bounty, this book is an illuminating guide to the basics of plant-based pharmacology. In *Psychedelic Shamanism*, DeKorne covers the cultivation, preparation and shamanic uses of psychotropic plants. Not all psychotropic plants, mind you, (that would take several volumes), but a lot of the ones generically known as "ayahuasca" or "yagé". These are the various drug mixtures used by Central and South American Indians to obtain "otherworldly" experiences that, in some cases, are part and parcel of their religions.

This book takes up where Terence McKenna and his kind of snooty professorism leave off. Instead, DeKorne tells you the history and chemistry of plant drugs from Datura, Peyote, and 'shrooms to a new and powerful plant-derived smokeable DMT the author discovered himself. Even as a seasoned "psychonaut" DeKorne described the experience as "having a psychic hydrogen bomb go off inside your head".

It is this kind of language that makes the book so good. DeKorne can translate the babbling of those unapproachable Don Juan wanna-be's and look at some interesting phenomena with a truly open, scientific mind. His whole mind.

And brother, you need your whole brain to try to comprehend trips into the fringes of hyper-reality where self is eradicated, time and space forgotten and "spirit guides" appear to the user. Though some of these trips last only a few minutes, DeKorne lets us understand they would take a lifetime to understand, let alone to explain. Instead of trying to provide you the big answer to these impossible questions, he invites you to speculate with him.

What are these "entities" so many users have encountered? And how do you deal with them anyway? For those of us thrown off base when the new fall TV schedule rolls around, this is important information. What do you do when confronted by something which might be the key to reality, or maybe insanity?

Like Near-Death Experiences, these trips can be life-changing and instructive. The weird worlds opened up by DeKorne's plant concoctions suggest something is going on either deep inside the human being, far outside the human experience or somewhere else. That

something is big and a journey to these parts requires a sure hand. DeKorne provides that hand as much as anybody.

Also neat about the book are his clear and often humorous descriptions of not only trips but the work-a-day business of extracting these chemicals without the use of an advanced laboratory. DeKorne's lab equipment and those few chemicals he requires really can be purchased at the hardware store!

So that's it. You want the low-down on plant drugs with a psychedelic kick, you want *Psychedelic Shamanism*. \$19.95

"Yes, there are books about the skills of apocalypse — spying, surveillance, fraud, wiretapping, smuggling, self-defense, lockpicking, gunmanship, eavesdropping, car chasing, civil warfare, surviving jail, and dropping out of sight. Apparently writing books is the way mercenaries bring in spare cash between wars. The books are useful, and it's good the information is freely available (and they definitely inspire interesting dreams), but their advice should be taken with a salt shaker or two and all your wits. A few of these volumes are truly scary. Loompanics is the best of the Libertarian suppliers who carry them. Though full of 'you'll-wish-you'd-read-these-when-it's-too-late' rhetoric, their catalog is genuinely informative."

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Abbot Laboratories' new fentanyl lollipop. The lollipop contains a measured dose of the powerful opiate and is designed for administration to children -- especially children with chronic and horrible pain, like cancer victims. The lollipop would make dosing that much easier for the kid and maybe make his life less full of pain. Like the pain caused by constant injections and the danger posed by jury-rigged methods of utilizing adult equipment on them.

Some kooks were yelping and squeeling at the cognitive dissonance produced by mixing "bad" drug into "good" lollipop. Afraid of sending kids the "wrong message". Go figure.

Kessler also got a mega-jolt of administrative power when Russia decided to (Kessler's words) "streamline" its drug approval process by allowing David Kessler and the US FDA decide what drugs should be sold or not. Previous "cumbersome" regulations required, among other things, that foreign drug testing information be translated into Russian before it could be considered for use in Russian people. They also required additional tests designed by Russian scientists to accompany those from overseas. No more.

Talk about being a "drug czar".

Kessler's counterpart in charge of veterinary medicine, Dr. Richard H. Teske, seems to be doing just fine. Since 1991 he's banned so many drugs from use on animals that vets have resorted to hoarding and appealing for "compassionate use" permission to treat suffering animals.

CRIME CRIME CRIME PILLS & CRIME...

• After months of delays, Pennsylvania Supreme Court Judge Rolf Larson was finally convicted of two felony conspiracy counts in his pill-acquisition scheme. Scared that somebody might find out he was on drugs, Larson made state employees go pick up his supplies of Valium and Prozac, and "painkillers" pretending the pills were for them.

He was just trying to protect his privacy, he said and didn't even like pills that "fuzzied up his head".

No word on the judge's opinion of the "three-time loser law". He's got another swing, though.

• Some kind of family feud led to an apartment shoot-out in Columbus, OH where Drugstore Cowboy Demetrius Reeves was injured. Two of his kids were also injured in the meleé that killed three other people. Reeves is accused of drugstore cowboyism in ten pharmacies in nine counties. Yee Ha!

• And our old friend Dr. Richard J. Wurtman is back, this time experimenting with the naturally occurring and so-far-non-patented hormone melatonin.

The brilliant Dr. Wurtman has "discovered" that melatonin helps people get to sleep!

Last issue we told you how Wurtman testified to the U.S. Congress that amino acids were dangerous while at the same time obtaining use patents for the amino acid tryptophan. Now Wurtman says he plans to make a formal application for rights to use melatonin as a sleep-aid. Since melatonin is secreted by the pineal gland we hope the good doctor won't sue every single person who doesn't pay him his due when we continue to produce melatonin without his permission.

