

PILLS-A-GOGO

SUMMER 1994 #20

Journal of Pills



Karen Quinlan's Brain on Ice, **Over-the-Counter Junkies**, Elavil Hell., **Comments by Pillhead Itchy DuPont** and Terence McKenna gets a new asshole.

News, Gossip, Hot Tips, & Pill Hints

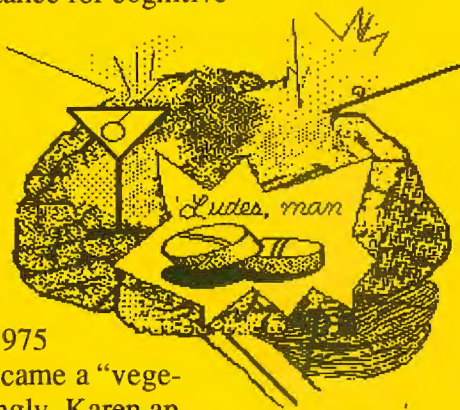
• Karen Quinlan's pickled brain, sliced into thin strips has helped confirm an emerging theory that awareness and wakefulness are not necessarily the same thing and that the thalamus gland — deep within the brain — is of greater importance for cognitive function than previously thought.

Karen, as we all remember, slugged down a dose of Quaaludes with some cocktails one evening in 1975 and promptly became a "vegetable". Agonizingly, Karen appeared on the verge of being human, even going to sleep and waking up every day. Her parents begged the docs to take her off the respirator and let her die but back in those days such things just weren't done. When they finally did remove the respirator, she didn't die. Karen breathed on for another ten years.

Until they got a good gander at her brain, docs had assumed that her lack of emotion or ability to think was because of damage to the "higher brain's" cerebral cortex we always assumed made us so much smarter than clams.

But in Karen's case, the thalamus suffered the most damage, suggesting that thinking may be a far more "primitive" ability than we ... thought.

So let all living creatures raise a toast to Karen, "Job Well Done!"



PILL BUX \$\$

• As a general rule, all the drug companies are hurting. They're all laying off employees and otherwise cutting back wherever they can. A lot of this may be caused by huge capital outlays to buy drug distribution companies so pharmaceutical manufacturers have a crack at selling their drugs once socialized medicine gets into full swing.

• Ivory Coast opened up its previously controlled pharmaceuticals market to allow more competition and use of generics in hopes of lowering prices. Ivory Coast is the biggest importer of drugs among the 13 West and Central African nations.

• SmithKline Beecham went bananas in May and filed suit against Mylan for alleged infringement on SK's patent and trademark rights on Tagamet — the landmark miracle pill for ulcers. They say that Mylan, teamed up with Eli Lilly, is blatantly stealing the Tagamet light-green color trademark and the overall appearance of Tagamet tablets." SK says Mylan & friends are trying to deliberately create confusion between the products.

At the same time SK Beecham announced it would market a generic version of its own. Everybody's hoping the stuff will finally go OTC but the FDA is dragging its feet on the matter.

BUT — this just in — PaGG has learned that Merck has gotten OTC approval for its H2 antagonist, Pepcid. Pepcid, unlike Tagamet, has essentially no side effects and does not alter the way other drugs are metabolized. Tagamet does — especially with alcohol.

• The biotech firm, Amgen Inc. has now teamed up with the Japanese makers of Kirin beer to develop and market a genetically engineered protein called "platelet growth factor". Platelets are crucial to the blood's ability to form clots. In addition to beer, Kirin also makes drugs. Hope they don't mix up the bottles! Or maybe I do!

PILL CRIME

• Rugby Group Inc. got fined a couple hundred thousand dollars in May for offering free vacations to pharmacists who agreed to buy their products. The state of Massachusetts' attorney GENERAL said the pill-makers were running a veritable travel agency for pharmacists offering a variety of travel packages, including the "Vacation Celebration" a four day three night trip to locations from Disneyland to Vegas once they bought just \$6,000 worth of Rugby pills.

Nobody accused Rugby of overcharging for their pills, nor did anyone say the pills were no good. The gov't just wanted to "level the playing field".

• In Cleveland, federal prosecutors said they're gonna try again to convict ousted Phar-Mor Inc. president Michael Monus, who is accused of stealing more than \$10 million from the company and using it to fund his failed World Basketball League. Among the 126 counts against him Monus is also charged with using half a million bucks to pamper himself.

Under Monus' direction, Phar-Mor went from a growing, robust drugstore chain to a decrepit, bankrupt fiasco with thousands of employees unemployed and half the stores closed.

• Poor Pennsylvania state Supreme Court Justice

Rolf Larsen not only got convicted of an illegal pill scam, the erstwhile bigwheel is now facing impeachment by both houses of the Penna. senate. He doesn't stand a chance.

After he got booted off the bench and out of his job passing sentences on the common rabble he faced as much as six years in prison and a \$20,000 fine. As it was, the prosecutor only asked for 20 months and then only got a two year suspended sentence and some community service. His impeachment is proceeding apace. Larsen says he'll fight. Have a good one, Rolf.

- The FDA has warned Eli Lilly to stop some of its questionable marketing ploys for its ulcer drug, Axid. The government says Lilly is promoting Axid for uses not officially approved by the agency and making misleading statements about the drug.

Now Lilly has to pull its current ads and publish corrected ads in 12 medical journals.

Word on the street says Lilly is practically dumping the pill for as little as 14 cents a hit to some hospitals.

- In Taiwan a prostitute drew and eight and a half year sentence for forcing sleeping pills down the throats of her clients in order to rob them. The court found that the "deadly French kiss" endangered the lives of the men she smooched to justify the harsh sentence.

- Meanwhile, back in Massachusetts, yet another drug company was disciplined by the state's police apparatus. This time Ciba Geigy Corp. paid out nearly \$200,000 in cash and agreed to donate another \$200,000 in free pills to the state's welfare programs.

Like Rugby, Ciba Geigy was charged with a kick-back scheme that rewarded wholesalers and pharmacists for selling their products.

- A New York physician's assistant got busted for cheating Medicaid out of \$3.2 million in reimbursements for drugs he illegally got for drug addicts and people who had no need for them in the first place. Joseph Githinju Muigai operated a Harlem Clinic and Pharmacy cops called a "pill mill". Such schemes are often elaborate as the pills and prescriptions pass through a number of middlemen before ending up, sometimes, right back on a pharmacy shelf!

- And folks, you'll be glad to know that the British High Court found the BBC guilty of libel by airing its baseless documentary "Halcion Nightmare". Halcion's makers, Upjohn, sued the BBC. Upjohn will also be collecting a tidy \$37,500 in damages from a Scottish psychiatrist who jabbered on about the evils of Halcion to the *New York Times*. Unfortunately, that same psychiatrist won a \$75,000 suit against Upjohn

for being too strident in denouncing him.

- Four gunmen commandeered a schoolbus bound for southern Russia, threatened to kill a child an hour and toss out its head unless they got some assault rifles and morphine tabs pronto. This is the second time since the beginning of the year that Russian desperadoes have used this tactic to get guns & morphine. The first group got ten hits of morphine and four rifles for their hostage tots.

- Pittsburgh cops are investigating the death of a New York businessman, whose nude body was found sprawled in a downtown hotel — the victim of an apparent accidental drug overdose. No word on what the drug was.

- Four men in Atlantic City NJ, got arrested trying to sell methamphetamine precursors to undercover cops in the Taj Mahal Hotel Casino. The guys tried to sell 32 gallons of Phenyl-2-Propanone (P2P), which cops said were smuggled from Italy to Florida.

BAD PILLS

- Three antihistamines in common use can promote cancer in mice, say researchers in Canada who tested Claritin, Hisminal and Atarax and found them carcinogenic. But Unisom and Nyquil passed their tests.

- Texas cops have really got it in for a "pep pill" called Formula One, which, it says, contains ephedrine and is just the most damn dangerous thing in the world. They got it yanked off the shelves for a while but a judge found the State Health Commissioner's actions ridiculous and put it back on the shelf. Meanwhile, ABC's 20/20 presented a scare story about ephedrine that, if anything, showed how safe the stuff is even when taken in amounts far exceeding its recommended dosage.

- Looks like Eli Lilly, maker of the experimental drug fialuridine (FIAU) knew the stuff could kill people long before it killed at least five human guinea pigs in drug trials for the new hepatitis drug. They are also accused of not having given full information about the risks of the drug to all the guinea pigs and ignoring or covering up at least two deaths.

NEW PILLS

- The Pharmaceutical Research and Manufacturers of America said 24 companies are developing at least 46 new medicines to treat mental illness. 16 of the drugs are for mood disorders, 15 for anxiety, nine to treat substance abuse and addiction and six for schizophre-

neia.

And research for pills that act on the central nervous system are only the second largest area of research for drug manufacturers the trade group said!

- While not strictly new pills, the governments of both Columbia and Germany have legalized the possession and use of heroin, cocaine, and marijuana in the former and just marijuana and hashish in the latter.

Colombia's outgoing president Cesar Gavira said he thought the court rulings would make Colombia "an unlivable society". He likes the drug war better.

In Germany's North Rhine-Wesphalia, a state court extended liberalization to *any* drug in "small amounts". So far that's being interpreted at 10 grams of hash or maryjane, half a gram of heroin, coke, or morphine and three "doses" of anything else. Par-tay!

- Scientists at the Bowman Gray School of Medicine in Winston-Salem NC have found that taking an anti-cholesterol pill called Pravastatin, drastically reduced patients' chances for heart attacks. It is believed that the whole class of drugs, known as "statins" could do the same thing.

