

PILLS-A-GO-GO

journal of pills

Spring 1995

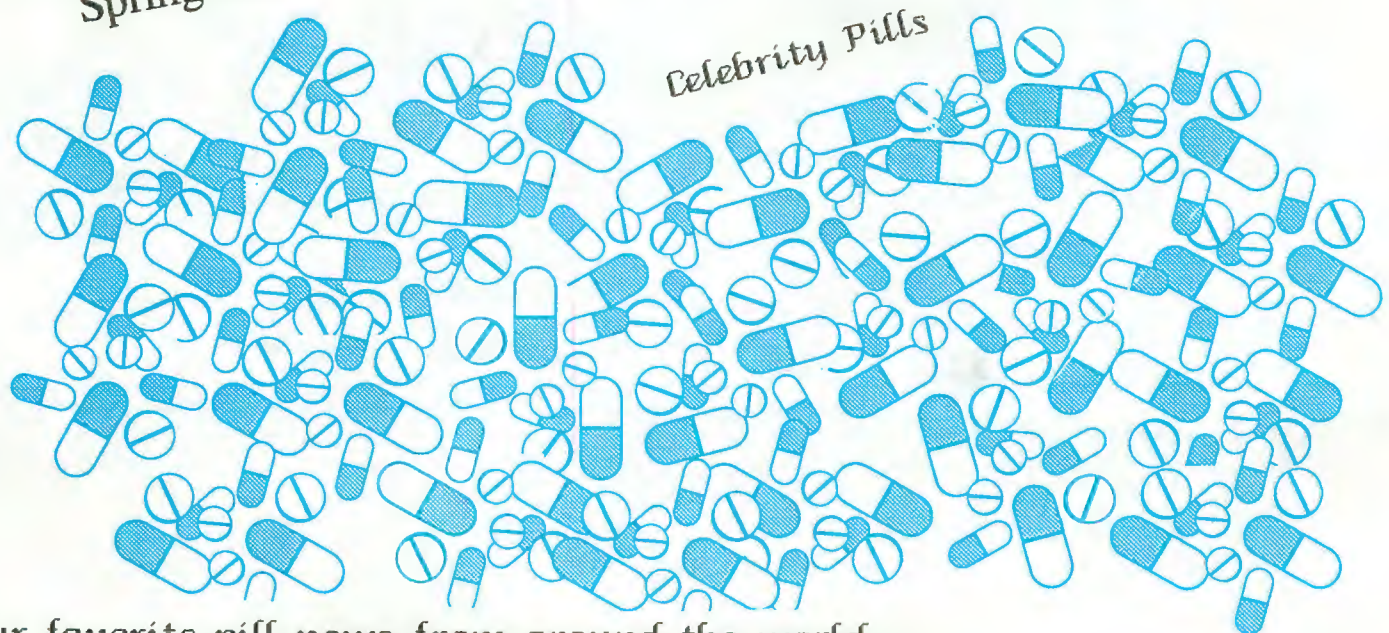
#22



Do you love Vicodin?

Spring into Soma!

Celebrity Pills



Your favorite pill news from around the world

Vicodin ES

I love Vicodin probably more than life itself, but even as strong of an advocate as I am, I have come to the realization that there are some drawbacks. First, the high is not consistent. This seems to be more of a problem the longer you take it. At first, the high is euphoric, ~~settling~~ settling ... and allows the taker to focus on tasks (mental work is the greatest on Vic). Unfortunately the longer you take it, the less euphoria is experienced, generally being replaced with irritability and a lack of patience. Second problem is the "hangover" effect. Congestion & sore throat in the morning after. Fortunately, this can be remedied by popping another one! Thirdly, if you take one, after awhile the craving for another & then another plagues the user, reminiscent of cocaine. Lastly, if taken over a long period of time (several weeks or more) there is a "Jones-ing" that occurs upon ~~cessation~~ cessation of ingestion. The physical symptoms can include sleeplessness, sore throat, congestion, lack of energy, stomach cramps and other flu-like symptoms including feeling flushed and feverish. Fortunately, these symptoms disappear after a couple of days ~~and~~ and are not particularly alarming unless you're a big pussy!

P.S. A great thing, though, is that after you've 'kicked' craving is minimal & mostly psychological (as opposed to physical)

Editor's Ravings

by Chet Antonini

Good morning Boys and Girls, and Welcome to Pill-Land! How 'bout this issue, eh?! It's thanks to you guys writing in. Man, I got everything this time. I got a rumor or two, I got a couple articles, I got some nice letters. Got some of this, some of that...

I love you. Madly.

..... Cat

Do we start with the idiotic piece in *Spin* magazine entitled "Cat — the deadly new street drug"? Don't know about cat, you say? *Sheeit*. Remember how bad coke was, how it ate up people's savings and corrupted their souls and dissolved their septums? Then came crack and crack was worse, if you could believe it. Crack was instantly addicting, made negroes invulnerable to bullets and was probably mined from Hell itself. And for white people there was methamphetamine, but they called it "crank" and it could ... no telling what it could do.

But now there's CAT and cat, according to *Spin*, can not only kill you physically and spiritually, it can kill you societally! "Be very afraid" says *Spin*, this stuff's so goddamn potent its got even the G-men runnin' scared. Why, according to their history books Parke-Davis patented the stuff in 1957 after their chemists took a look at this Nazi-Soviet drug (*Spin* linked it to both the evil empires).

But the scientists recoiled in horror as "tests revealed it was one and a half times more potent and addictive than the stimulant methamphetamine"! Of course responsible drug-makers wanted nothing to do with such a thing and ordered it destroyed "that fateful summer" of 1989. Of course, some college boy intern stole the stuff *and* the formula ...

For the record, "cat" is methcathinone. It's a stimulant and appetite suppressant. It is far weaker than methamphetamine, lasts about 8 hours (according to meth chemist "Uncle Fester") and is fairly easily prepared by just the process we speculated on back in issue #17 — namely, the oxidation of ephedrine.

And, yes, you can make it out of "household materials" that are readily available and uncontrollable. If you want to know more about making cat or any other drug, contact Loompanics Unlimited (1-800-380-2230) they carry all that kind of thing.

Is cat dangerous? Probably not. If you use it every day for a few days you're going to burn out, though and probably suffer the same kind of symptoms as oth-

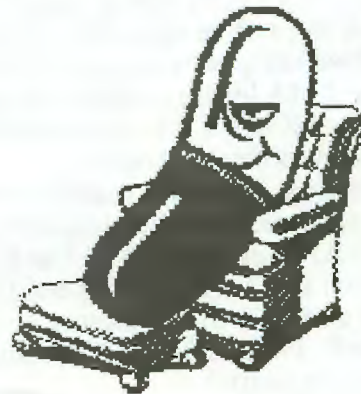
er people who abuse stimulants, including caffeine. Nervousness, paranoia, irritability... Also, it's not a good idea to make any unless you're sure of yourself — you could make something that might hurt you. If you use cat and you have a weak heart or bad arteries, expect some trouble. If you fit the above description, don't go snowmobiling or take more than one or two Sudafeds, either.

This issue also investigates the siren call of the brand name that is Vicodin®. What is it about this pill that is so inspiring? Some love it "more than life itself" while others swear by its competitors — fiercely clinging to Anexsia, Lortabs, or even Hycodan. Then there is always some lummoX who comes up & says, "Hey man, it's all hydrocodone... get generic, it's cheaper."

Well what *is* the big deal?

And there's more. Out of nowhere — really — out of a swamp somewhere, comes this touching narrative of a man and his cough syrup. In "I Was Told You Have to Sign for This — The Novahistine DH Story" Grant Jerkins does a superb job of capturing the tender beginnings of mankind's most unbreakable bond.

Besides that we got pill reviews, book reviews, even a coupla zine reviews and probably some pictures or at least a few drawings



Pills-a-Go-Go comes out about 6 times a year (maybe more, maybe less — we won't rip you off), subs cost \$12 or trade. Trade is usually zines but it can be submissions, information, doo-dads... whatever.

PLEASE address all mail care of PAGG or else it may not get delivered.

Back issues are not available right now. But soon. Soon.

Lemme thank Ginger Vitas, My Heidlein, Ben Jessup, Space Needle (and the other field agents), ChromaMed, some well-placed individuals, a few unwitting folks, the occasional stroke of luck, the mighty rivers that provide our electricity and codeine pills from Canada.

Dear Pills-a-Go-Go,

I found some interesting info in my mail today, along with the 1,000 hits of ephedrine HCL- 25mgs I ordered from BDI Pharmaceutical Co. Starting Nov. 11, 1994 the FDA has begun requiring buyers of pure ephedrine to supply all kinds of personal info. when ordering and this is kept filed for 4 years! Also you can only purchase 300 pills per month. They want photocopies of your driver's license and another major form of ID your phone number, signature, birthdate, etc. They will also only ship to the address on your driver's license. The FDA will then scan for unusual activity like the IRS does for audit flags. BDI also is now putting only 100 tiny tabs in a bottle big enough for 1,000. And no more C.O.D. orders.

