PharmChem

Newsletter

Vol. 1 No. 2 1972

During recent months, PharmChem has offered to physicians, health facilities, drug abuse centers, and to the general public a "street" drug analysis service called Analysis Anonymous®. Now, the Bureau of Narcotics and Dangerous Drugs (BNDD) has asked PharmChem to require the name and address of anyone submitting a sample for analysis. In their opinion the anonymity of our service is objectionable and might increase the flow of illicit drugs. If they maintain their position it will undoubtedly discourage the use of our service by private individuals.

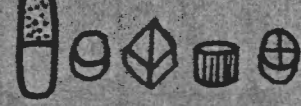
Because there is no precedent regarding this matter, PharmChem is currently complying with the BNDD request. PharmChem's philosophy is as follows: We feel the public should have access to unbiased information about the true content of street drugs and a means of having these drugs analyzed on an anonymous basis. Analysis Anonymous®, together with a monthly newsletter publishing analysis results, can fulfill this need. Hopefully, this service will soon be known and used nationally. We would then collect data from many similar agencies doing this analysis and disseminate their findings, also. We have applied for federal funding to help support this program.

It is unlikely that Analysis Anonymous® will increase or decrease the flow of illicit drugs. The street sample analysis report in this newsletter as well as that in the Vol. 1 No. 2 issue demonstrates the gross misrepresentation of drugs sold on the street. A public aware of the harmful or misrepresented content of illicitly manufactured drugs would become cautious. This, if anything, would decrease the flow of illicit drugs. Certain law enforcement people think that Analysis Anonymous® will act as a quality control mechanism for drug dealers. We agree that it may, but street drugs will be sold regardless of their purity or true content. Some quality control would at least reduce the incidence of bad trips, overdoses, poisonings, and toxic reactions.

We anticipate that our differences with the BNDD will soon be resolved. Of course, the suspension of the anonymous clause affects only private individuals, not health clinics, drug treatment centers, physicians, etc. Some individuals, who do not choose to reveal their name and address, are sending samples through these channels.

We wish to have your comments. Please write us. Your opinions and suggestions will be most helpful in our approach to restoring the service on an anonymous basis. Onward!

on the street



This month's survey of street samples includes drug samples from Southern California to Oregon and covers a larger geographical area than the previous report. One sample was received from New York.

Forty samples were analyzed. Nineteen, or nearly 50% of the sample contained LSD (two in combination with PCP). All of the samples sold as LSD (9) contained LSD and no other drugs. LSD was also sold under the guise of mescaline or psilocybin. Four of the LSD samples were abnormally impure.

Eight samples were found to contain PCP (two in combination with LSD) but *none* of them were sold as PCP. These samples were sold as cocaine, mescaline, or THC.

All four samples sold as psilocybin contained none of the drug. Three contained LSD and one was STP. Of the ten samples sold as mescaline, only two actually contained mescaline. The remaining eight samples contained either LSD, PCP, or LSD in combination with PCP.

One sample contained MDA and another STP. A tablet of chlorpheniramine maleate (symptomatic relief for colds) was sold as an amphetamine.

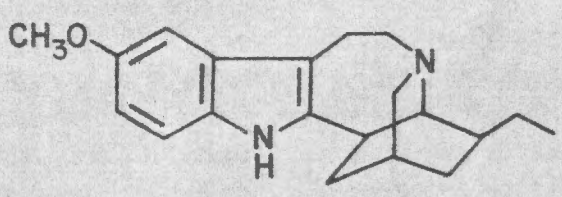
Overall, the alleged drug content corresponded to the true drug in *only* 50% of the samples.