- It's not a pill but, still, it's cool. Researchers at the University of Texas have developed a new blood substitute that works much better than any other synthetic blood ever has. It's called "hypersmolar oxyreplete hemosubstitute", it's milky white and can carry oxygen around the body like blood. So far only goats have had the pleasure of being drained of blood and filled with the stuff.

- Here comes our pal Dr. Richard J. Wurtman, this time defending a diet pill used for years in Europe with no apparent bad effects and now being considered for use in the U.S. When a researcher at Johns Hopkins University reported that dexfenfluramine caused brain damage in squirrel monkeys Wurtman was quick to point out flaws in the study and remind folks that the monkeys had been getting the equivalent of 33 times the normal human dose.

- The military, not one for nonsense when it comes to the care and feeding of the country's fighting man has studied a variety of nutritional compounds and found certain supplements can improve a soldier's "performance".

Among them is added use of caffeine in rations, possibly in a quicker to ingest form than the powdered coffee already part of a dogfaces K-rations. Choline, too, was found to be of significant help to soldiers to increase their stamina. In a study some marathoners improved their time on a 20-mile run by five

minutes if they took choline. This particularly interested the army, which has now ordered itself to see about getting some choline pills in those MREs.

And tyrosine, one of PaGG's fave amino acids, made the grade for the killing machine when researchers found that the stuff can increase "vigilance" even as it lowers anxiety during stressful periods of cold and oxygen deprivation. These last two may be mixed into a special candy bar.

- Women should start taking anti-depressants way before giving birth to stave off "post-partem depression" that afflicts 10 or 15 percent of new mothers. This from medicos at Case Western Reserve University in Cleveland, OH.

- Toward the end of June, researchers at the University of California at San Francisco said they would be testing the drug methotrexate to induce abortions. Having already taken enough flack for their testing of RU-486, they probably figured on trying out other stuff, too.

Methotrexate is already available as an anti-cancer drug and, in combination with the hormone misoprostol, seems just as good at producing abortions as the famed pill from France. The ingenious combo is also pretty cheap — costing between two and four dollars a pop. How 'bout it?

- British doctors have been conducting some very successful experiments with methotrexate to act as a "morning after" pill that will prevent conception or stop fetuses cold as long as five days after intercourse. The docs also say conception can be prevented up to 72 hours after the insemination by taking an overdose of estrogen and progesterone — hormones found in birth control pills.

- Thanks to researchers at Northwestern University in Chicago we now know something of the dosage needed to produce the "morning after" effect — and it's available now.

The pill is Wyeth-Ayerst's Ovral — a BC pill they've been selling since 1968 for contraceptive use only. The company knows that a four-tablet dose of the pills taken two at a time at 12 hour intervals can prevent a pregnancy as long as 72 hours after intercourse. But they aren't seeking official FDA approval for this claim since it's too damn expensive to go through all that hassle. Besides, you just read about it here, didn't you?

- Scientists at Mt. Sinai School of Medicine and University of Chicago Medical Centre found out 9 out of 10 patients with severe ulcerative colitis benefitted

from dosages of cyclosporine. Cyclosporine is the drug most often used to prevent rejection in organ transplant recipients.

- SmithKline Beecham Inc. has won FDA approval to market its anti-herpes drug Famvir in the United States — pissing off Burroughs-Wellcome since they have dominated that market with their neat blue pill Zovirax for the last ten years. They hadn't been expecting any direct competition for at least another six months while they ironed out an agreement with Upjohn to market the anti-herpes drug to an ever-growing market. Zovirax is Wellcome's best-selling pill worldwide.

CELEBRITY PILLS

- Pills came too late for suicidally depressed Clinton flack Vincent Foster, who had put off calling a shrink for fear of losing his precious security clearance. Phone records show he finally did call one and was seen popping a Desyrel at dinner the day before he blew his brains out with a gun.

A recently released document reports he had a prescription for Trazadone and took one 50 mg tablet the night before his death.

- A sleazy, backbiting feud within a gaggle of Filipino beauty queens nearly led to pill-induced suicide for one luscious film star broad. Ruffa Gutierrez, 20, who was second runner-up in last year's Miss World pageant is accused of putting the fix in on a Manila Film Festival award ceremony.

Ruffa said she'd considered "taking a sleeping pill and sleeping for a hundred years..." but thought better of it when she considered the possibility of going to hell for committing suicide.

Hellfire didn't seem to scare the manager of one of Ruffa's rival's managers, Lolita Solis, who was admitted to a hospital after a sleeping pill overdose.

No word, of course, on what pills were involved.

- Washed up actor Don Johnson proved how desperate he is by checking into the Betty Ford Clinic for booze and "prescription drug" abuse. The clinic, founded by former First Lady (and pill hound) Betty Ford is a typical last ditch attempt to boost fame by playing victim to big bad pills.

Betty herself recalled her own 15 year romance with pills at a New York symposium this June. It was a romance that didn't end until her whole family — including former President Jerry "intervened" and forced her to give up pills. That was in 1978. By 1982 she'd started her posh clinic and has played host to stars like Liza Minelli and Liz Taylor.

- As if it's not enough already, yet another jerk doctor — this one the Dade County, FLA's medical examiner — is trying to pin Elvis Presley's death on drug abuse and not on the heart attack determined at the autopsy.

So they're going to review the autopsy report, find what everybody else found (that Elvis croaked on the toilet of a heart attack) and imply that his personal physician had him hooked on a passel of drugs — a charge he was cleared of back in 1981. Readers of PaGG # 4 remember we detailed *exactly* which drugs in what amounts were found in the King's corpse and there's no doubt he was just pushing too hard for his clogged and frail cardiovascular system.

Buthe *did* have a nice assortment of pills in him at the time of death.

DM, NOW IN PILL-FORM!

For so long the only way to get dextromethorphan — the main ingredient in OTC cough medicines was to get a Canadian version. In the U.S. we had to gag down some vile syrups to attain the PCP-like effects of DM. But no longer

"Bayer Select" is a new pill containing DM and, unfortunately, acetaminophen, however DM also now comes in a variety of liquid filled gelatin capsules either alone or with pseudoephedrine, which is not really a bad combo. There is also a new formulation of the stuff — DM polystyrex sold under the name DEL-SYM, which strings the effects out over 12 hours — and it even tastes good! They say it's orange flavored but there is a distinct hint of coconut.



WHAT ELAVIL LURKS IN THE HEARTS OF MEN?

By Millicent Grimm

Being a bonofide pill-head I take opportunity of every situation that arises in my favor. My mom, who happily for me, is anti-pill, had some surgery and had a full script of Darvocets laying around. The thought of this tantalized and tingled my mind so much I almost looked forward to visiting her. I'd pop a couple as soon as I got there, since I had to go take a pee after that long drive, and in about 20 minutes I could almost entirely put up with her whining and oppressive negative vibe. After a few visits like this I realized she wasn't taking any of the pills — but I had swallowed the source down to about six hits. So I thought better to take the bottle and let her think she had lost them or thrown them away, than suspiciously leave a lonely hit in the bottle.

Over a frightfully bad Mother's Day dinner at my boyfriend's grandma's (she can't cook worth a shit) I peeked around in the back bathroom cabinet and found a bunch of pre-1984 Valiums. Back then they didn't have the V cut out of them and they were just little round scored yellow five milligram tablets. But they were still potent. I also scammed something else... maybe some codeines, I don't remember.

I went back to my mom's apartment, but realized I had to start being sneakier. I knew there was nothing left in the medicine cabinet, so I had to get into her bedroom nightstand. I knew I couldn't expect any covering from my boyfriend who is Mr. Anti-Drug 1994, so when I detected a window of safety I went for it. I grabbed lots of little .5 Ativans and she had a couple bottles of Elavil. Little tabs and big ones. The bottle of big tabs was nearly full so I grabbed a small hand-full of the big red 100 mg ones. I figure if little ones are good, big ones must be better, right?

I'll freely take stuff that I recognize or that someone I trust, especially Chet, says to go for. But, when I got home that night I didn't feel like doing any research and thought I'd just take one since it was getting on in the evening.

I slept hard that night, but in the morning I couldn't really wake up. It was like I was trying to shake off this dense fog surrounding me and was feeling stupid. For the most part of the next three days I was like a

zombie. I had no ambition. I felt like one of the stiffs walking around Jack Nicholson in One Flew Over the Cuckoo's Nest. I constantly zoned out and fell asleep. I couldn't keep my attention on anything. I wandered around aimlessly, not because I wanted to but because it just seemed that stumbling around was part of my new programming installed by whatever alien being had captured possession of my body and mind.

At the time it seemed like I had really fucked up this time and maybe I was stuck in this state forever. It wasn't interesting or fun like a good acid trip can sometimes be. It was more like a nightmare I couldn't wake up from.

Of course, all this time I couldn't fess up to the B.F. what was up so I just played that I was sick with some kind of flu. I started calling around to figure out what the hell I took. Ends up that Elavil can be calming and sleep enhancing in small doses although the morning fog takes a good while to lift. But the 100 mg dose I popped was pretty massive. It's the kind of medication that you're likely to get if you get taken in and put on suicide watch. Kill the will, calm the culprit.

Elavil is the devil. Man, look at the last three letters in both words: V-I-L. That's three letters. $3+3=6$ and from there it's pretty close to 666 !

O.K., maybe I'm going off the deep end, but VIL is pretty close to VILE and that's how I look back at this whole experience. I like to think that it is around for a reason and under some circumstances and with a doc's supervision and counseling, et al., it could do some good. But as recreational fun goes — heed my horror and abhor Elavil!



OVER THE COUNTER METHADONE!