— "Junior" NC

Hello P.A.I.I.,

I'm a new subscriber and have nothing but praise for your journal. It's a nice mix of gossip, medical stuff and junkie tales. I've read a bit lately about I.G. Farben and Allied complicity during WWII and the takeover of the AMA by drug conglomerates. There's even some guy who sent a paper to the UN accusing all these people of medical genocide.

The conspiracy stuff is hard reading and not much fun plus once you described the giant octopus it puts a real damper on ANY other news, so I'm not at all recommending such BIG views to Pills but I would like to recommend a serious whistleblower's journal instead: PR Watch, Public Interest Reporting on the Public Relations Industry.

— Marty, VT

Dear Pills-a-Go-Go,

You make a point frequently about the pill psychology and how if a placebo helps people, or worse yet, if any drug helps, it can't be a bad thing. Well, first of all, on the spectrum of ethics, where does it become a doctor's right to prescribe a placebo to help someone while that person is unaware of the drug being merely sugar. The patient should be aware of what he is consuming. This opens the larger ethical issue of what aspects of treatment many a doctor use without your permission even if it might be in your best interests. Personally, I would like to know what I'm taking and what is happening to me...

The other point is about all those doctors who prescribe anti-ulcer medications for people who just don't feel well. Basically a patient wants something physical like a prescription to ease his thoughts on shelling out \$50-\$100 for an office visit. So drugs are being prescribed that are unnecessary and although the benefits of the drug are worthless and not harmful, the side effects still exist. It is because of this, and possible OTC interaction that makes this too risky for common practice.

— Dr. Jackson

I only took exception to the assertion in Cosmopolitan that if a doctor prescribes Tagamet for heartburn "he has just prescribed you a placebo".

First, it isn't a placebo. Tagamet stops heartburn. Second, the implication is that a placebo is "worthless" and I don't agree. The "placebo effect" has gotten a bad name, I think. More might be done to investigate the power of suggestion.

You're right it's wrong to lie to patients and a strange ethical area where lying to someone is good medicine. By the way, we found the fake morphine in a hospital. Kinda sick, no? — Chet

Oh P.A.I.I.,

Hi, I don't normally write fanzine editors but I decided to make an exception with you & your zine. I just wanted to tell you how much I LOVED Pills-a-Go-Go!! I send for a lot (& I mean A LOT) of zines and this was the first I ever read cover to cover — just about every word. It was like a zine I could relate to — I'm a vet. tech. (animals, ya gotta love 'em) & so I've done my share of experimenting (would you like a story of how me & my friends took dog tranquilizers & tried to keep from melting into the floor, walls, TV, etc?) [ed. fuck, yeah I would!].

So anyways, Pills-a-Go-Go rules. I'm gonna tell all my old friends in Baltimore all about it. Also, I was wonderin' if you knew where I could get ephedrine not mixed with that guaifenesin shit? & order it into Calif.?

I don't wanna make meth, i just want to stay awake. I don't normally sub. to zines but I couldn't resist -- even being broke and out of work.

— Lobelia Kid, CA

Dear Lobelia,

As you can see from the first letter, the FDA/DEA has nearly taken over the mail-order market and those few states that still allow delivery of plain ephedrine (W. Virginia is one and so are Louisiana) are now under super scrutiny.



Even still, you got the problem that CA won't let you receive it.

But it's still worth it to get around the problem since that guaifenesin shit can nauseate you and you don't need it anyway.

To get around the problem you can have friends in some "legal" state get it for you (although they might balk at having to provide ID, etc.) or you can, in the true spirit of PaGG, purify the guaifenesin-laced tabs yourself. Here's how.

First, guaifenesin is a lot LESS soluble in water than ephedrine Hcl. So one very crude way to clean up your pills is to dissolve them in as little water as possible and filter it thru a coffee filter. The liquid that comes through the filter should contain nearly all the ephedrine. Also, the colder the water, the better.

You've still got some guaifenesin in there but, depending on your technique, not as much. Let the water evaporate (or slowly cook off) and you got your ephedrine back.

Now you gotta make your own pills. You can do that by making a paste of the stuff and, using a syringe (with or w/o needle) like one of those things bakers use to decorate cakes, squirt out pill-sized beads

THE MUCH MORE EFFECTIVE WAY

This way is simple and E-Z but for it might pose other difficulties. Here's the deal.

Guaifenesin does not dissolve at all in chloroform. Ephedrine does. Ergo, you put all your pills in some chloroform and it will dissolve out the ephedrine and leave the guaifenesin as so much sludge in the bottom of the container.

Chloroform evaporates far more quickly than water and doesn't leave any toxic anything and you got your ephedrine back to do with as you please.

The only problem is in getting chloroform. Many states, and I'm sure CA is one of them, make you sign for it. Well, go ahead and sign for it. But if you keep going back you'll eventually be suspected of doing something illegal.

— Chet

Dear Pills-a-Do-Do,

I was recently told they're going to take Soma off the market? Is that true? I've been on Soma for 12 years and it's the only thing that really helps my back.

— Hurtin' Unit

I've heard this now from two places. I don't know if "they're" going to take it away. They might. Soma (carisoprodol) is an old drug that got in under the less stringent FDA standards that a drug has to be proven effective and not just safe, etc. Lately Soma's been linked to the dread drug abuse and so maybe it'll suffer the same fate as Qaaludes did. At first you'd think MAKER would fight like hell to keep it on the market

since it is indeed a popular drug but that's not always the case. In this case the pill's been around for more than 30 years and the company might decide they've made enough off of it and since they don't have the patent on it anyway they're not likely to miss it — "and why piss off these FDA/DEA jerks. Maybe they'll cut us a break on a pill we can really make money at."

At the very least I would expect someone to try to get Soma into a controlled substance category. Right now it isn't even scheduled.

Interesting, though, how 30+ years of successful treatment with a drug doesn't count with the FDA as to proving a pill's effectiveness.

Dear Pills,

I been a Big Pill Popper since when I was 14 and I had an operation and I realized that if I took several of the Darvocettes prescribed to me I felt good! I convinced my mom to refill the 'script for all of the listed refills by telling her we could take 1/2 for headaches.

I realized that any and all older relatives medicine cabinets were a treasure trove of pills. Some people may think this is a low move but a few Valium or Xanax is never missed or will not harm anyone.

At first I only ever took pills with a name I recognized or with that beautiful orange sleepy person sticker on it. Then I picked up a Home prescription Drug Reference Book. Whoooooe!!!! I quickly learned that many popular pills had several brand names, i.e. Restoril = Valium, etc. Anyhow, here are some definite Valium tips.

I've noticed tht when enjoying a serious Valium buzz, cigarettes will lessen the effect (nicotine being a stimulant). Also I've noticed that right in the middle of a Valium high if the phone rings or another stressful thing happens, the buzz will almost completely disappear... so I choose to be alone and not even watch T.V., but to read or write.

I've also had several experiences with Ritalin, crushing it up and drinking it in juice or snorting it. Although it felt real good the effects were short and I had to do increasingly more and it didn't completely wear off for a long time. I learned later that eating 3-4 Valiums made it a bit easier to deal with but even then I felt it was a waste of Valium

Jay Welch NY

"It's good to have a chemical helper."

— Hugh Downs, ABC TV

"...it was a place that you might assume would send your average OSHA inspector reaching for his bottle of Prozac."

— Peter Caroline describing the tiny factory where Seecamp .32 handguns are manufactured in an article featured in Blue Press.

SCOPE IT OUT!

By Ben Jessup R.Ph.

I have been a pharmacist since 1987 and I will admit something about the practice that few other pharmacists will admit; Though we feel that we should be respected and revered the same way that doctors are respected and revered we are not. This is especially true in the retail setting, where customers often think that we are no different than the min-wage grunts in the check-stand at the front of the store. If we accept the Nietzschean concept of the "Will to power" then how does the pharmacist express his will to get respect?

The one means that a pharmacist has of expressing power that cannot be overshadowed by bosses, customers, State or Federal powers is the denial of drugs to someone trying to commit fraud. This denial has all the authority of the law and "common decency" behind it. The lowly "dope fiend" is trying to get drugs! Maybe he is going to sell them to school children! Maybe in a "drug-free" zone!

What recourse does a drug fiend have to complain about when he was denied service? He can't call the cops or lodge a complaint with the pharmacist's employer because he will simply be dismissed. Thus the pharmacist's most sanctimonious means of power expression falls on the lowly dooper; whether he is trying to buy syringes or alter a script for Vicodan ES, the pharmacist can carry out all his repressed Joe Friday fantasies.