But just in case, PaGG hereby claims rights to testosterone (another natural hormone) and will seek to have Wurtman's balls seized and destroyed should he continue to produce said substance without paying up.

Or maybe we can strike a deal.

• In a related note, we have found no evidence that Wurtman is seeking to patent the use of carbon in any and all life forms ... at present.

• PaGG has just learned that the muscle relaxant pill known as Soma (carisoprodol) has been taken off the pharmaceutical formularies for all federal prisons.

It seems a couple of enterprising prisoners executed a rather large-scale diversion of the drug by training other prisoners at Carville, LA to fake symptoms and get the pill (which is like 'ludes at high doses). Soon, the number of zonked out prisoners became impossible to ignore. As much as half of the prison's population was stumbling around the prison yard (re-named "Soma-land") or slumped over on benches, etc. at any given time. The warden snapped to what was happening when an inmate fell out of his wheelchair practically at the warden's feet.

CELEBRITY PILLS

Well of course Curt Cobain OD'd on sleepers in Rome then killed himself about a month later with a shotgun — but not before he took at least some diazepam along with some heroin. Was it brand-name Valium? Perhaps we'll never know.

What we do know is that about a year ago, his brilliant wife attempted to cure him of "cotton fever" (septicemia) by dosing him with Benadryl, Tylenol 3s and a shot of buprenex.

And, as Kurt was killing himself, his wife, Courtney Love got busted with heroin and Xanax.

• Guess? model Anna Nicole Smith (as seen naked in Playboy) OD'd on alcohol, Vicodin and Xanax.

• One of France's greatest modern authors killed himself with an OD of barbiturates. No word on just which pills Yves Navarre took.

- Miles Laboratories agreed to stop paying pharmacists a \$35 bounty everytime they talked a patient into swithing blood pressure meds ... specifically from Pfizer's Procardia XI to Adalat CC.

Miles also agreed to pay some penalties and destroy the confidential information it had on patients.

But the firm admitted no wrong doing.

- In Detroit a severely arthritic old lady successfully used Dr. Jack Kevorkian to threaten her way to stronger pills. Once her docs saw she'd called in Dr. Death they seem to have decided her pain was real enough to risk prescribing morphine.

- Prosecutors in Houston, TX said that — without any more evidence than they had seen — they were stopping their investigation of mass cheating by Texas Southern University pharmacy students. State officials promised to get the evidence to show that questions and answers to the state pharmacy licensing exams were illegally distributed among the future pill-counters and condom hawkers.

EX CATHEDRA

OK, the Pope and his minions have spoken out a few times on pills and here's what's what.

- 1) Birth Control pills are still no good. Pharmacists who refuse to sell them are cool.
- 2) Use of the "morning after" pill to ward of a potential pregnancy was ruled un sinful since it was impossible to tell whether an abortion had happened or not.
- 3) Using any sort of pill to induce an abortion leads to automatic expulsion from the Church.

CREAM OF THE CROP

- Japanese scientists have developed an adhesive electrode that allows transdermal absorption of insulin jelly. The skin cream doesn't hurt or leave marks

- Israeli scientists have mixed the opium alkaloid papaverine into a cream that can give men a boner. "Til now, men suffering from impotence had to inject the stuff at the base of the penis. Now they just have to lube up!

- According to folks in Washington, DC a local remedy for diaper rash developed by pediatricians there is ready to go nationwide.

Known simply as "Butt Paste" this no-patent, no-owner concoction has been around for 20 years or more. It contains zinc oxide, betadine ointment, vitamins A&D and some other stuff.

NEW PILLS

- This was supposed to happen a couple of years ago in the States but at least now TAGAMET has gone over-the-counter in Britain. It shouldn't be too long before we get it, too. After all, Eli Lilly just threw it's lot in with Mylan Products to sell an OTC version of the stuff even though Lilly makes its own H2 antagonist, Axid (a clone of Glaxo's Zantac).

- Pfizer's blood-pressure pill Procardia (nifedipine) seems to have the side effect of being a male birth control pill. If researchers at the North Shore Hospital in Manhasset, NY are right, the holy grail has been found. The pill seems to prevent the sperm cell's pointy-end from penetrating the egg by upsetting the transport of calcium ions — exactly what the pill is supposed to do.

- 3-D Marketing in Edison, NJ is marketing a pill that wards off muggers and other beasts. Called D-Ter, it's really a stink pill that hangs around a person's neck and can release a horrid stench when opened.

- Pigeons in Amsterdam are slated to watch their numbers dwindle as they eat tiny bird birth-control pills hidden among the corn thrown to them by kindly zookeepers.

The pellets contain a chemical called Nicarzabine and is well-known to cause "early embryonic mortality" in pigeons.

ETC.

- Russian foreign minister has proposed a special medication for maniac politician Vladimir Zhirinovskiy — an "anti-hysteria pill". After Zhirinovskiy threatened to help annihilate yet more Muslims with a "secret weapon" he supposedly knows of, Kosyrev called for pills to treat this clown. Such pills would treat, "hysteria, suspicion and other types of devillish possessions" he said.

- If such a pill isn't developed soon, perhaps the minister could go to Augsburg, Germany where a euthanasia activist was nailed for selling cyanide capsules.

Nice little business! The humanitarian admitted selling 120+ pills and only charged \$23,800 per pill!



FROM Pills-a-go-go
1202 E. Pike St. #849
Seattle, WA 98122-3934

TO