As we reported back in issue number 14 there was some evidence to believe the OTC anti-diarrheal medication Imodium AD (loperamide hcl) would halt withdrawal symptoms in opiate-dependent humans. At that time we knew for sure that it helped out morphine dependent monkeys. We now know that it does the same in human beings addicted not only to plain old opium, but to heroin as well.

None of our information comes from any FDA monitored tests, so don't come cryin' to PaGG for specific numbers and information on control groups, and, God forbid, the names of any and all informants, as they are unknown to us, thanks to a double-blind method of never bothering to ask anyone for ID, etc.

BY THE WAY... Before we begin we'd like to amend something else we reported in issue 14 — namely that junkies were using Xanax (alprazolam) to improve their heroin highs. Lately the mass media has decided the devil drug junkies really use is Klonopin—another benzodiazepine like Xanax. This leads us to believe that air-headed reporters haven't considered the use of any drug in this class (of which Valium is the undisputed leader) would be a nice addition effects achieved by taking heroin.

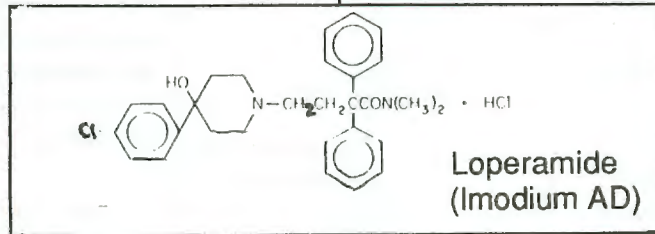
Until better evidence of specific actions caused by such drugs in interaction with opiates, PaGG will now refrain from passing on meaningless anti-pill stories. If you are presently taking Xanax or Klonopin or any other benzodiazepine, you're not going to turn into a junkie, and junkies are not going to start robbing your houses in search of these minor tranquilizers.

BACK TO THE SUBJECT...

According to Shulgin's Controlled Substances, loperamide was placed into Schedule V on June 17, 1977, then removed from all scheduling controls on November 3, 1982. Just what prompted this unscheduling is unclear, except that as recently as 1987, it appears most

drug textbooks failed to recognize the potential opiate action of loperamide, if not the obvious structural similarities between it and other opiates.

Shulgin compares loperamide's basic structure with that of methadone and, indeed, there are some striking similarities. But there is also a similarity to the structure of fentanyl. See illustrations for what we mean.



In any case, the stuff is obviously an opioid that has become exempt from all scheduling controls — even the minimal ones originally imposed.

This is possibly because there is very little evidence that even high doses of the stuff can get someone high. Also, high doses, and long term use of the stuff (as long as two years in some cases), fail the "Naloxone Challenge Test". That's the test where they shoot you up with naloxone (a powerful opiate antagonist) and, if you're on opiate drugs, you go into a very immediate and gnarly withdrawal, cramping onto the floor and spewing barf like a liquid pinwheel.

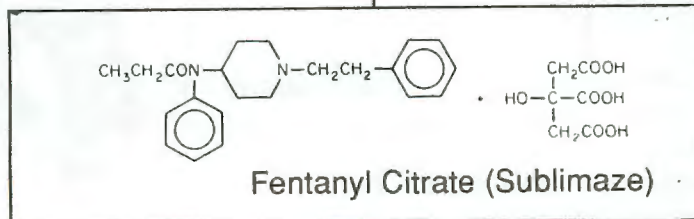
There's also not much evidence of tolerance to the stuff, which is very un-opiate-like and ought to be looked into. If we could know why loperamide exhibits some characteristics of more "powerful" and abused opiate drugs yet doesn't require ever-increasing

amounts of the drug to get off we may be on our way to the holy grail of opiates -- the non-addicting (sort of) opiate!

So loperamide doesn't get you high very well (although some have reported to PaGG a definite feeling of calm and well-being after even a normal dose of the stuff). But it can keep you from jonesing too hard if you're trying to kick Percodans, morphine, heroin, or something. So it's at least partially cross-tolerated.

THE BIG TEST

Recently three heroin junkies about to enter withdrawal decided and agreed to try out a somewhat heavy dose (two to three times normal) of Imodium AD to see if it would be of any help in kicking their hard core addictions. They reported they took the drug just as the first symptoms of withdrawal set in — in other words, when it was time for their next "fix". None of the junkies had been tapering or reducing their doses before the test so all of them were wide open to



full-on withdrawal.

Happily, all three junkies reported significant relief from the onset of withdrawal symptoms. Loperamide seemed to markedly or even completely eliminate the stereotypical joint and muscle aches as well as sweating and the restless feeling. One of the kickers felt well enough to go to a job interview and even got the job!*

On the down side. All three junkies reported nausea — probably caused by abundance of the liquid form of loperamide they drank. It was decided to use this form, and not the pills, because the liquid-form is faster-acting and achieves peak plasma levels about twice as fast as the pills. It was felt that the faster onset would increase the chances of test compliance among these dregs of humanity.

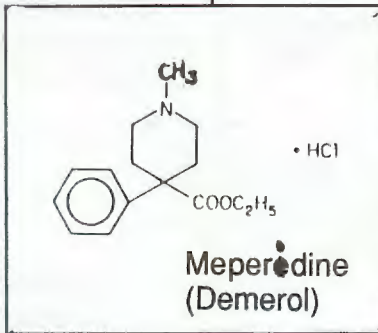
In future tests it would be interesting to see whether or not doses of the pill form would eliminate this problem. We also understand loperamide is available in a cherry flavored syrup rather than the original anise flavor (made famous by Nyquil). This might cause less nausea as some people just hate the taste of licorice.

Interestingly, Janssen Pharmaceuticals, which invented and makes loperamide, also has a patent on another compound called Lofentil Oxalate — a narcotic analgesic not currently in use. Similarities between the drugs suggest that a few slight differences in the basic molecule could bring about some heavy-duty changes in the effects. This seems even more likely given that Janssen Pharmaceuticals also produces the very powerful opiate fentanyl citrate, known by its trade name of Sublimaze®.

Could the giant and ingenious pharmaceutical concern have discovered loperamide as a part of general research on opiates? Could loperamide be transformed into one of its cousins or even another chemical entirely? Pills-a-go-go does not have the resources to adequately research these possibilities other than to speculate on “freebasing” (oxidizing) the hcl form an see if it doesn't get stronger or yield a smokaeable form of loperamide.

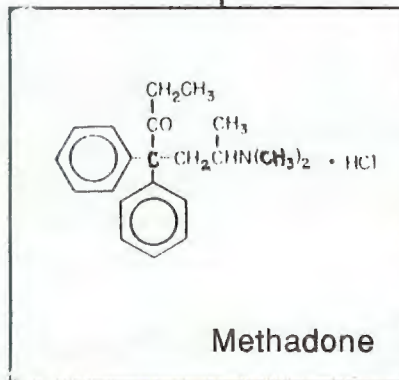
Hey, it works with other stuff....

The advantages of using loperamide instead of methadone to withdraw from opiate addiction are many. Even name-brand Imodium AD is cheaper than government-provided methadone, and you don't need government permission to take it. You don't have to get up at the crack of dawn to stand in line with a bunch of strangers to get your dose and you can kick as quickly or slowly as you want since YOU control the dosage.



Some junkies have been known to complain that methadone clinics seem to try to keep them on state-provided dope longer than they would like.

As always, PaGG strongly urges any and all readers to consult with their physicians before embarking on any sort of drug therapy, even one using OTC medications. It only makes sense.



* It was not felt that becoming employed is related in a causal way to loperamide.



Oh my God, the junkies are loose!

Be a
fairy



or, just
look like
one!

Factsheet Five reviews
*Sex Zines Queer Zines Fetish
Zines Pagan Zines Wiccan
Zines Religion Zines New Age
Zines Spirituality Zines*

\$6 sample/\$20 sub
Factsheet 5
PO Box 170099
San Francisco CA
94117

A MERE FORMULARY

— *the fate of pills in the New World Order*

Early this year, the first tangible traces of “health care reform” began trickling in to most doctors’ offices. By now, many readers of PaGG will have already been affected by this trickle, although they may not know it.

Even though there isn’t yet a definitive National Health Care Program complete with computer chips imbedded in every citizen’s forehead and helicopters spraying Prozac over the inner cities to keep the natives docile — the future is with us now.

It’s visible in the pills you get. And don’t get.

Late last year, insurance companies, HMO’s and individual hospitals started issuing what are known as “formularies” to doctors around the country. Normally, a formulary is a list or compendium of drug therapies either endorsed at least recognized as beneficial by some organization (governmental or private). Sometimes a formulary issues guidelines as to how each medicine should be used.

Often a formulary is national.

Notable differences in national formularies might be, for instance, that Canada recognizes a therapeutic use in heroin to control severe pain, while the United States formulary does not. In the same vein, the Mexican National Formulary recognizes the use of a native plant called “chicalote” as being an analgesic. There is no chicalote to be found in the U.S. counterpart (although the plant grows in this country).

These differences reflect the prevailing medical opinion of a country along with certain cultural considerations. Of course heroin is a strong analgesic. It’s just that, in America, it’s been so demonized that it is probably impossible to consider it as medicine. Canada takes a lot of its culture from Britain, where heroin was and still is, a medicine. In the case of chicalote, there is probably no history of its use here or in Canada and so it doesn’t even occur to those putting together the formulary to include the plant, however useful it may be.

And I can’t think of any formulary that recommends chewing a piece of willow bark to fight off a fever or control pain. Even though willow bark will do both these things, it’s considered to be a bit old fa-

shioned and nowhere near as effective as the aspirin we derive from that bark.