My own real motive for writing this article has to do with cleverness. To me the dooper is using me for his own ends. I feel "used" when a dooper gets away with whatever scam he may have pulled. I hate the stereotype of the pharmacist as the ultimate square of society, the white picket fence-Norman Rockwell-Leave it to Beaver-blockhead. This is the stereotype the dooper has too. When the dooper gets away with his scam on me it makes me feel like that negative stereotype. Even more, it makes me feel like the dooper is more clever than me and this I just can't stand!

One of the most common types of fraud that occurs today is to steal a blank prescription pad from a doctor's office then photocopy additional copies. This is really as easy as it sounds for several reasons; first, a huge number of doctors have prescription pads lying

around in unlocked drawers or even out in the open. You would think that the "best and the brightest" wouldn't be that stupid but they are. I receive inter-office memos almost every day to the effect that some doctor has had his blanks stolen. Many times the blanks are old ones that are no longer used and were never properly disposed of. Second, the majority of doctor's prescription pads are black printing on white paper, the easiest combination to make a decent photocopy of! Unless the paper is red, even a colored paper original can produce a decent copy if one adjusts the photocopy settings correctly. Very few doctors or large medical centers use even minimal document security such as colored paper (or better yet, safety paper like a bank check) a watermark, or the esoteric "void pop-up" which, when photocopied, will highlight the word "void". Even having an area on the prescription with gray shading or colored lines will defeat most photocopy attempts.

For the dooper, stealing and photocopying the prescription is only half of the battle, he must still "pass" the prescription at the pharmacy. The situation now falls into the pharmacist's lap. He now has a document before him that he has some degree of suspicion

about. The suspicion may have arisen because of classic dooper behavior at the pharmacy counter; the dooper is over-friendly and too talkative. Most people picking up a prescription legitimately view it as a chore and are not too happy to be there. The dooper is *excited* to get the drugs, worried about getting caught, and trying to act "casual" all at the same time. The usual result is a person with an unusually large amount of "energy".

The second classic behavior is to stand at the pharmacy counter while the pharmacist prepares the prescription or, if there are other customers ahead of the dooper, to mill around directly in front of the counter. The reason for this is to be able to see and/or hear if the pharmacist is calling the doctor on the telephone to verify the prescription. Unfortunately here is where the great grey area comes in; maybe the prescription is perfectly good and the customer is in pain, perhaps great pain. If the pharmacist falsely accuses the customer of trying to pass a phoney prescription he is committing slander. This could lead to a complaint to the employer of the pharmacist or worse yet a lawsuit. The customer is also delayed from getting medication. One would think a phone call to the doctor would clean up any



questions in a jiffy, but this is not the case. Doctors, and often entire offices, take long, long lunch breaks. Also, They usually close up at 5:00 P.M. whereas a pharmacy is commonly open till 9:00 or 10:00 P.M.

So now the common conundrum; someone brings in a script for 60 Percocet at 8:11 P.M. The doctor's office is closed and if the pharmacist calls to verify the prescription the customer will just say "I can't wait that long, I'll just take it somewhere else". Suppose the script is legit: The pharmacist has just come across as an uptight asshole, some paranoid do-gooder. Undoubtedly the customer will never return and will tell all his friends and family what a bad time he had at pharmacy "X".

But suppose the script is a photocopy of a stolen blank? Wouldn't it be good of one had a quick and easy way to tell the difference between a legit script and a photocopy? I have thought about this for years. If one suspects that one has counterfeit American paper money one can use a device that detects the magnetic ink in money to verify it. These sell for as cheaply as 20 dollars. I wondered if such a technology existed to differentiate between a photocopy and a "legit" original. I consulted with the Master himself; Chet Antonini, editor of PAGA. I borrowed from him a cheap Tasco microscope that he had been using to verify the health and output of of his seminiferous tubules. Much to my amazement this cheap microscope was quite good enough by itself to differentiate a photocopy from an offset document! No exotic forensic examination, no need to send the document to the FBI!

Under about 300 power magnification a black offset line looks like a piece of rope, as the ink has been forced into the fibers themselves under pressure. Surprisingly, little holes can be seen between the black fibers which are obviously not apparant to the naked eye. A photocopy under the same power is flat black with no fibers and no holes evident, The primary distinguishing feature, though, is tiny round flecks of toner at the very borders of the white and the black. I call these "Raisins in the Sun". The two printing processes are so differant under powerful magnification that anyone can tell the difference easily.

The day after I made my discovery I excitedly took Chet's microscope to work to look at some prescriptions. I made another, unexpected discovery; a fair number of 100% legitimate, from the doctor's office scripts, are themselves photocopies! At first I could not understand this but now I think I do. Obvi-

ously the doctor himself does not walk to the printer and negotiate a deal himself, he delegates this to a receptionist. The receptionist goes to a printer, or even to Kinko's and wants Rx pads "printed". All she will do is hand over a master and ask when they will be ready. She trusts the professionalism of the printer as the printer trusts the professionalism of the doctor; she feels no need to ask how things are being done. The printer will now duplicate the master using either offset or photocopy. Photocopy is cheaper and, to the naked eye, basically indistinguishable from offset. Unless told not to, why wouldn't the printer make some money using a cheaper method? My belief is that neither the receptionist nor the printer is being "cheap" or corrupt — n the vast majority of cases, simply ignorant. My hope is that this article can go a little way to change that. For if ALL prescriptions were offset, then any photocopy is an obvious forgery. Unfortunately, with the rate of change in desktop publishing, a whole new range of printing tools is available to the forger; laser printers and even the venerable "bubble-jet" can offer superb realism and even excellent color.

But for right now the situation is this; every pharmacy should have a microscope. Every questioned document should be examined. Hell, the psychological effect on the dooper alone would be worth the price as he is forced to witness his "Ticket to Paradise" being examined as if it were a bug! A list can be created as to which doctor's legit Rx pads are photocopies. Those doctors can be contacted and advised of the nature of their pads. A photocopy prescription does not equal a phoney but it certainly suggests phoney. Remember; when in doubt scope it out!

Opium Update

Since we started selling Jim Hogshire's book, Opium for the Masses, we've been getting a lot of questions and information about the use of opium and opium poppies from around the country.

First, it seems the word is out in many places that opium can be obtained from the dried poppies commonly sold in craft stores, etc. Some stores have stopped carrying them, sometimes erroneously claiming a law has been passed forbidding their sale.

We have heard of distributors discontinuing poppies or having difficulty ordering them. Some have received visits from law enforcement. We have heard of customs stopping dried poppies at the border.

Some poppies are being sold after first being either painted or shellacked, perhaps in an attempt to stop people from using them for their opium. Some dried poppies are being sold with fairly large holes drilled in them and the seeds removed.

But poppies remain legal and grow wild all over the U.S. The seeds sold in grocery stores are generally viable. The book is still available from PaGG for \$15.00 (includes postage) to answer any questions about the plant and opium in general.



Do you love Vicodin?

An investigation into hydrocodone brand loyalty

by ChromaMed

First perhaps a few personal comments are in order here. Over-all I use pharmaceuticals. Both over the counter, and prescription medications provided by a doctor. I have tended to use these drugs with the due caution that they deserve. Once upon a time there was a local group that ran a "Halloween Horror Show" for youth. Their motto seemed to be "A World Without Drugs!" I thought this was a horrible idea.

Part I

What advantages do narcotic pain relievers have over other pain relieving medications, such as the much vaunted Non-Steriodial Anti-Inflammatory Drugs (NSAIDS for short). As will be explained later NSAIDS are often overated both in quality and safety. NSAIDS can cause gastric distress, technically called gastritis. This can even lead to ulcers even in people who are not ulcer prone.

One very good thing is that narcotic pain relievers are much stronger than NSAIDS. The other advantage is that in addition to pain relief, they provide a degree of what is best described as serenity. In case of severe pain this serenity is almost impossible to describe. It is not only as if pain has gone away, it's as if the pain never existed, or had happened 100 years ago! One of the strange things about the society we live in is that we have a rather negative attitude toward serenity. It is thought that suffering is somehow "good for the soul." Bodybuilders have turned this into a slogan "No Pain! No Gain!

My first encounter with narcotics (albeit unwillingly) was at age 8 or so. My permanent teeth were coming in. They hurt like hell. My mother, who was a Rosie the riveter type during World War Two, used the archetypal over the counter "Red Cross Tooth Drops" to dull the pain via counter-irritation. Well, she ran out one night at about 9PM (when all the drug stores in the small town were closed). Since my father had a serious chest operations months before, there lay in the bottom of the drawer, a bottom of Laudanum, prescribed by our family physician.