ON THE STREET

ACTUAL CONTENT	ALLEGED CONTENT	DESCRIPTION	ORIGIN	STREET PRICE
1. LSD (450 ug)	LSD	red saccharin size tablet—"sunshine"	Los Angeles, Ca.	$0.20
2. LSD	LSD	"clearlight"—drug sandwiched between scotch tape	Stanford, Ca.	$0.65
3. LSD[a]	LSD	"clearlight"—as above	Santa Clara, Ca.	$1.00
4. LSD	LSD	"clearlight"—as above	San Francisco, Ca.	$1.50
5. LSD	LSD	"whitelight"—white tablet	San Mateo, Ca.	$1.50
6. LSD[a]	LSD	bright orange saccharin size tablet—"orange sunshine"	San Francisco, Ca.	$1.00
7. LSD	LSD	bright orange saccharin size tablet—"orange sunshine"	Eureka, Ca.	$0.95
8. LSD (125 ug)	LSD	small yellow tablet	San Francisco, Ca.	$0.50
9. LSD[a]	LSD	purple tablet	Marin Cnty., Ca.	$1.00
10. LSD	?	purple powder	New York, N.Y.	$2.00
11. LSD	mescaline	pink tablet	Alameda Cnty., Ca.	$2.00
12. LSD[a]	mescaline	light pink powder in clear capsule	Long Beach, Ca.	$60/hlf. oz.
13. LSD	mescaline	pink tablet	Oakland, Ca.	$0.75
14. LSD	psilocybin with rosehips	dark brown powder	San Mateo, Ca.	$65/oz.
15. LSD	psilocybin	gray-white powder	Eugene, Oregon	?
16. LSD	psilocybin	dark brown powder in clear capsule	Marin Cnty., Ca.	$2.25
17. LSD	psilocybin (organic)	gray-brown powder in clear capsule	Santa Clara Cnty., Ca.	?
18. LSD, PCP[b]	mescaline (organic)	crude pink-orange tablet	Monterey Cnty., Ca.	?
19. LSD, PCP	mescaline	small pink tablet	Oakland, Ca.	$0.75
20. PCP	cocaine	white powder	Yreka, Ca.	?
21. PCP	mescaline	purple tablet	Santa Clara Cnty., Ca.	?
22. PCP	mescaline	purple tablet	Santa Clara Cnty., Ca.	?
23. PCP	mescaline	small yellow tablet	Santa Clara Cnty., Ca.	$1.50
24. PCP	THC	blue blotter paper	Santa Clara Cnty., Ca.	$1.50
25. PCP	?	white powder	Los Angeles, Ca.	$50/gm
26. mescaline	mescaline	white powder	Santa Clara Cnty., Ca.	$400/oz.
27. mescaline[a]	mescaline	white powder	San Francisco, Ca.	$325/oz.
28. cocaine	cocaine	white powder	Beverley Hills, Ca.	?
29. cocaine	cocaine	white powder	San Rafael, Ca.	?
30. cocaine	?	white powder	San Francisco, Ca.	$43/gm
31. amphetamine	methamphetamine	off-white scored tablet	Monterey, Ca.	?
32. amphetamine	benzedrine	small white tablet with cross score	San Francisco, Ca.	?
33. Dexamyl (amphetamine 15 mg amobarbital 1½ gr)	Dexamyl	green and white capsule with green and white beads trademarked SKF	San Jose, Ca.	?
34. secobarbital—1½gr.	secobarbital	red capsule Lilly trademark	San Jose, Ca.	?
35. secobarbital	secobarbital	red capsule	Monterey, Ca.	?
36. codeine—½gr.	codeine	white tablet, Burroughs-Wellcome trademark	San Jose, Ca.	?
37. lysergic amide and related cpds.	Hawaiian Rosewood	brown black seeds (Hawaiian Baby Rosewood)		
38. MDA[c]	?	tan powder in large capsule	San Francisco, Ca.	$3.00
39. STP[d]	psilocybin	orange brown powder	San Francisco, Ca.	$2.00
40. chlorpheniramine maleate	amphetamine	yellow-orange tablet, glazed finish	Gilroy, Ca.	?

a – abnormally impure
b – phencyclidine (hog, peace pill)
c – methylene dioxy amphetamine
d – 2, 5 · dimethoxy-4-methyl amphetamine

IBOGAINE



In recent months PharmChem has analyzed two illicit drug samples which were found to contain the rather exotic drug ibogaine. Both samples had been sold on the street as unknown drugs. They appeared as a brown, organic-looking powder (one in capsule form). To our knowledge, ibogaine has not yet acquired any street names and its use is not widespread in the United States.

Pharmacologically, ibogaine may be classed as a central stimulant with psycho-active properties. Chemically, it contains the indole nucleus and is related structurally to many other indole alkaloids such as ergotamine, LSD, harmine, harmaline, reserpine, yohimbine, and bufotenine, to name a few. The indole alkaloids have been investigated for their psychopharmacological properties and possible use as adjuvants to psycho-therapy. Although little research has been done with ibogaine, a report on this drug seems warranted.