In other words, a formulary is built on the consensus of opinion and experience by medical practitioners in a particular place and time. Formularies can therefore reflect biases peculiar to its region or staff. One hospital may prefer the use of drug A over drug B because of such diverse factors as how often a drug’s representative shows up at the hospital with free samples, the perceived rate of success with a particular therapy, or whether or not the head doctor ever heard of it before.

At a local hospital level, especially, cost can mean something too. A certain drug company might simply cut a better deal than its rival. As bulk-buyers, hospitals often can get drugs at a discount. Or a drug might have other inherent advantages that aren’t strictly medical. Hospitals like to use acetaminophen more than aspirin not because Tylenol is “better” than aspirin — it’s just less likely to cause immediate stomach problems exposing the hospital to complaints, grouching, maybe even lawsuits. Tylenol might ultimately damage a patient’s liver, but it won’t show up for a long time.

But usually such things aren’t written down and passed around as policy. It isn’t good medicine for an accountant to standardize treatments from on high, since the doctor and patient are supposed to be such a unique entity and all that. Also, since medicine and the economy are changing all the time, it’s not wise too link the two very closely.

Insurance companies didn’t used to have such extensive formularies. The practice of medicine was left to medical personnel and insurance companies concerned themselves with how much they would charge and pay out. So, maybe they classified certain treatments as “experimental” or capped the price of treatment at a certain dollar level. That was about as hard-hearted as people would accept. Everyone has heard horror stories about people not getting life-saving treatments because an insurer refuses to pay.

But today you don’t hear any stories about a patient being made to chew on a piece of willow bark because the insurance company has decided that aspirin is too expensive. And no patient is yet being asked to slug down some rum and bite a bullet as anesthesia for outpatient surgery.

But we’re on the way.

drugs at a level, which implies giving positive account of the social and spiritual value of intoxication. Most contemporary writers fall foul of this, precisely because of their fear of being tarred with the Leary brush.

McKenna sees the World in the blue-grey flesh of the psilocybin mushroom. He is a meta-Kantian, holding that the very phenomenon of sentience itself is a function of a symbiotic relationship between homo sapiens and the plant species that contain psychoactive alkaloids.

Just as Darwinists identify even secondary qualities such as color as being impacted upon by natural selection, so McKenna goes several steps further. For him the "wetware" of our minds is profoundly bound up with our own ecosystem. This he characterizes as the "Gaian biosphere". By this McKenna means a self-regulating planetary organism, a "Transcendent Other", a "Vegetable Mind". Although why vegetables should necessarily have the upper designatory hand is beyond me. After all, the biosphere is just as much a function of purely chemical reactions; so this must be another unfortunate example of McKenna's proclivity for seeing the world in the gills of a mushroom.

His theories are challenging and germane, the trouble is McKenna develops it with a series of arguments that can be characterized as "T-Shirt Syllogisms". One such is: "Agriculture brings with it the potential for overproduction, which leads to excess wealth, hoarding, and trade. Trade leads to cities; cities isolate their inhabitants from the natural world". This sounds uncomfortably like: "If I drink, I get drunk. If I get drunk I fall over. If I fall over..."etc.

McKenna doesn't seem to see that his refusal to acknowledge the wholly reciprocal relation between human consciousness and drug "effect" (Leary's concept of "set" and "setting", which he quotes with approval), leads to a biological reductionism that smacks suspiciously of the kind of Scientism he is keenest to refute.

On a more prosaic level, it is by no means certain that the plant alkaloids McKenna so reveres, "play an active part in the plant organisms they occur within". This would, of be crucial to his Plant/God theories McKenna is promoting.

A more traditional view is that the adaptive advantage of alkaloids (many of which are highly toxic), for the plant species that contain them is as poisons. This would make sense. After all, what could be a better way of ensuring — if you are a mushroom — that you will only be eaten by a small group of McKenna-

minded hominids, than synthesising psilocybin?

McKenna trawls for the usual suspect evidence and arguments in social anthropology, to put forward the now largely discredited theory, that at some point in the human past, there existed a pacific, pastoral Ur-Culture, an Eden from which we have all been expelled. McKenna is confused about self-consciousness, because on the one hand it is our bit of the Gaian mind, the "Transcendent Other", and on the other it is so clearly the substratum of the nasty, meat-eating, tooth-rotting, ego obsession, which he blames for the "moral decadence" we now face.

In *Food of the Gods*, McKenna argues persuasively for a freeing of the market in drugs, remarking pithily at one point that, "any society that can tolerate the use of a drug such as alcohol, can cope with just about anything." But it's a shame his monomania for shrooms didn't allow him to recall that Bwitiists, the Fang adherents to the only extant psychedelic religious ritual in the Old World, hold that the "ecstasies" they achieve through chanting and drumming are superior to those induced by ibogaine, one of McKenna's precious harmaline alkaloids.

McKenna also turns his back on all drugs he associates with the "Dominator" cultures, leading him to some tendentious reasoning concerning the use of tobacco plants in Central American shamanic ritual.

Obviously the idea of human consciousness breaking through the meniscus of conditioned ontology under the influence of a pack of Marlboros is too much for him to bear.

McKenna also digs into the controversies concerning the identity of "soma", the ancient ecstatic drug of the Rig Vedas; and attempts to prove it was fly agaric.

Unsurprisingly, McKenna plumps for another mushroom, *Stropharia cubensis*, which contains his beloved psilocybin. It is just as possible that soma may have derived from the opium poppy; not something McKenna would look kindly on.

McKenna is an active guru. His ideas chime in with the lifestyles of the growing numbers of New Agers, or "Archaic Revivalists" as he would term them. And for that reason it is depressing to conclude that if — as one of McKenna's source thinkers, Marshall McLuhan, opined — the medium is the message, then we have a steadily lengthening, ever-billowing cosmic clothesline of McKenna's T-shirt syllogisms to look forward to.

from dosages of cyclosporine. Cyclosporine is the drug most often used to prevent rejection in organ transplant recipients.

- SmithKline Beecham Inc. has won FDA approval to market its anti-herpes drug Famvir in the United States — pissing off Burroughs-Wellcome since they have dominated that market with their neat blue pill Zovirax for the last ten years. They hadn't been expecting any direct competition for at least another six months while they ironed out an agreement with Upjohn to market the anti-herpes drug to an ever-growing market. Zovirax is Wellcome's best-selling pill worldwide.

CELEBRITY PILLS

- Pills came too late for suicidally depressed Clinton flack Vincent Foster, who had put off calling a shrink for fear of losing his precious security clearance. Phone records show he finally did call one and was seen popping a Desyrel at dinner the day before he blew his brains out with a gun.

A recently released document reports he had a prescription for Trazadone and took one 50 mg tablet the night before his death.

- A sleazy, backbiting feud within a gaggle of Phillipino beauty queens nearly led to pill-induced suicide for one luscious film star broad. Ruffa Gutierrez, 20, who was second runner-up in last year's Miss World pageant is accused of putting the fix in on a Manila Film Festival award ceremony.

Ruffa said she'd considered "taking a sleeping pill and sleeping for a hundred years..." but thought better of it when she considered the possibility of going to hell for committing suicide.

Hellfire didn't seem to scare the manager of one of Ruffa's rival's managers, Lolita Solis, who was admitted to a hospital after a sleeping pill overdose.

No word, of course, on what pills were involved.

- Washed up actor Don Johnson proved how desperate he is by checking into the Betty Ford Clinic for booze and "prescription drug" abuse. The clinic, founded by former First Lady (and pill hound) Betty Ford is a typical last ditch attempt to boost fame by playing victim to big bad pills.

Betty herself recalled her own 15 year romance with pills at a New York symposium this June. It was a romance that didn't end until her whole family — including former President Jerry "intervened" and forced her to give up pills. That was in 1978. By 1982 she'd started her posh clinic and has played host to stars like Liza Minelli and Liz Taylor.

- As if it's not enough already, yet another jerk doctor — this one the Dade County, FLA's medical examiner — is trying to pin Elvis Presley's death on drug abuse and not on the heart attack determined at the autopsy.

So they're going to review the autopsy report, find what everybody else found (that Elvis croaked on the toilet of a heart attack) and imply that his personal physician had him hooked on a passel of drugs — a charge he was cleared of back in 1981. Readers of PaGG # 4 remember we detailed *exactly* which drugs in what amounts were found in the King's corpse and there's no doubt he was just pushing too hard for his clogged and frail cardiovascular system.

Buthe *did* have a nice assortment of pills in him at the time of death.

DM, NOW IN PILL-FORM !

For so long the only way to get dextromethorphan — the main ingredient in OTC cough medicines was to get a Canadian version. In the U.S. we had to gag down some vile syrups to attain the PCP-like effects of DM. But no longer

"Bayer Select" is a new pill containing DM and, unfortunately, acetaminophen, however DM also now comes in a variety of liquid filled gelatin capsules either alone or with pseudoephedrine, which is not really a bad combo. There is also a new formulation of the stuff — DM polystyrene sold under the name DEL-SYM, which strings the effects out over 12 hours — and it even tastes good! They say it's orange flavored but there is a distinct hint of coconut.



WHAT ELAVIL LURKS IN THE HEARTS OF MEN?

By Millicent Grimm

Being a bonofide pill-head I take opportunity of every situation that arises in my favor. My mom, who happily for me, is anti-pill, had some surgery and had a full script of Darvocets laying around. The thought of this tantalized and tingled my mind so much I almost looked forward to visiting her. I'd pop a couple as soon as I got there, since I had to go take a pee after that long drive, and in about 20 minutes I could almost entirely put up with her whining and oppressive negative vibe. After a few visits like this I realized she wasn't taking any of the pills — but I had swallowed the source down to about six hits. So I thought better to take the bottle and let her think she had lost them or thrown them away, than suspiciously leave a lonely hit in the bottle.