I don't know what provoked my mother - a precision machinist, who knew that one thing couldn't be substituted for another, just because it looked alike - grab the Laudanum. Perhaps it was because I was complaining so loudly and for so long Anyway I took some drops of it according to the instructions. About 20 minutes later I noticed the pain was still there, but not as distressing. About

40 minutes later, not only was the pain gone, but it seemed it had happened back in the dim mists of time. The drug in the bottle was the ancient water/alcohol tincture of opium called laudanum, from the Latin Root meaning "praiseworthy."

There was very little medication left, so we went to the doctor, presented the bottle, and asked for more. When he asked what we were using it for, we replied: "Toothache Medicine". He pulled out his prescription pad wrote another prescription and said, "Mighty stong toothache Medicine! Just be careful!" Those were perhaps the best watchwords I ever received, in reference to drugs. I have tried to follow those words to this very day.

Part II.

We were supposed to be talking about hydrocodone here.

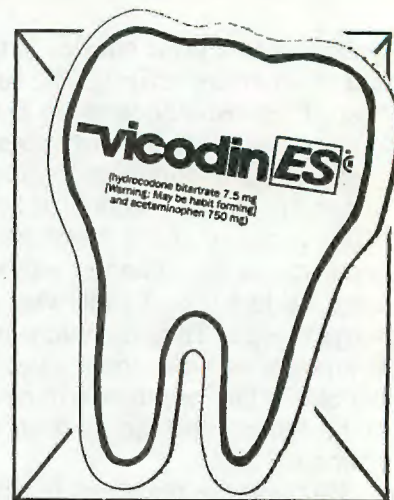
Hydrocodone is a narcotic pain medication, usually mixed with Acetaminophen (also called Tylenol). There are two big reasons for doing this. One is that by mixing the two drugs together the pain-killing ability adds so that the result is better than either seperatively. The other is that Acetaminophen/Tylenol will, in excess quantities, make you sick, thus lowering the abuse potential of the drug combination (theoretically).

The DEA (Drug Enforcement Administration) has put it in Schedule-III (C-III), thus allowing both you and your prescribing doctor to avoid having the DEA (not thought of as nice people), from breathing down your or your prescribers throat as with the more "dangrous" Schedule-II (C-II) drugs.

For those with an arcane interest in such subjects Hydrocodone is chemically referred to as: 4,5-Epoxy-3-methoxy-17-methylmorphinan-6-one. It was prepared in 1920 by a German chemists Mannich and Lowenheim. Because it was prepared from a codeine relation, it probably survives heavy-metabolism by the liver, and thus maintains considerable oral potency. Fuller details can be found in the 11th Edition of the *Merck Index* (1989) under entry 4708.

Part III

Hydrocodone Preparations are currently prescribed for moderate to severe pain, such as tooth extractions, kidney stones and the like, Hydrocodone (Trade Name, Vicodin®) is a commonly prescribed pain narcotic+non-narcotic pain medication. It is widely used by doctors, dentists and the like. It is



also used to stop coughs.

Since it is so widely used there are many generic versions of Vicodin available. On top of this it comes in a variety of strengths. There are 2 main strengths available: Vicodin Tablets 5mg Hydrocodone/500mg Acetaminophen and Vicodin ES Tablets 7.5mg Hydrocodone/ 750 Acetaminophen. This last one is a pill-head favorite.

There are also many generic versions available - from the standard "vanilla" 5mg Hydrocodone/500 Acetaminophen to a smaller number of generics in the "Extra Strength" preparations. And for a variety of reasons it seems almost all users of Hydrocodone+Tylenol have their favorite versions of this drug. Dispensing pharmacists have their own opinions on this, too. Some swear by Knoll (The "Brand Name") and others just as strongly by other manufacturers. To add into this there are some slightly different preparations, such as ANEXSIA which still has the 7.5mg Hydrocodone, plus has 650mg Acetaminophen, instead of 750mg that other "Extra Strong Preparations" have. Another firm, UAD, has recently released Lorcette which has 10mg Hydrocodone.

So why do people have preferences at all? Maybe these differences in formulas aren't so slight after all. Internal info I have regarding Anexsia plus tangential but useful information on the much ignored subject of drug delivery mechanisms suggests that is the case, and hydrocodone is not hydrocodone is not hydrocodone.

Because of the economics concerned, generics are often considerably cheaper than brand name drugs. High prices often involve newer drugs where research costs have considerably contributed to the price of substances that were almost completely developed in the laboratory. In the cases of opiates, however, they are mainly made by plants. Most new opiates are semi-synthetics (mostly made by plants with a few changes by people), and old things like hydrocodone are made by new (and cheaper) processes.

Aspects of drug delivery in agents taken by mouth (i.e. pills) are often ignored. But it is these aspects, and a few metabolic kinks, that perhaps explain best the rather large brand loyalty toward hydrocodone preparations. For example the brand manufacturer Knoll tries to keep their products pure and exactly on-spec. The manufacturer of ANEXSIA, on the other hand, seems to try to assure their product dissolves quickly and thus enters the blood stream faster. Barr seems to be second only to Knoll in producing pure product. LORTAB supposedly embeds some chunks of active hydrocodone amongst the Acetaminophen to ensure quick absorption.

If this doesn't make the issue interesting enough, people actually metabolize hydrocodone differently. Since Hydrocodone is very close to Hydromorphone (also known as Dilaudid), and some people can convert one to the other. Hydromorphone is highly regarded as a more "powerful" opiate than hydro-

codone and may even have greater euphoria effects, too.

For Example Read the MEDLINE excerpt below:

Author: Otton SV; Schadel M; Cheung SW; Kaplan HL; Busto UE; Sellers EM.
Address: Clinical Research and Treatment Institute, Addiction Research Foundation of Ontario, Toronto, Canada.
Title: CYP2D6 phenotype determines the metabolic conversion of hydrocodone to hydromorphone.
Journal: Clinical Pharmacology and Therapeutics, 1993 Nov, 54(5):463-72.
Unique ID: 94037806.
Language: English.
Subset: Abridged Index Medicus (AIM)
CAS/EC No.: EC 1.14. (Hydroxylases); EC 1.14.99.- (debrisoquine 4-hydroxylase); 125-29-1 (Hydrocodone); 466-99-9 (Dihydromorphinone); 9035-51-2 (Cytochrome P-450)
Subject: *Cytochrome P-450 -- genetics.
Cytochrome P-450 -- metabolism.
*Dihydromorphinone -- metabolism.
Female.
Human.
*Hydrocodone -- metabolism.
Hydrocodone -- pharmacology.
Hydrocodone -- pharmacokinetics.
*Hydroxylases -- genetics.
Hydroxylases -- metabolism.
In Vitro.
Male.
*Microsomes, Liver -- enzymology.
Mutation.
Oxidation-Reduction.
Phenotype.
Reference Values.
Support, U.S. Gov't, P.H.S.

Abstract: The contribution of cytochrome P450 2D6 (CYP2D6) to the formation of hydrocodone's active metabolite, hydromorphone, was examined in vitro and in vivo. Human liver microsomes prepared from an individual homozygous for the D6-B mutation of the CYP2D6 gene catalyzed this reaction at a negligible rate. Urinary metabolic ratios of hydrocodone/hydromorphone were highly correlated with O-demethylation ratios for dextromethorphan, an established marker drug of CYP2D6 activity (rs = 0.85; n = 18). The kinetics of hydrocodone after a single oral dose and its partial metabolic clearance to hydromorphone were investigated in five extensive metabolizers of dextromethorphan, six poor metabolizers, and four extensive metabolizers after pretreatment with quinidine, a selective inhibitor of CYP2D6 activity. The mean values for partial met-

abolic clearance by O-demethylation in the three groups were 28.1 +/- 10.3, 3.4 +/- 2.4, and 5.0 +/- 3.6 ml/hr/kg, respectively. No statistically significant phenotypic differences in physiologic measures were observed. However, over the first hour after dosing, the extensive metabolizers reported more "good opiate effects" and fewer "bad opiate effects" than poor metabolizers and extensive metabolizers in whom CYP2D6 was inhibited by quinidine. These data establish the importance of CYP2D6 in the formation of hydromorphone from hydrocodone and suggest that the activity of this enzyme may limit the abuse liability of hydrocodone.

SIMPLE EXPERIMENTS WITH HYDROCODONE PERPARATIONS THAT MAY EXPLAIN BRAND PRFERENCES

To shed some more light on the problem of absorption as a factor in hydrocodone brand loyalty I ran the following little tests. Here are the results.