History: The most common source of ibogaine is from the roots of *Tabernanthe iboga*, a shrub indigenous to West Africa. It is also found in the plants *Voacanga africans, Peschiera lundii, Stemmademia donnellsmithi, S. galleottiama,* and *Conopharyngia durissma.* As early as 1869, roots of *T. iboga* were reported effective in combatting sleep or fatigue and in maintaining alertness when ingested by African natives. Extracts of *T. iboga* are used by African natives while stalking game; it enables them to remain motionless for as long as two days while retaining mental alertness. It has been used for centuries by natives of Africa, Asia, and South America in conjunction with fetishistic and mythical ceremonies. In 1905, the gross effects of chewing large quantities of roots from *T. iboga* were described. . ."Soon his nerves get tense in an extraordinary way, an epileptic-like madness comes over him during which he becomes unconscious and pronounces words which are interpreted by the older members of the group as having a prophetic meaning and to prove that the fetish has entered him." At the turn of the century, iboga extracts were used as stimulants, aphrodisiacs, and inebriants. They have been available in European drugstores for over 30 years as tonics and stimulants.

Pharmacological Effects: Ibogaine has characteristic central stimulant properties. This central stimulant effect is due to an excitatory action on the reticular activating system. Ibogaine inhibits monoamine oxidase as well as the enzyme cholinesterase. African natives who had ingested extracts from *T. iboga* experienced symptoms of alertness, excitement, increased muscle tone, and loss of appetite. Large doses produced a feeling of excitement with states of drunkenness, mental confusion, and possibly hallucinations. Much of the research with ibogaine has been done in animals. In the cat, for example, 2-10 mg./kg. given intravenously caused marked excitation, dilated pupils, salivation, and tremors leading to a picture of rage. There was an alerting reaction, obvious apprehension and fear, and attempts to escape. These effects are similar to those reported for yohimbine and harmine (please note that the cat is a poor experimental model for humans). Cardiovascularly, ibogaine produces a rise in blood pressure and an increase in heart rate with little or no disturbances in the electrocardiogram. The drug has a high affinity for pacemaker tissue. It has some anticonvulsant and local anesthetic properties. Although ibogaine itself has no apparent analgetic effect (40 mg./kg.), it does potentiate the analgetic effect of morphine. Intravenously in mice, the LD_{50} is 42 mg./kg. and it shortens the sleeping time after hexobarbital.

In humans, when doses of 4-5 mg./kg. (300 mg. in the average adult) were taken orally, effects of the drug were experienced for 6 hours. Fifty percent of the

subjects experienced dizziness, incoordination, nausea, and vomiting. The vomiting was central in origin and was greatly influenced by psychological factors.

Psychological Effects: In human studies, at a dose of 300 mg. given orally, the subjects experienced visions, changes in perception of the environment, and delusions or alterations of thinking. Visual imagery became more vivid, with animals often appearing. Ibogaine produces a state of drowsiness in which the subject does not wish to move, open his eyes, or be aware of his environment. Since there appears to be an inverse relationship between the presence of physical symptoms and the richness of the psychological experience, the choice of environment is an important consideration. Many are disturbed by lights or noises.

Ibogaine appears to be quite unique among psychoactive drugs. It induces states different from those elicited with psychotomimetics. Ibogaine shares with psychotomimetics the prominence of primary process thinking without the usual psychotic symptoms. The effect is similar to experiencing the dream phenomena without loss of consciousness. This state resembles true dreaming more than it does ordinary daydreaming. Ibogaine does not interfere with ego functions, yet it enhances the quality of personal fantasy, involving the subject himself and people significant to him (parents, close friends, etc.). Experiences with ibogaine may provide insight into oneself and one's true feelings, as well as into relationships with others. After a session in which a subject reflected on his parents, he commented that he had the feeling of "knowing them as they really are." A therapist reported that a subject on ibogaine can stop to contemplate a scene or re-enact a previous dream, etc. Experiences with the drug can radically change a person's attitudes. Dr. Claudio Naranjo, a psychotherapist, is responsible for most current knowledge regarding ibogaine effects in humans. He states: "I have been more impressed by the enduring effects resulting from ibogaine than by those from sessions conducted with any other drug."

Other Comments: Ibogaine is a controlled drug. In 1967, it was listed as a stimulant with hallucinogenic effects under the Federal Food, Drug, and Cosmetic Act.

Bibliography: available upon request.

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