Over a frightfully bad Mother's Day dinner at my boyfriend's grandma's (she can't cook worth a shit) I peeked around in the back bathroom cabinet and found a bunch of pre-1984 Valiums. Back then they didn't have the V cut out of them and they were just little round scored yellow five milligram tablets. But they were still potent. I also scammed something else... maybe some codeines, I don't remember.

I went back to my mom's apartment, but realized I had to start being sneakier. I knew there was nothing left in the medicine cabinet, so I had to get into her bedroom nightstand. I knew I couldn't expect any covering from my boyfriend who is Mr. Anti-Drug 1994, so when I detected a window of safety I went for it. I grabbed lots of little .5 Ativans and she had a couple bottles of Elavil. Little tabs and big ones. The bottle of big tabs was nearly full so I grabbed a small hand-full of the big red 100 mg ones. I figure if little ones are good, big ones must be better, right?

I'll freely take stuff that I recognize or that someone I trust, especially Chet, says to go for. But, when I got home that night I didn't feel like doing any research and thought I'd just take one since it was getting on in the evening.

I slept hard that night, but in the morning I couldn't really wake up. It was like I was trying to shake off this dense fog surrounding me and was feeling stupid. For the most part of the next three days I was like a

zombie. I had no ambition. I felt like one of the stiffs walking around Jack Nicholson in One Flew Over the Cuckoo's Nest. I constantly zoned out and fell asleep. I couldn't keep my attention on anything. I wandered around aimlessly, not because I wanted to but because it just seemed that stumbling around was part of my new programming installed by whatever alien being had captured possession of my body and mind.

At the time it seemed like I had really fucked up this time and maybe I was stuck in this state forever. It wasn't interesting or fun like a good acid trip can sometimes be. It was more like a nightmare I couldn't wake up from.

Of course, all this time I couldn't fess up to the B.F. what was up so I just played that I was sick with some kind of flu. I started calling around to figure out what the hell I took. Ends up that Elavil can be calming and sleep enhancing in small doses although the morning fog takes a good while to lift. But the 100 mg dose I popped was pretty massive. It's the kind of medication that you're likely to get if you get taken in and put on suicide watch. Kill the will, calm the culprit.

Elavil is the devil. Man, look at the last three letters in both words: V-I-L. That's three letters. $3+3=6$ and from there it's pretty close to 666 !

O.K., maybe I'm going off the deep end, but VIL is pretty close to VILE and that's how I look back at this whole experience. I like to think that it is around for a reason and under some circumstances and with a doc's supervision and counseling, et al., it could do some good. But as recreational fun goes — heed my horror and abhor Elavil!



OVER THE COUNTER METHADONE!

As we reported back in issue number 14 there was some evidence to believe the OTC anti-diarrheal medication Imodium AD (loperamide hcl) would halt withdrawal symptoms in opiate-dependent humans. At that time we knew for sure that it helped out morphine dependent monkeys. We now know that it does the same in human beings addicted not only to plain old opium, but to heroin as well.

None of our information comes from any FDA monitored tests, so don't come cryin' to PaGG for specific numbers and information on control groups, and, God forbid, the names of any and all informants, as they are unknown to us, thanks to a double-blind method of never bothering to ask anyone for ID, etc.

BY THE WAY... Before we begin we'd like to amend something else we reported in issue 14 — namely that junkies were using Xanax (alprazolam) to improve their heroin highs. Lately the mass media has decided the devil drug junkies really use is Klonopin—another benzodiazepine like Xanax. This leads us to believe that air-headed reporters haven't considered the use of any drug in this class (of which Valium is the undisputed leader) would be a nice addition effects achieved by taking heroin.

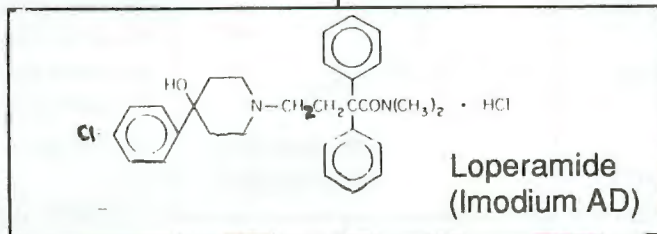
Until better evidence of specific actions caused by such drugs in interaction with opiates, PaGG will now refrain from passing on meaningless anti-pill stories. If you are presently taking Xanax or Klonopin or any other benzodiazepine, you're not going to turn into a junkie, and junkies are not going to start robbing your houses in search of these minor tranquilizers.

BACK TO THE SUBJECT...

According to Shulgin's Controlled Substances, loperamide was placed into Schedule V on June 17, 1977, then removed from all scheduling controls on November 3, 1982. Just what prompted this unscheduling is unclear, except that as recently as 1987, it appears most

drug textbooks failed to recognize the potential opiate action of loperamide, if not the obvious structural similarities between it and other opiates.

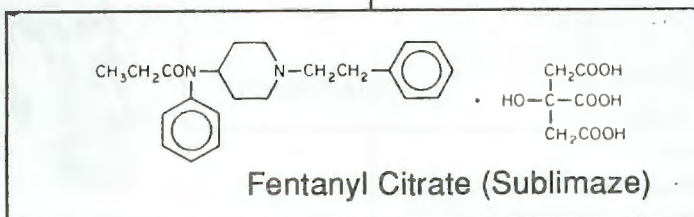
Shulgin compares loperamide's basic structure with that of methadone and, indeed, there are some striking similarities. But there is also a similarity to the structure of fentanyl. See illustrations for what we mean.



In any case, the stuff is obviously an opioid that has become exempt from all scheduling controls — even the minimal ones originally imposed.

This is possibly because there is very little evidence that even high doses of the stuff can get someone high. Also, high doses, and long term use of the stuff (as long as two years in some cases), fail the "Naloxone Challenge Test". That's the test where they shoot you up with naloxone (a powerful opiate antagonist) and, if you're on opiate drugs, you go into a very immediate and gnarly withdrawal, cramping onto the floor and spewing barf like a liquid pinwheel.

There's also not much evidence of tolerance to the stuff, which is very un-opiate-like and ought to be looked into. If we could know why loperamide exhibits some characteristics of more "powerful" and abused opiate drugs yet doesn't require ever-increasing amounts of the drug to get off we may be on our way to the holy grail of opiates -- the non-addicting (sort of) opiate!



So loperamide doesn't get you high very well (although some have reported to PaGG a definite feeling of calm and well-being after even a normal dose of the stuff). But it can keep you from jonesing too hard if you're trying to kick Percodans, morphine, heroin, or something. So it's at least partially cross-tolerated.

THE BIG TEST

Recently three heroin junkies about to enter withdrawal decided and agreed to try out a somewhat heavy dose (two to three times normal) of Imodium AD to see if it would be of any help in kicking their hard core addictions. They reported they took the drug just as the first symptoms of withdrawal set in — in other words, when it was time for their next "fix". None of the junkies had been tapering or reducing their doses before the test so all of them were wide open to

full-on withdrawal.

Happily, all three junkies reported significant relief from the onset of withdrawal symptoms. Loperamide seemed to markedly or even completely eliminate the stereotypical joint and muscle aches as well as sweating and the restless feeling. One of the kickers felt well enough to go to a job interview and even got the job!*

On the down side. All three junkies reported nausea — probably caused by abundance of the liquid form of loperamide they drank. It was decided to use this form, and not the pills, because the liquid-form is faster-acting and achieves peak plasma levels about twice as fast as the pills. It was felt that the faster onset would increase the chances of test compliance among these dregs of humanity.

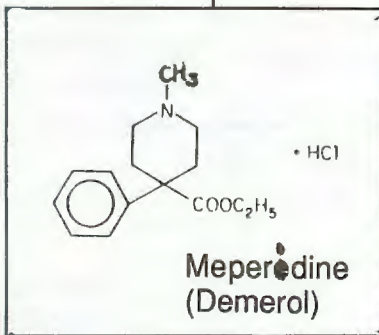
In future tests it would be interesting to see whether or not doses of the pill form would eliminate this problem. We also understand loperamide is available in a cherry flavored syrup rather than the original anise flavor (made famous by Nyquil). This might cause less nausea as some people just hate the taste of licorice.

Interestingly, Janssen Pharmaceuticals, which invented and makes loperamide, also has a patent on another compound called Lofentil Oxalate — a narcotic analgesic not currently in use. Similarities between the drugs suggest that a few slight differences in the basic molecule could bring about some heavy-duty changes in the effects. This seems even more likely given that Janssen Pharmaceuticals also produces the very powerful opiate fentanyl citrate, known by its trade name of Sublimaze®.

Could the giant and ingenious pharmaceutical concern have discovered loperamide as a part of general research on opiates? Could loperamide be transformed into one of its cousins or even another chemical entirely? Pills-a-go-go does not have the resources to adequately research these possibilities other than to speculate on “freebasing” (oxidizing) the hcl form and see if it doesn't get stronger or yield a smokable form of loperamide.

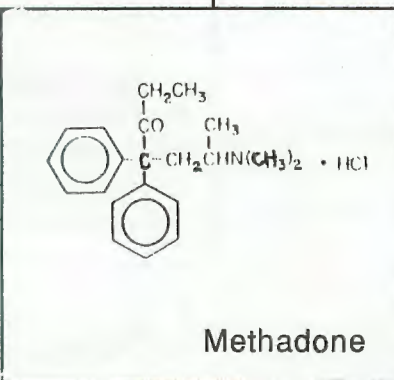
Hey, it works with other stuff....