(1) Dissolving: In both Water and 1 Molar HCl (Close to Stomach Acid)

- ANEXSIA 7.5mg/650mg Dissolved fastest (*)
- VICODIN ES 7.5mg/750mg Dissolved Fast(*)
- VICODIN 5mg/500mg Dissolved Fast(*)
- LuChem 5mg/500mg Dissolved Somewhat slower (generic)
- BARR 5mg/500mg Dissolved Very Fast (generic)
- WATSON/HALSEY 7.5mg/750 went quite slow (generic)
- LORTAB both 5mg/500mg and 7.5mg/750 went moderately fast (*)

* = means drug billed as a brand (generic means billed as a generic)

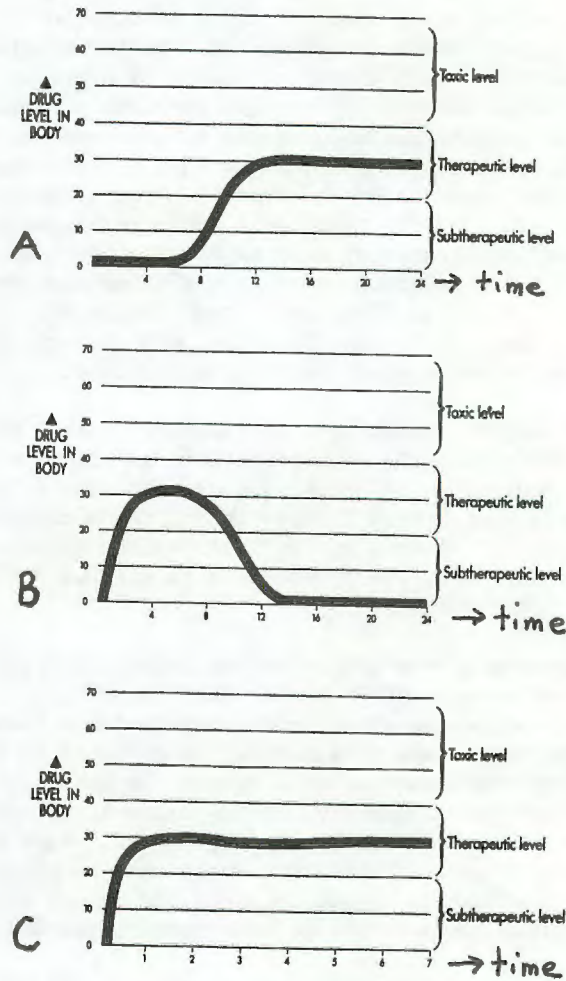
N.B. Some Hospitals will substitute LORTAB preparations for Vicodin. Although this is not an official generic substiution it works very well.

There is a new preparation, Lorcette, which has 10mg Hydrocodone. It has an enteric coating, which is probably resistant to stomach acid. Resulting in a slow release but supposedly with fewer stomach problems. Unfortunately, I was unable to obtain a sample for my experiments.

Looking at this data (see charts for further ex- plication) a working hypothesis might be formed as to why some people have such fierce brand loyalties to various Hydrocodone perparations. If a prepara- tion dissolved quickly, and a person were a fast metabolizer with the right enzymes (vide infra/see above) for doing the hydrocodone ----> hydromorphone conversion, then there might be a very quick ramp up of hydromorphone. With both hydrocodone and its active metabolittle hydromorphone floating around, there might be a very nice level of pain relief, serenity and some euphoria. In short, the very effects for which opiates are prized. Those who have come to prefer Vicodin, which does not hit the bloodstream as quickly, but which action is stable

and predictable, may likeit for just that reason. They may also have had bad experiences with rela- tively dicey generic preparations.

Whatever the reason, hydrocodone preference seems to be less psychological than physiological and has much to do with the drug delivering - to the personal satisfaction of an individual - those opi- ate actions I first experienced when taking laudan- mum as a youngster.



The above charts depict the approximate absorbtion of different hydrocodone preparations. In Figure A we have something close to the Watson profile with the dotted line showing how an extra dose, taken because the medicine is perceived to be "not working".

Figure B is probably a good representation of Anex- sia (it is also close to the Barr profile). The drug hits the bloodstream faster, though therapeutic levels may drop off faster, too.

Figure C is probably the ideal — fast onset and steady therapeutic levels. It is believed this is what Knoll shoots for in Vicodin. Drug delivery "patches" are one way to achieve this goal.

I WAS TOLD YOU HAVE TO SIGN FOR THIS
THE NOVAHISTINE DH STORY

BEFORE

I used to be like everybody else. I showed up to work every day and on time. I was a devoted son and husband. Friends came to me with their problems, trusting my level headed instincts to sort out their own Dionysian blunders. To the casual observer, I seemed to have it all, to be well adjusted and satisfied with my place in this world. I was even fooling myself. If someone had suggested that I perhaps was not as happy as I seemed to be, I would have shaken my head in puzzled amusement. But something was missing from my life. There was an emptiness inside of me. A void that needed filling. I was half a man. But, things are different now. My wife has left me. My parents have disowned me. Friends snub me. You see, my outlook is different now. I'm a new man. A changed man. My whole life changed when I met Alek. When I discovered Novahistine DH and learned how to stop worrying and love over-the-counter cough syrup.

One

THE SACRED ELIXIR

Alek sweats. A lot. February or July, ninety degrees or twenty; Alek sweats. Rivulets. Rivers. Strangers approach him, place a hand lightly on his damp shoulder and ask, "are you alright?" Alek turns to them, wipes his brow with the ever-moist handkerchief that he carries with him at all times, smiles, and says, "it's just hot in this damn place."

Alek introduced me to Novahistine DH. I met him at work. None of the other workers would interact with him due to his disheveled appearance and, as I mentioned, invariably wet state. So, I talked to him because I felt sorry for him. One day, our conversation turned to drugs, and while I had never experimented with drugs, I found Alek's conversation to be intriguing and wanted to learn all of his secrets. Alek explained to me how it was possible to get Codeine, legally, without a prescription. Novahistine DH is an over-the-counter cough syrup that contains an antihistamine (Chlorpheniramine,) a decongestant (Pseudoephedrine Hydrochloride,) and thirty milligrams of Codeine Phosphate per three teaspoonfuls, or about as much Codeine as is in a tablet of Tylenol #3. It can be obtained without a prescription due to an obscure law intended to make certain drugs available to the poor who can't afford to see a doctor. In other words, opiates free for the asking. The catch: You have to sign a ledger that is inspected periodically by DEA agents. The real problem: Bastard pharmacists who will lie to you, degrade you, shame you, and yell at you because they are aware that ninety percent of the NDH sold goes to feed a malicious habit.

After work that night, Alek and I made our first Histine excursion. The drug store was an easy mark known well to Alek. An all night pharmacy in the Atlanta suburbs. As we pulled into the parking lot, fear rose up in me. I felt I was doing something wrong, breaking the law (I was,) taking medicine from the mouths of the truly sick. I felt that I would become sick - God's vengeance on me for taking medicine to get high, to have fun.

Alek took a slip of paper from the glove compartment and wrote NOVAHISTINE DH on it in block letters. "Here, take this in and hold it so they can see you looking at it. Walk up and down the aisles like your looking for something. Then, walk to the counter, show them the paper and say 'I was told you have sign for this. My mom's got a bad chest cold, and our neighbor is a nurse. She said this is the best stuff for a cough. Nov... Nova... His... Histine. Novahistine?'"

I took the slip of paper and nodded. The idea of having a prop to carry in made me feel more secure. It didn't lessen the guilt, but it made the logistics seem easier. Grasping the car door handle, I took one more look at the slip of paper. A single drop of Alek's sweat smeared the ink.

Inside, the fluorescent lights made me feel stark and obvious. The pharmacy was deserted of customers. I was the only one in the store. Me and the two pharmacists. Both pharmacists were grey haired old men. One was grossly overweight, the other rail thin. Both, much to my amazement, were packing iron. Conspicuous holsters adorned their waists. The steel of their revolvers glinted at me as I made my way up and down the aisles. This was bullshit. Alek hadn't said anything about guns. This was crazy. What was I doing? I wasn't some addict, crazed for drugs. I was a level headed, respected citizen. I didn't belong here. I thought of Alek waiting in the car. He would be disappointed if I came out empty handed. I liked Alek. He was older than me. An eccentric and an artist. During down time at work he made beautiful sculptures from odd scraps of paper. Roses, birds, objects of art. Anything. He was the most creative person I'd ever met. And for some reason, I felt the need to earn his respect. I wanted him to like me. I wanted this talented person to value me. In the meantime, I had armed pharmacists to contend with. I was scared, sure, but it was like Alek said, all they could do was say no. But what if they could more than that? What if they could hold their guns on me and detain me while they called the police? What if... But by that time I realized I was standing at the counter. The fat pharmacist was staring blankly at me. I offered him my slip of paper, my feeble prop. He looked at it, then looked at me. I said, "I was told you have to sign for this." That's all I had to say. He turned wordlessly away from me. Retreated into his cubbyhole. I waited for him to come back out. Come back out with his gun drawn. To self-righteously place me under citizens arrest. Instead, he emerged with a dark plastic bottle and a spiral bound ledger. He shoved the ledger across the counter to me. Opened it and pointed to a blank line. I filled in my name and address. Signed it. The pharmacist bagged the Histine and twisted the top of the bag like a wino's Thunderbird bottle. "Ten fifty," he said. (You can get the generic much cheaper, but I wouldn't find this out till much later.)