The advantages of using loperamide instead of methadone to withdraw from opiate addiction are many. Even name-brand Imodium AD is cheaper than government-provided methadone, and you don't need government permission to take it. You don't have to get up at the crack of dawn to stand in line with a bunch of strangers to get your dose and you can kick as quickly or slowly as you want since YOU control the dosage.



Some junkies have been known to complain that methadone clinics seem to try to keep them on state-provided dope longer than they would like.

As always, PaGG strongly urges any and all readers to consult with their physicians before embarking on any sort of drug therapy, even one using OTC medications. It only makes sense.



* It was not felt that becoming employed is related in a causal way to loperamide.



Oh my God, the junkies are loose!

Be a
fairy



or, just
look like
one!

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A MERE FORMULARY

— *the fate of pills in the New World Order*

Early this year, the first tangible traces of “health care reform” began trickling in to most doctors’ offices. By now, many readers of PaGG will have already been affected by this trickle, although they may not know it.

Even though there isn’t yet a definitive National Health Care Program complete with computer chips imbedded in every citizen’s forehead and helicopters spraying Prozac over the inner cities to keep the natives docile — the future is with us now.

It’s visible in the pills you get. And don’t get.

Late last year, insurance companies, HMO’s and individual hospitals started issuing what are known as “formularies” to doctors around the country. Normally, a formulary is a list or compendium of drug therapies either endorsed at least recognized as beneficial by some organization (governmental or private). Sometimes a formulary issues guidelines as to how each medicine should be used.

Often a formulary is national.

Notable differences in national formularies might be, for instance, that Canada recognizes a therapeutic use in heroin to control severe pain, while the United States formulary does not. In the same vein, the Mexican National Formulary recognizes the use of a native plant called “chicalote” as being an analgesic. There is no chicalote to be found in the U.S. counterpart (although the plant grows in this country).

These differences reflect the prevailing medical opinion of a country along with certain cultural considerations. Of course heroin is a strong analgesic. It’s just that, in America, it’s been so demonized that it is probably impossible to consider it as medicine. Canada takes a lot of its culture from Britain, where heroin was and still is, a medicine. In the case of chicalote, there is probably no history of its use here or in Canada and so it doesn’t even occur to those putting together the formulary to include the plant, however useful it may be.

And I can’t think of any formulary that recommends chewing a piece of willow bark to fight off a fever or control pain. Even though willow bark will do both these things, it’s considered to be a bit old fa-

shioned and nowhere near as effective as the aspirin we derive from that bark.

In other words, a formulary is built on the consensus of opinion and experience by medical practitioners in a particular place and time. Formularies can therefore reflect biases peculiar to its region or staff. One hospital may prefer the use of drug A over drug B because of such diverse factors as how often a drug’s representative shows up at the hospital with free samples, the perceived rate of success with a particular therapy, or whether or not the head doctor ever heard of it before.

At a local hospital level, especially, cost can mean something too. A certain drug company might simply cut a better deal than its rival. As bulk-buyers, hospitals often can get drugs at a discount. Or a drug might have other inherent advantages that aren’t strictly medical. Hospitals like to use acetaminophen more than aspirin not because Tylenol is “better” than aspirin — it’s just less likely to cause immediate stomach problems exposing the hospital to complaints, grouching, maybe even lawsuits. Tylenol might ultimately damage a patient’s liver, but it won’t show up for a long time.

But usually such things aren’t written down and passed around as policy. It isn’t good medicine for an accountant to standardize treatments from on high, since the doctor and patient are supposed to be such a unique entity and all that. Also, since medicine and the economy are changing all the time, it’s not wise too link the two very closely.

Insurance companies didn’t used to have such extensive formularies. The practice of medicine was left to medical personnel and insurance companies concerned themselves with how much they would charge and pay out. So, maybe they classified certain treatments as “experimental” or capped the price of treatment at a certain dollar level. That was about as hard-hearted as people would accept. Everyone has heard horror stories about people not getting life-saving treatments because an insurer refuses to pay.

But today you don’t hear any stories about a patient being made to chew on a piece of willow bark because the insurance company has decided that aspirin is too expensive. And no patient is yet being asked to slug down some rum and bite a bullet as anesthesia for outpatient surgery.

But we’re on the way.

COST CONSCIOUSNESS GONE BERSERK

If the insurance companies didn't used to have official formularies, they do now. Some of them are only a few pages long and humbly suggest to the physician that he or she please consider using generic instead of brand name whenever possible. Others go so far as to list some of the most commonly prescribed pills and suggest alternatives. For instance, instead of prescribing Pepcid for your patient's ulcer, why not use good old Tagamet?

In fact, why not use Tagamet as often as possible as a substitute for any other H2 antagonist? Their action is the same, the side effects are just about as mild and the stuff is lots cheaper. It seems to make sense, Doc, the old pill might not be as sexy but it's just as good and it costs less.

Then, some insurers require a patient to suffer a few months of Roloids before they're even allowed at the Tagamet. Here's where it starts getting ugly.

The most shocking "suggestions" from insurers have arrived in thick, book-form and are blatantly, even unabashedly, based on one thing only: Cost.

The most egregious new formularies seemed to be based on a model produced by Blue Cross/Blue Shield. These formularies make no effort to candy-coat their message: Use the cheapest possible medicine and, in case, you don't know how to do that, doc, here's how — spelled out as clearly as possible — with dollar signs and exclamation points next to each drug warning a doctor to stay away from certain pills.

Most of these formularies come with a prominent warning that the contents are copyrighted and not to be copied or duplicated in any form. One of them goes so far as to tell the reader that the book itself remains the property of the issuing agent and must be returned upon request. In other words, Doc, don't go showing this to your patients or anybody else.

A couple of pages later the formulary explains in more gentle terms, that Big Brother will be watching...

"We encourage you to refer to the Formulary before prescribing for your patients," begins one section. "At a later date, you will be provided with a computerised report that will indicate your Formulary compliance, as well as other pertinent prescribing information. This will allow you to compare your prescribing patterns with those of your peers."

The book then advises the doctor of "Pre-

Authorization" in case he wants to use a different pill. "Pre-Authorization is a system to intervene before the prescription is dispensed. It is a form of prospective Drug Utilization Review (DUR) to promote rational drug therapy."

Ah yes, Doc, let's be rational about this because, "through the use of a retrospective utilization drug review system [the big-ass computer] we are able to monitor the prescribing of Formulary drugs. We will provide you with individualized reports which will show your ... compliance."

After this warning, the formulary gets down to business.

BENADRYL — the new miracle drug!

One need only flip to any part of the formulary to see what is going on. For example, in the section on treatments for Parkinson's disease we find that the formularies most often recommend the use of Benadryl as a first-line therapy for this degenerative disease of the nerves.



Benadryl? You mean the allergy pill?

That's right.

Patients first diagnosed with this condition, which will slowly destroy them, are to be fed these particular antihistamine pills because one of their side effects is to slow down some of the involuntary shaking these patients have.

Only after Benadryl has been proven ineffective (and even the formulary admits no more than one in

four patients will show any improvement with this antique medication) the patient gets to come back and try the next pill on the list: Symmetrel.

Symmetrel is better. Even the formulary says it proves useful in half the patients who try it. True, it does have the drawback that it stops working in almost all patients within 6-12 weeks after starting on it, but by this time the company has been spared the cost of a real drug for months. Hell, the patient may have even died or given up by this time. But, in case this jerk (who is by now, literally jerking around) comes whining back to the doc, then he's allowed to have Sinemet.

Sinemet is what he might have gotten in the first place since it usually proves therapeutic for the first few years of this horrible, progressive disease. After a few years on this, it stops working, too and only then can the doctor start using the more powerful (and expensive) drugs.

But Benadryl is not only a good medicine for people with Parkinson's, according to these formularies. Hell, that allergy pill is also good for anxiety and tension. That's why they recommend patients — so tortured by anxiety they seek a physician — to swallow the same pill that is so useful against Parkinson's.

And it's true. Most people are practically knocked out by Benadryl. This antihistamine is well known for its "sedative" effects — normally considered so disagreeable that a slew of antihistamines have been developed to overcome this drawback. Later, or if the patient seems to genuinely need some kind of tranquilizer, the doctor is permitted to prescribe off-patent forms of Valium or Librium. Later, a couple of other anti-histamines (Vistaril, Atarax) may be prescribed along with chloral hydrate.

In case you don't remember what chloral hydrate is, it's the stuff invented about a 100 years ago that gave us the term "knock-out drops". Sure, chloral hydrate isn't used much anymore and it can be fatal, but c'mon, it's cheap.

It seems a patient with anxiety is going to have to visit the doctor at least three times before he or she will get any of the newer, more specific drugs like Xanax or Buspar.

ON THE PLUS SIDE....

It is like this for all categories of disease. To make sure the doctor understands the concept, dollar signs are placed next to each drug to indicate relative price.

The more dollar signs, the more expensive the therapy. Lo and behold, the first drug to try is always the cheapest, the next one is next cheapest and so on.

Although the formularies deny it, price — not efficacy or potential danger to the patient — is the dominating factor in prescribing medications.

This has its good points, too. For instance, morphine will be making a comeback as first-line therapy for severe pain. In one hospital, which may have cut a special deal with a certain drug company, methadone will be considered first in treating severe pain. In another hospital, dexedrine will be preferred over more expensive Ritalin to treat hyperactive kids and even venerable old opium may well be making a comeback as a treatment for diarrhea and pain.