I came out of the store with a swagger, brandishing my bagged trophy. Alek just shook his head and grinned. I felt proud. The returning conqueror.

Alek took the first swig. In one gulp, he drained half the contents. He handed the bottle back to me and drove me back to my own car. I wanted to take the bottle home and gauge the effects the mixture would have on me in a safe environment. As I exited Alek's car to get into my own, I noticed that there was something strange about Alek's appearance. I couldn't quite put my finger on it, but I was sure he had changed in some significant way. Some important way. His very nature. Then it hit me. He was dry. Alek wasn't sweating. He seemed calm and at ease with himself. I dismissed this observation and drove away.

That would be the last time Alek ever let me out of his sight with even a single drop of Novahistine yet unswallowed.

Two

ONCE BITTEN, TWICE SHY

Novahistine gives you two distinct, yet intermingled, highs. The first is the antihistamine. Antihistamine, in large quantities, will cause your scalp to tingle in patches and instill a time-space distortion in your perceptions. It also has a sedating effect, but will paradoxically act more as a stimulant the higher the dose. Sufficiently large doses will induce hallucinations. Luckily, the codeine in DH takes the edge off the antihistamines. The Codeine will envelop your mind in blissful reverie, taking you in new and creative places. This is why NDH is a class five narcotic. In fact, your soaking in it now. In any case, it's a good idea to have a good supply of chewing gum or other oral toys on hand to combat dry mouth. Your mouth will really groove on the soothing, monotonous motion of chewing while your mind obsesses high on histine. Also, as you develop a Histine habit, you will become a Nova-connoisseur. Name brand Novahistine (Lakeside Pharmaceuticals) has a cloying over-ripe grape taste. In fact, the taste of the Lakeside brand grows repulsive with repeated use. Many generic companies make a fine and less expensive variation of the original (just ask your local pharmacist if he stocks the generic, he'll be happy to oblige you if he does). I recommend the Barre version. It's like grape Kool-Aid. (If, by the way, you don't care for the antihistamine edge to your Codeine high, Novahistine also comes in an expectorant formula that substitutes Guaifenesin, an expectorant, for the antihistamine of the DH formula.)

Alek's and my excursions soon became a nightly adventure. I quickly learned which pharmacies stocked the potion and which would have nothing to do with it. I was on a first name basis with certain druggists, while others cursed me when I entered their stores. Some pharmacists gave me a knowing wink as they bagged my purchase, while others defiled me in my quest for the elixir. There were good times when Alek and I ended the night with four or more precious bottles to split between us. Nights when our lips were stained royal purple and our breath stank of rotten grapes. There were bad times when it seemed the world's supply of the mixture had been cut off. Dry nights. Dry nights when Alek sweated heavily. During one of these dry periods, Alek introduced me to Donnegel PG. Donnegel is a liquid preparation used for diarrhea. Much like the paregoric of old, Donnegel contains clay, belladonna alkaloids, and twenty four milligrams of powdered opium per two tablespoonfuls. It, like Novahistine, is available over-the-counter. When the Novahistine supply was dry and I needed something to fill the void, Donnegel became a friend. A reluctant friend, but still a friend. It was hard to drink the mixture with a straight face. I would turn to Alek and say, "I could conceivably confess to people that I'm hooked on cough syrup, but how could I ever admit to someone that I've abused an anti-diarrheal?" Alek laughed, gobbled a pill, and chased it down with a healthy swig of Donnegel. He augmented all of our escapades with constant pills. I asked how he got them, but he just shook his head and laughed. Many nights, he brought along a crucible and crushed his pills in it like some demented alchemist. He snorted the powdered pills through a straw.

Finally, one night, he told me how he got the pills.

Three

DOCTOR, DOCTOR, I CAN WALK!

I hadn't felt this way since my first trip to the pharmacy. Nervous. Scared. The emergency room was crowded with patients. One man's body convulsed so badly that his yellowed dentures flew from his mouth and landed at my feet. A teenage girl held a thick compress to her bleeding head. It was madness.

It had taken months of continuous persuasion, but Alek had talked me into my first faked injury. Alek assured me that he would have executed the scam himself, but he had been barred from every emergency room in the city and outlying areas. He claimed that they had his name in some computer file that prevented ER doctors from writing narcotics scripts to him. I, however, was a virgin. When I told Alek that I'd never been to an emergency room, his eyes grew wide and the sweat poured from his body profusely. It took months of cajoling me, of assuring me that he had the scam down to an art form, that if I followed his script, nothing could go wrong. I resisted. Fears of God's vengeance, of using the doctor's time when he could be helping the truly sick, of abusing the insurance system, plagued me. Alek told me that the insurance industry was designed for this, that they ripped people off every day. That most MD's were users anyway. That by using the medical establishment this way, we would be stimulating the nations economy. Finally, I saw the light. I agreed to visit an ER. In retrospect, I don't blame Alek or his sophistry. He didn't force me. You can't rape the willing.

The agreed upon injury was a cracked tail bone. Tell the doctor you were playing around with some friends. Act embarrassed. Say you fell off the back of the couch. Landed on your tail bone. Now, the genius of this scenario is that a cracked tail bone is one of the most painful conditions you can have. It's a condition of such intense pain that it requires, nay demands, narcotic pain relievers. The beauty of it is that a cracked tail bone can't be detected. They'll take X-rays just to make sure you didn't actually break the damn thing off, but other than that, there is no way to verify this injury. They can only offer you relief.

Well, it worked just like Alek had promised. I was lying on a gurney after my X-rays. I winced as I climbed up onto it, and the doctor had patted my shoulder to offer me comfort. I couldn't believe it. I'd fooled a doctor! Until then I had always believed doctors were somehow better and smarter than the rest of us. Boy, was I wrong! Alek had tried to set me straight on that, but now I knew. I'd fooled an entire hospital! Just outside the dividing curtain, I heard the doctor tell the nurse to "prepare one hundred milligrams Demerol, I.M." Joy! The doctor came back in, told me some stuff about how to use an donut cushion, that he had ordered the Demerol, and then he laid a script on me for twenty tablets of Lorcet Plus (Seven point five plentiful milligrams of Hydrocodone Bitartrate!) Synthetic Codeine! Even better than the real thing! Alek would be pleased!

The nurse came in with my injection. "You'll need to turn over. Don't worry, this'll make you feel much better." I thought I detected a note of jealousy in her voice. After she swabbed my butt cheek with alcohol, she gave me a look. The look said, You might have fooled the doctors, buddy, but I know what your doing here. That look scared me. Then she hit me with the needle. Then I loved her.

Two hours passed. I thought it was two minutes. But in those two minutes I visited new worlds. For the first time in my life, I was at peace. I was myself. I was whole for the first time in my life. God bless America! God bless Demerol! Finally, they let me go. I walked out of that hospital with a new insight. Alek still waited for me in the car. I held up my trophy script. Alek smiled at me. Wiped sweat from his brow and started the car. We drove off into the night. Off to visit our favorite gun toting pharmacists.

AFTER

I'm a different person now. Life makes sense to me. I don't see Alek much these days, but that's okay. I have other companions. Other hobbies. Things that occupy my time. Important matters that must be attended to. I'd like to tell you all about my new life, but I have to go now. I have to get to the drug store. You see, I have a little problem. I can't seem to stop sweating.

Pill News

Newt and the FDA

Newt Gingrich and his pals seem set to kick some FDA ass this year. A sign of this is an attempt to discredit Gingrich by finding two instances last year when he went to bat for pharmaceutical companies allied with other, bigger companies, that made contributions to his Progress and Freedom Foundation.

Once, Newt wrote the White House about the delay of a home AIDS diagnostic kit, made by Direct Access Diagnostics — a subsidiary of Johnson & Johnson.

Another time he urged FDA dickhead David Kessler to hurry it up with the approval for a pill to help people with obsessive-compulsive disorder. Already on the market, Luvox, would be only the second drug "approved" for OCD.

Luvor's maker, Solvay, is a subsidiary of the Belgian chemical giant, Solvay SA, which has contributed money to Newt's Foundation.

Leaving aside the fact that every corporation in the world throws money to politicians — is it really now evidence of wrongdoing to oppose the FDA's legendary delays?