And muscle pain patients will finally be reintroduced to their old favorites: Valium and Soma, long before they'll have to start taking (more expensive) Flexeril and Norgesic. These last two might work well enough, but they do absolutely nothing for your partying needs. (Hint: if you feel anxious or sleepless, tell the doctor you've got a pulled back muscle! That way you can skip the Benadryl and go straight to Valium)

Of course for depression, nobody's getting Prozac right off the bat since, that stuff and its relatives, are way too costly. One insurance provider is openly against Prozac and its similarly priced cousins complaining it's gotten too much good press. The same insurer explicitly tells doctors they may prescribe Prozac for "major depression" only "as second line therapy when less costly drugs have failed or are contraindicated" [emphasis is theirs].

Nope, depressed people who show up at the doctor's office won't be getting Prozac anymore. Now they'll get ... Benadryl.

Ha Ha. Just kidding. None of the formularies recommend Benadryl for depression, but they may as well since Elavil, introduced in the early 1970's is the first drug of choice to alleviate depression.

The cool thing about Elavil is, if you're thinking about putting a gun to your head and you take an Elavil, you quickly lose the will to blow your head off. You also lose the will to talk to anyone or even feed yourself, but, hell, it's better than being depressed isn't it?

And, some of these undesirable side effects will fade in just a few weeks or months.

The new rules mean you have to be mighty depressed and above all determined to get the latest in anti-depressants. As seems to be the rule, you'll have to visit the doc three times before you can have a pill proven to relieve depression without turning you into a zombie. Maybe four visits for Prozac, Paxil, or Zoloft.

THREE'S A CHARM

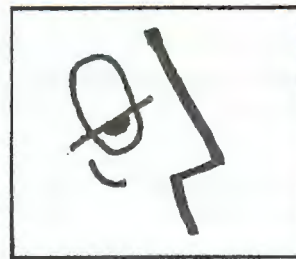
This three-times-before-you-get-relief rule seems based on the HMO style of health care. Yes, HMO's pay for everything in the world but to get to specialized help, the patient must break through successive walls of RN's, PA's and interns before a real doctor is called on the scene. This may ensure that a doctor's time is taken up only with patients with proven needs, but it can be exhausting — maybe too exhausting — for a sick person.

The other economy measure lurking in the new formularies is the shifting of cost over to the patient by using OTC drugs. At the time the formularies began appearing, Naprosyn was suggested by many as an alternative to other, more expensive anti-inflammatories. Now that this pill is going over the counter, the cost may shift away from the insurance company to the consumer, who must buy any OTC-available drugs — like Benadryl.

Soon, drug research will stop and physicians can start hawking cold pills on the streets, as Benadryl is recognized for the cure-all it must be.

One silver lining to this strategy, of course, is to make self-medication more possible for everyone.

Who knows, if things get bad enough economically, we may see the day when over-the-counter heroin will once again compete with willow bark extract as a remedy for not only pain, but Parkinson's, depression, "women's ailments", cancer, polio, gout, ...



**Itchy
Dupont**

Pillhead at large

GUINEA-PIGGIN' FOR THE LAST TIME

Hi there. My name's Itchy DuPont and I'm a carpet cleaner. Now, at first glance, carpet cleaning seems like a pretty boring job. Well, guess what? It sure the hell is!

We clean the carpets of the wealthy. Every rug, every room. About two years ago our crew (with the exception of our straight-as-an-arrow boss, John) found a way to make our days a little more enjoyable on the job.

Raid the medicine cabinet!

I'm pretty familiar with most pharmaceuticals, mainly from reading the PDR like a kid engrossed in a comic book or an adult reading a great novel. The knowledge gleaned from it pays off almost daily. We'll find something on the job and know what it is, how much to take, and what to expect.

Well, let me tell you a little tale about taking something that I wasn't so sure about on what turned out to be the longest work-day I've ever had.

We arrived at the customer's house, myself, my right-hand man and fellow self-confessed pill-head, Gacy, along with our boss, John.

I headed straight for the master bathroom as John and Gacy brought in the supplies. I locked myself in and slowly opened the medicine cabinet. Jackpot. I knew instantly when I saw numerous script bottles with the "drowsy guy" red stickers. That's usually a good sign (not always, but most of the time).

A couple of the bottles were crazy pills, amitriptyline and the like but two of the bottles read "take 1 tablet as needed for nerves".

Hmmmm, sounded pretty good to me so I dumped a bunch into my hand. Boy these things are small, I thought. They were called Lorazepam 2.0 mgs. I had never heard of this particular pill, but I put my PDR-education to work and reasoned in a split second: Nerves, Lorazepam, Diazepam (more commonly known as Valium). Cool, I thought. Valium was always fun on the job and I knew Gacy would love this good discovery — being a major mother's little helper worshipper.

I figured that these little pills were probably only as strong as about a 2 mg Valium; possibly a five mg (yellow) Valium. But just in case they were as potent as a 10 mg (blue) I would stick to taking only three at first, so I took three. About five minutes later I caught up with Gacy and

gave him three, too. He took them.

Boy did we just seriously fuck up, boys and girls. What I didn't know was that this tiny pill packed a mighty punch. Lorazepam (Ativan®) comes in three different dosages — 0.5, 1.0 and 2 mgs. We just 6 mgs of a seriously strong tranquilizer. That's like taking 12 of the half milligram pills. It was 9:30 in the morning, and we had a five bedroom house worth of carpet to clean. Our boss was in the next room. It was the start of a crazy, whacked-out, blur of a day.

Twenty minutes later, I was feeling pretty good, pretty mellow, kinda like Jello. But I was scared. I was feeling too good for only 20 minutes. I told Gacy that I thought we had taken too much. Five minutes later Gacy was speaking Chinese.

Not really, but he might as well have been. I could comprehend nothing. I was a goober. Spit was flowing freely from my mouth down my chin.

Knowing my job was on the line if John or the customer saw me like this, I played Hide From the Boss — Hide From Everybody for that matter. Gacy followed me. I can really only remember bits and pieces but I do remember Gacy shaking me awake a few times and I remember doing the same to him. I remember watching him unplug the cleaner and keep going.... right down to the floor, breaking the fall with his head.

Eventually, it had to happen. We ended up in the same room with John. Gacy was a freak. I tried to act as straight as possible, talking to John, but behind his back, Gacy was sleeping sitting up on a dining room chair. John turned around and yelled. Nothing. He yelled again. Nothing. Finally, after a vigorous shaking, Gacy woke up. "Wow, man, I fell asleep" he said, forcing out every word.

As fucked up as I was I could tell John was pissed. We finally finished up (I have no idea or recollection how) and had about an hour's drive back to the office. Me and Gacy slept sitting up the entire way back, never waking up once.

The next day Gacy forgot to pick me up for work and I had a hell of a time getting up when Hohn finally pounded on my door. Since then he has made a couple of references to the "bad dope we did that day", but we claimed we were just out late the night before. I think he's just letting us know he's not stupid and don't let it happen again. He's not positive what we were on and that's where the mistake began — neither did we when we took them!

There's a lesson in all this, boys and girls. Know what you're taking and leave the unknown up the guinea pigs. I have a lot of stories like this and I hope you find them amusing as well as informative. Until next time, remember this little ditty,

Pills are neat
Pills are fun
There's a pill
for everyone!

Next issue: *Itchy describes America's Medicine Cabinets.*

Book Review

T-Shirt Syllogism

A review of Terence McKenna's Food of the Gods, the Search for the Original Tree of Knowledge

By Will Self

Aldous Huxley, that veteran psychedelic experimenter, once said of his younger and more turbulent acolyte, Timothy Leary, "If only Tim weren't such a silly ass..." This could serve as blanket condemnation for most of the philosophically inclined figures who owe their mind-set to the cultural revolutions of the sixties.

Certainly Terence McKenna is a silly ass. But his heart is so clearly in the right place, and so much of what he says is a fresh synthesis of a collection of sixties ideas, that are rumbling on into the nineties, and acquiring further arational acolytes, that his book, *Food of the Gods*, deserves some careful attention.

Food of the Gods, follows from *Flesh of the Gods*, the seminal collection of papers on the ritual use of hallucinogens, edited by Peter Furst and published in 1972. The theory that McKenna puts forward, is an honest and heartfelt attempt, to move the issue of drug-induced intoxication to center stage.

McKenna is a believer in an unusual form of dialectical materialism, for the material in question is any psychoactive substance, whether crack cocaine or cane sugar. He holds that cultural form can be "read off" from the drugs ingested by any given population group. Thus "Dominant" cultures, which McKenna thinks are a Bad Thing, are exemplified by their use of alcohol and tobacco; whereas "Partnership" cultures — an emphatically Good Thing — are hip to the use of psilocybin mushrooms, marijuana, and especially dimethyltryptamine, an extremely powerful, short-acting psychedelic drug, found in the *ayahuasca* and *yopo* of the Amazonian rainforest shamen.

DMT is McKenna's favorite drug. He writes of "the most profound of the indole hallucinogen-induced ecstasies, the rarely encountered but incomparable experience of smoking dimethyltryptamine". And in this lies one of the admirable aspects of McKenna's work: he is not a man who is afraid to join in the debate on

drugs at a level, which implies giving positive account of the social and spiritual value of intoxication. Most contemporary writers fall foul of this, precisely because of their fear of being tarred with the Leary brush.

McKenna sees the World in the blue-grey flesh of the psilocybin mushroom. He is a meta-Kantian, holding that the very phenomenon of sentience itself is a function of a symbiotic relationship between homo sapiens and the plant species that contain psychoactive alkaloids.

Just as Darwinists identify even secondary qualities such as color as being impacted upon by natural selection, so McKenna goes several steps further. For him the "wetware" of our minds is profoundly bound up with our own ecosystem. This he characterizes as the "Gaian biosphere". By this McKenna means a self-regulating planetary organism, a "Transcendent Other", a "Vegetable Mind". Although why vegetables should necessarily have the upper designatory hand is beyond me. After all, the biosphere is just as much a function of purely chemical reactions; so this must be another unfortunate example of McKenna's proclivity for seeing the world in the gills of a mushroom.

His theories are challenging and germane, the trouble is McKenna develops it with a series of arguments that can be characterized as "T-Shirt Syllogisms". One such is: "Agriculture brings with it the potential for overproduction, which leads to excess wealth, hoarding, and trade. Trade leads to cities; cities isolate their inhabitants from the natural world". This sounds uncomfortably like: "If I drink, I get drunk. If I get drunk I fall over. If I fall over..."etc.

McKenna doesn't seem to see that his refusal to acknowledge the wholly reciprocal relation between human consciousness and drug "effect" (Leary's concept of "set" and "setting", which he quotes with approval), leads to a biological reductionism that smacks suspiciously of the kind of Scientism he is keenest to refute.

On a more prosaic level, it is by no means certain that the plant alkaloids McKenna so reveres, "play an active part in the plant organisms they occur within". This would, of be crucial to his Plant/God theories McKenna is promoting.

A more traditional view is that the adaptive advantage of alkaloids (many of which are highly toxic), for the plant species that contain them is as poisons. This would make sense. After all, what could be a better way of ensuring — if you are a mushroom — that you will only be eaten by a small group of McKenna-

mindened hominids, than synthesising psilocybin?

McKenna trawls for the usual suspect evidence and arguments in social anthropology, to put forward the now largely discredited theory, that at some point in the human past, there existed a pacific, pastoral Ur-Culture, an Eden from which we have all been expelled. McKenna is confused about self-consciousness, because on the one hand it is our bit of the Gaian mind, the "Transcendent Other", and on the other it is so clearly the substratum of the nasty, meat-eating, tooth-rotting, ego obsession, which he blames for the "moral decadence" we now face.

In *Food of the Gods*, McKenna argues persuasively for a freeing of the market in drugs, remarking pithily at one point that, "any society that can tolerate the use of a drug such as alcohol, can cope with just about anything." But it's a shame his monomania for shrooms didn't allow him to recall that Bwitiists, the Fang adherents to the only extant psychedelic religious ritual in the Old World, hold that the "ecstasies" they achieve through chanting and drumming are superior to those induced by ibogaine, one of McKenna's precious harmaline alkaloids.

McKenna also turns his back on all drugs he associates with the "Dominator" cultures, leading him to some tendentious reasoning concerning the use of tobacco plants in Central American shamanic ritual.

Obviously the idea of human consciousness breaking through the meniscus of conditioned ontology under the influence of a pack of Marlboros is too much for him to bear.

McKenna also digs into the controversies concerning the identity of "soma", the ancient ecstatic drug of the Rig Vedas; and attempts to prove it was fly agaric.

Unsurprisingly, McKenna plumps for another mushroom, *Stropharia cubensis*, which contains his beloved psilocybin. It is just as possible that soma may have derived from the opium poppy; not something McKenna would look kindly on.

McKenna is an active guru. His ideas chime in with the lifestyles of the growing numbers of New Agers, or "Archaic Revivalists" as he would term them. And for that reason it is depressing to conclude that if — as one of McKenna's source thinkers, Marshall McLuhan, opined — the medium is the message, then we have a steadily lengthening, ever-billowing cosmic clothesline of McKenna's T-shirt syllogisms to look forward to.

Report from the Front Lines

A GUINEA PIG PUTS HIS NUTS ON THE LINE FOR RESEARCH, FOR PILLS

By "Clint"

MALE NS/ND 18-35. That's me. A warm body untainted by toxins, young enough to be marketable and old enough to give consent. I scan the University of Washington Daily for those words and when I see them I know I am wanted and needed and eligible for a free physical and generous cash compensation with a bonus for completion of study. I will be welcomed and fawned over. Men and women with decades of education, experts in their fields, will hang on my every word and wait patiently as I decide whether the pain in my arm is 'mild' or 'moderate'. I am a medical model.

I've moved up the ranks of vagrants and junkies lying their way into the plasma center to the clean and shiny halls of hospitals, from an hour-and-a-half drop-in plasmapheresis to quarterly infusions of my own irradiated blood and delicate hormonal studies lasting more than a year. I'm finishing up a long-term experiment. It's been just over a year since I started and it will be a few more months before it's over.

I found it in the Daily. One-year commitment, minimum payment of \$900. Call for information. I get to speak to Dr. Christiansen, who is working for the United Nations' Center for Population Control. He explains it will involve blood draws, injections, and intrusive procedures. He tells me my body chemistry will be altered and my glands will shrink and expand over the course of the study. He doesn't tell me about the hair growth or personality changes, but then again, he probably doesn't know all the side effects yet. That's what I'm here for.

I am interested. The experiment is for an oral contraceptive for men — a male Pill. I receive abundant literature detailing the drugs, their pharmacokinetics, expected duration of the study, where and when to show up for examinations and to give samples.

I have one appointment a month to start, then weekly appointments, then back down to monthly.— I make \$100 a month when I'm coming in every week. My room's only \$135. I could pick up change off the street and still be able to cover rent.

Oh yeah, and the risks. Piddly stuff: some pain at the injection site, bruising from venipuncture, possible liver damage, chance of prostate cancer. Minimal danger, and if I didn't like needles I'd have quit this long ago. They'll be nothing compare to the 15 guage horse needles at the plasma center.

The screening goes smoothly. It takes place after hours in a local hospital. Nice staff. Real doctors and nurses, not suspicious foreign types that seem like they got their starts changing fingerprints on Nazi emigrés. They ask the questions: Had hepatitis, Had sex for drugs or money since 1977? Sex with a man since 1977? Do I have fevers? Chills? Weird purple spots? Have I had sex with anyone fitting this description?

After the questions comes the examination. The doctor weighs me, checks my pulse and blood pressure, listens to my lungs front and back. He checks if my nipples are tender and palpates my liver. He examines my penis and compares each testicle to a set of

plastic testicles he keeps on a string in his pocket. Finally, he takes a gloved and lubed finger and, with a twist of the wrist feels for lumps in my prostate. This ensures that any malignancy I develop during the study will be a new one. He apologizes if that ~~was~~ is uncomfortable. He doesn't know I was a rectogenital model for med students a few months ago and once had six of them in rapid succession. I collected \$5 a fondle.

After I dress I go for the blood drawing. The phlebotomist has the bored efficiency of an assembly worker. I know my part; she knows hers. I roll up my sleeve. She picks a puncture site, wipes it with alcohol. "Gonna be a little pinprick", she tells me and I watch the first jet of blood spatter the top of the vacuum tube before it gets all steamed up, like a glass lid on a soup pot.

I have no responsibilities until the collection of the first sample. For the next 12 days I live my life normally, but, starting the second Tuesday following the screening, I am prohibited from ejaculating for 48 hours, into either air or another person. The procedure is supposed to drop sperm production to close to nothing, so they have to do a before-and-after tally.

I abstain from self-abuse that night and the next and by Thursday I am eager to do my part for World Peace. I get to collect the sample at home, wrestling with an ill-designed vial that pinches me as I swell and deflate holding the vial in place. Finally I screw the lid back on the container, put it in a blue cardboard box and, along with two stamps, drop it in the mail.

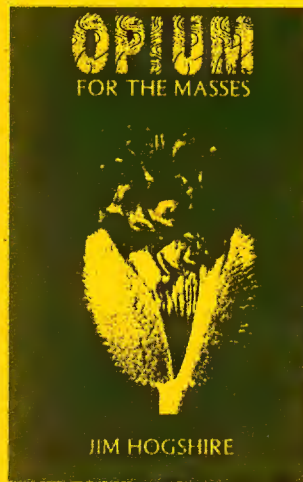
The next sample had to be delivered fresh but apparently there was some kind of mix-up before the staff settled on an empty examination room. A nurse leads me there, telling me "You just come out when you're ready" before closing and locking the door.

My smile fades as I look around the room. It's a little drafty. The chairs are vinyl and there's a poster on the wall from a pharmaceutical company. Equally unremarkable, though disconcerting in my situation, is the selection of magazines available. I realize I'm going to have to masturbate to my choice of *Woman's Day*, *Family Circle*, or *People*. Despite the name, there are very few women in *Woman's Day*, at least not airbrushed and pandering enough to arouse me. It's ladies in their late 20's to early 30's who have had a child or two and are wearing print blouses.

Some of the ads for gynecological products feature line art that is graphic yet ... sterile. Thirty seconds of stroking prove that these won't do either. *People* has pictures of film stars. I finally settle on a photograph of Jodie Foster and ejaculate four or five minutes later. This container is shorter and broader than the postal container and hence more comfortable.

With my jar of semen politely hidden in a paper bag, I return to the front desk and ask for a pen. I take out the container, quickly write down the date and time, return it to the paper bag and drop the whole thing in the box. The box has a picture of Uncle Sam on it with the caption "I Want Your Sample"

I then wait in line for a blood drawing, the examination, and collect a urine sample; the whole routine is a repeat of the last time I was here except this time I get a check for \$40. The checks are disbursed by an elderly nurse with the demeanor of a pit boss. She makes sure I have gone through each and every part of the procedure and has me sign a receipt and gives me a cookie.



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