* * *

At about the time this tidbit was released (by anonymous sources) newspapers were fed a story about a "study" conducted by pill-hater Sidney Wolfe and his Public Citizen Health Research Group. Wolfe concluded the hurdles the FDA throws in front of drugs prove it is far better than its European counterparts.

The study was heartily endorsed by the FDA itself.

Wolfe's method was to compare numbers of drugs approved and then withdrawn. The fewer drugs withdrawn, the "better" the agency. The FDA withdrew the fewest so they are better. They also *approved* the fewest, so that, too, became a sign of competence. Countries that permit their citizen's faster access to

new medicines "are making guinea pigs out of their population."

Many Republican disagree and openly plan to cut the monster down to size.

"It just breaks my heart when I think of American citizens having to go to Switzerland or Mexico to get the drugs and devices they need to stay alive," said Rep. Thomas Bliley (R-VA). Bliley, now chairman of the Commerce Committee which oversees the FDA.

"I promise you this session there will be — repeat, *there will be* — reforms in the way that the Food and Drug Administration does business."

New Drugs

- An FDA advisory committee recommended the FDA approve the epilepsy drug, Depakote, as a treatment for manic-depression, which hampers the lives of about 2 million Americans. If the FDA takes their advice, it will be the first drug for the disease since Lithium was approved a quarter century ago.

- Bristol-Myers Squibb has entered the anti-depressant fray with their new pill, Serzone. Serzone seems to combine the mechanisms of Prozac, et al with the blocking mechanism of earlier pills like Elavil. And it costs less. The company plans to wholesale the pill at \$1.66 a day, regardless of dose size. Prozac lists at \$2.16 per day and can cost more if the patient requires more than one pill.

- There's a new epilepsy pill that can enhance drugs a sufferer already takes. The pill, Lamictal (lamotrigine) promises help to the nearly one third of epileptics for whom traditional treatments are not enough.

- The FDA did approve a French drug to treat Type II diabetes — even though the medicine has the rare but potentially dangerous side effect of allowing a lactic acid levels to rise in the blood.

In 1977 the FDA banned a similar drug, phenformin, as an "imminent hazard" because of this same side effect. Has the FDA decided the patient might be able to weigh the risks himself.

- An Atlanta company, Bridging the Gap, is selling "emergency contraceptive kits" containing instructions on using birth control pills to cause an abortion up to 72 hours after intercourse. Six brands of The Pill can do this, but none of the companies will say so nor will they tell you how.

- The opiate antagonist Naloxone seems to treat alcoholism. A dose of the stuff eliminates alcohol cravings in alcoholics — much better than Antabuse, which makes the patient barf if he or she drinks alcohol.

- In Michigan, a woman was ordered to give up her vanity license plates that read RU486. Testing for the "abortion pill" has started at a clinic near Houston, TX.

- Brit commercial octopus, Jardine Mattheson had to remove its name from the Hong Kong exchange to mollify the incoming Communist gov't of China. Jardine was one of China's biggest suppliers of force-fed opium and it is from initial investments in monopoly opium that the firm got started.

Pill Crime

- In Cleveland, Dr. Matthew Polito, a podiatrist, was indicted for "unlawful distribution of a controlled substance." He was apparently charged with a single count of writing a Percocet prescription "outside the usual course of business and for no legitimate medical purpose," said the U.S. attorney. Polito faces 20 years in prison and a million dollar fine.

- When state officials said they would investigate the 1985 disappearance of 59 vials of the muscle-relaxant Pavulon at a hospital in Springfield, IL — the 300 bed hospital's vice prez overdosed. In a feeble suicide attempt he gulped down 50 hits of trazodone (no word on strength) and some Xanax.

- Cops were on alert in northeastern Ohio when a former police chemist and weapons expert went on the lam after 126 assault rifles and 50 cases of ammo were seized from his home. Authorities said he was "dependent". The AWOL cop, Richard Kent, is said to be addicted to codeine, which he took after developing a back problem in 1993 while unearthing the bodies of five murder victims. Since then he pleaded guilty to 11 counts of illegally obtaining codeine-containing pills.

- Chief of ICN Pharmaceuticals, Milan Panic, who was briefly installed as Yugoslavia's "Prime Minister" is accused of forcing his secretary to have sex with him, and fathering at least one child in the process.

- In Danville, IL, a babysitter is said to have killed one of her charges with "prescription medicine".

- Former corporate bigshot Frederick Shainfield got 18 months prison time for his role in helping his New York company, Halsey, fake documentation about generic drugs the firm was hawking.

No More Sponges

- The makers of the Today Sponge halted production of their popular birth control device after an FDA inspection found the production line too dirty. Whitehall-Robbins can't afford to upgrade it so the company just shut it down.

- Dr. George Bray, a researcher specializing in obesity testified to the FDA that its standards for drugs to treat life-threatening fatness were too high — and patients would suffer and die because of it.

- Johnson & Johnson is paying a \$7.5 million fine for shredding documents to derail an intense federal investigation to see if the company had illegally promoted its product, Retin-A as a treatment for wrinkles. Even though Retin-A does remove wrinkles, it doesn't have FDA approval to say that.

Pill Company Squabbles

- After suing each other for years for infringing patent rights and general horning in, Eli Lilly and Genentech settled. Lilly's gonna pay Genentech (ungrateful bastards!) \$145 million BUT both companies swore to stop suing each other anymore.

- Alza Corp. and Marion Merrell Dow Inc. are suing Ciba-Geigy and friends for infringing on their precious nicotine patch patents. One makes Nicoderm and the other one Habitrol.

- The Arkansas Supreme Court ruled in favor of drugstore mega-chain Wal-Mart at the beginning of the year. The judges said Wal-Mart was not trying to drive independent drugstores out of business when it began selling prescription pills at a loss. The 4-3 ruling is amazing as hell.

- Eli Lilly, makers of Prozac said it had to "discipline" two of its salesmen for more or less trying to sell Prozac to 1,300 high school students in Bethesda, MD. While giving a presentation on depression, the two sales employees (who were filling in for a doctor who canceled at the last minute) quite naturally started handing out brochures for Prozac. They also gave out pens and notepads with the drug's logo on them.

Other News

- The world's most advanced pill bottle is on sale now. The computerized SmartCap counts how often the lid is removed, beeps when it's time to take a pill and, and uses it's included modem to call command central to report on a patient's compliance. If things are bad, the doc is called.

This is important. As stupid as it may seem, the leading cause of kidney transplant rejection is people spacing their immunosuppressant pills.

- "Today's reports on inflation and retail sales **should provide a dose of economic Valium** to anxious financial markets," said Martin Regalia, chief economist of the U.S. Chamber of Commerce in an AP report.

Did You Know...

- Before appearing on Gary Hart's knee on the good ship "Monkey Business", luscious babe, Donna Rice was a sales rep for a pharmaceutical company in South Florida.

- And before he became a revolutionary, Abbie Hoffman, too, was a pharmaceutical sales rep.

Reviews!

The Entheogen Review

A Quarterly Ethnobotanical Update

Vol. 3 No. 4

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STEAM (A Quarterly Journal for Men) v.2 ish 4

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This issue of Steam, a zine that frankly caters to seriously sexual gay men, contains a couple of superb articles on the history and use of "poppers". The first, an article called "The Poppers Story: the Rise and Fall of 'the Gay Drug' by Ian Young chronicles the origins of poppers and their inclusion into "gay culture" to their recent revival in various different chemical forms.

Unlike other drugs, poppers have gone through some atypical bouts of legalization, illegalization, then quasi-legalization, and finally a sort of "grey market" where a potpourrie of related chemicals are being sold as substitute poppers.

Young covers poppers' brief stint as The Cause of Aids as well as a good analysis of their current advertising, which (legally) must skirt the entire issue of what they're really used for. Indeed, many of the newest poppers are sold in head shops as "cleaning solvents" for car parts or VCRs!

The second article (by Anon.) is a heavily documented look at the dangers of snorting poppers. Anon. makes a very good case that there just isn't much to worry about. Not only do poppers — in any form — cause either AIDS or Kaposi's Sarcoma, they haven't even been implicated in a single death. This seems to make them extraordinarily safe compared to, say, aspirin, which kills 60+ Americans a year.

BUST v. 1 #4 Summer/Fall \$2.50

PO Box 319, Ansonia Station, New York, NY 10023

This zine is superb. I've only read the last two issues — this one ("SEX What is It Good For?") and the previous one ("Our Lipsticks, Ourselves") but I wasn't halfway thru the first one before I realized the rag is intensely interesting and intensely accessible. That's important for a guy reading a "girl" zine. This thing manages to orient itself toward female issues without reference to men or at least without using men as a yardstick for evil.

The attitude here is honest and fascinating as contributors talk frankly about sex with the family dog, their lust for lipstick and a bunch of other girl things. I loved the "Thanks for the Mammaries" story, the old douche ads and the pee story in which a girl inexplicably breaks up with her boyfriend because he wants to feel her pee on him.

One of the two or three best zines in history.

I can't believe it's taken me this long to review this zine, since it is THE zine for anyone interested in some of these mind-bending psychedelics people have been deriving from such arcane bits of flora as phalaris grass and Syrian Rue. It's editor, Jim DeKorne is author of a few books, including the encyclopedic Psychedelic Shamanism (Loompanics Unlimited), which has turned out to be the best guide to ayahuasca analogues yet.

As in his book, DeKorne's zine devotes itself to exploring any and all naturally occurring compounds known as "entheogens" or drugs that can put the human mind in touch with what many believe are different reality systems, if not with "entities" that defy human explanation or even adequate description.

In this zine, the reader is treated to pages of testimonials by readers, the results of sometimes painstaking research into the growing of certain plants and the extraction of their essential components. In addition, you get a little advice on what to do when and if you do come up against a metaphysical situation you hadn't quite prepared yourself for.

Absolutely worth the money, it comes out four times a year, following solstices and equinoxes.

CLOUD 9 — A PILL

Distributed by Nootrophia (a "Smart Bar" in Boulder, CO)

phone number 1-303-499-8897

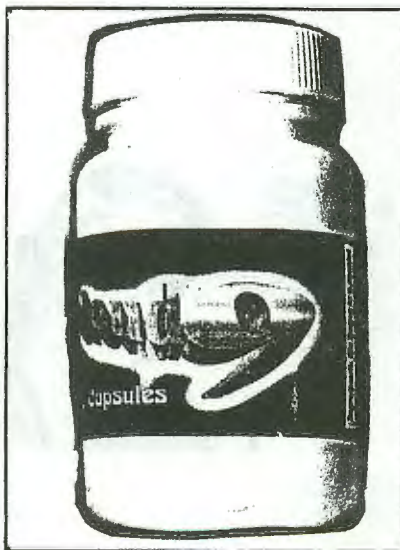
Once billed as an alternative to MDMA (the FDA has put a stop to that!) we here at PaGG were pretty skeptical of a pill that would make such a claim, especially when it was discovered that one component of the otherwise secret recipe was *ma huang* (ephedra). We were even more skeptical when we heard of the price — eight bucks a pill! Some distributors (including the manufacturer) charge as much as \$16 a pill!

But we sprang for a few and were quite impressed. While these herbal pills could never pass for Ecstasy, they did provide a level and type of energy very akin to dextroamphetamine (not meth) or even cocaine. Of course, to get a decent effect, it was necessary to take two of the pills. But, all things considered, the stuff is legal and you'd probably spend that

much on an equally effective amount of coke, so....

The other pill we got from the same company was called Nirvana Plus and was essentially billed as an enhancer to Cloud 9. Sorry to say, the pill didn't seem to have much effect at all, either by itself or in conjunction with Cloud 9.

The recipe for Cloud 9 is a secret and the so-called "lab analysis" provided by its manufacturer provides no help at all using "chemical" terms that, while sounding impressive, don't mean much at all (one component is supposedly called "Methyl-



PILLS THAT DON'T WORK:

a consumers' and doctors' guide to over 600 prescription drugs that lack evidence of effectiveness

By: S.M. Wolfe, M.D., C.M. Coley, and the Health Research Group founded by Ralph Nader

Well, those wacky Naderites have struck once again...this time out to save those of us too lazy to read a pill bottle. The title is great, the cover is great, and some of the readin' is, well, readable. The biggest problem I could see was the SCOPE of the book. The title is misleading...they don't just talk about pills, they also delved into the netherworld of creams, ointments and elixirs. Who really needs to be told that Caldecort or Neosporin doesn't really work? The book covers drugs for cough, cold and allergy, drugs for heart pain, circulatory disorders of the head and limbs, drugs for digestive disorders and drugs applied directly to the skin, eyes or ears. Of course, I focused on the meds for cough, cold and allergy and the meds for pain. Screw the ointments... Following, I will outline the two major complaints the group holds: drug combinations and fixed-ratio medications.

The biggest problem the authors have is with medications (prescription and over-the-counter) that combine two or more ingredients. In many cases, the authors' have no problem with the main ingredient; rather the issue is the *additives* (used for God knows what reason), such as the use of ipecac fluid extract found in Phenergan Expectorant and other expectorant-type cough syrups. Not only has ipecac caused death in overdose, but it's *not an expectorant*. Ipecac is used to make people barf after they've been poisoned...it's not a cough remedy! Also widely used in cough syrups is an ingredient called ammonium chloride (found in Ambenyl Expectorant and Bromanyl Expectorant). Ammonium chloride causes gastrointestinal disturbances and can cause the blood to become overly acidic. A different example is a tablet called Butigetic, often prescribed for pain. The ingredients include sodium butabarbital (sedative), acetaminophen, and caffeine. The only proven pain remedy is the acetaminophen, while the combination of sedative and stimulant is illogical. Often, ingredients are added which have no proven effect (which, I suppose, is better than proven *negative* effects).

The other issue is with fixed-ratio medications. We are all familiar with the instructions on dosing: *One tablespoon for children twelve and under; two tablespoons for ages twelve to adult*. Like anyone can evenly dose a 90 pound twelve year old and a 200 pound adult. It gets even trickier when it involves two or more ingredients. I have to say that I agree with the authors on this point. I myself have o.d.'d on the standard dose of Nyquil (shut up, don't laugh). Virtually every medication on the shelves offer this kind of dosing. The authors suggest that the remedy for this is to stick with products which contain only one ingredient and go from there. While this may be difficult, it's not impossible.

I also want to make the note that the authors wholeheartedly *pushed* the use of D.M. (dextromethorphan). The way they talked it up, you'd think they all owned stock in it. Anyway, PaGG has touted the benefits of D.M. for years...just another notch for PaGG's credibility!

Ginger ♥

ETIQUETTE CORNER by ginger

Hey Ginger: My girlfriend got a bunch of pain pills from her doctor after her operation. She doesn't take them, but she doesn't want me to take them either...she actually hides them from me! What should I do? I want those damn pills!
Jones'n in Portland

Dear Jones'n: There are a couple of things you can try. First, "develop" the worst backache/headache/twisted ankle you've ever had. Make it convincing, and do it when she wants you to go somewhere with her. Hint that you'd love to go, if only you didn't hurt so much... Then, listen/watch where she goes to get her stash. If that doesn't work, wait 'till she leaves...she's probably hiding them in her shoes. That's where girls ALWAYS hide shit they don't want you to find!! If all else fails, withhold sex...it works both ways!!!



Dear Ripped Off: I have a friend who comes over once or twice a week. Every time he leaves, I'm missin g one or two Librium. What should I do?
Ripped Off

Dear Ripped Off: Try hiding your Librium in your shoes...

Amino" — whatever that means!).

All users of Cloud 9 reported a fairly quick onset of action (no more than 20 minutes) and a constantly increasing feeling of energy and euphoria. Users began to become animated and spoke faster, usually without realizing it. In this the effects were very like amphetamines or coke. Unlike ephedrine or caffeine, there was absolutely no shakiness or jittery edge to the experience. Unlike speed there was either no "come down" effect, or else such effects were very mild (in the only case this happened the cause could have easily been hunger).

The effects lasted a good four to six hours.

This product appears to be totally legal and all the manufacturer will say is that it is a mixture of "Chinese plant and African root extracts". It very probably contains yohimbe. The cops have looked into this (PaGG has a police report on both the maker and the pill from California) and have found nothing illegal about it.

Since this is the best of all the herbal substitutes for recreational drugs PaGG has ever come across, we'll be looking into this one a bit deeper. So far we cannot figure out what it is and we cannot come close to duplicating it. But we have our theories and intend to continue working with this stuff.

BOOK REVIEW

Exercise With Alcohol by Bruce Clifton
Skull Varnish Press 625 SW 10th Ave.
Suite 163B Portland, OR 97205 -- \$5.00

I wouldn't normally review a book devoted to something as crude as alcohol, but this thing is hilarious. Even though the subject could go off into predictable clichés, it doesn't. Instead of the old "16 oz. curl" jokes (haw haw!) this guy really gets into the subject, including the twelve steps toward a "winning attitude" ("#5 honestly accepted our vulnerability, our morality, our lack of muscle tone"). Exercises include the Rippled Stomach Retch and the DT Swing, (which involves standing with one foot in the toilet, swinging paddles at tormenting hallucinations).

Best of all is Clifton's sharp-witted history of alcohol consumption in America and insightful bibliography, which would be quite useful for anyone really interested in researching the subject of drinking in America.

