Approved: 2-23-98
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 17, 1998 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Kyle Smith, Kansas Bureau of Investigation
Larry Froelich, Kansas Board of Pharmacy
Bob Williams, Kansas Pharmacists Association

Others attending: See attached list

Briefing and Discussion on SB 485 - Schedule IV controlled substances

The Chair directed the Committee's attention to a letter from Larry Froelich, Executive Director, Kansas Board of Pharmacy, relating to the status of the drug, Meridia, which is awaiting a release date from the DEA as a federal Schedule IV drug. (See Attachment 1)

The Chair then called the Committee's attention to testimony from the Office of the Attorney General relating to amending a section of **SB 595**, a bill dealing with date rape drugs, into **SB 485**. (Attachment 2) Kyle Smith, Kansas Bureau of Investigation, expressed his support for the proposed amendment, which would treat the drugs, Rohypnol and Gamma Hydroxybutyric Acid, as a felony instead of a misdemeanor to possess. During Committee discussion it was pointed out that these drugs also have legitimate usage, and the Chair announced that these concerns will be reviewed, and final action on **SB 485** will be delayed until all issues can be addressed.

Discussion and Action on 1997 SB 198 - Prescription requirements

Staff briefed the Committee on **SB 198** which makes a number of technical amendments to current law regarding the compounding and dispensing of prescription drugs. The bill also allows for electronic transmission of prescriptions. Larry Froelich, Board of Pharmacy, requested language be reinserted in the bill, on page 1, lines 16 and 17, which would now read beginning on line 15, "In every store, shop or other place defined in this act as a 'pharmacy' there shall be a pharmacist in charge and the compounding and dispensing of prescriptions shall be limited to pharmacists only."

During Committee discussion Senator Becker requested that the Board of Pharmacy provide the Committee with information on what other states are experiencing in regard to electronic transmission of prescriptions, and in particular, what problems they have encountered. Senator Becker expressed his concern that the issue of confidentiality of these electronic transmissions needs to be addressed in order to protect the consumer. It was also pointed out by Bob Williams, Kansas Pharmacists Association, that electronic transmissions of prescriptions are currently being used in many facilities such as hospitals.

Senator Bleeker made a motion to amend **SB 198** that would require the Board of Pharmacy to report back annually to the Committee on the issue of privacy and security in relation to electronic transmission of prescriptions, seconded by Senator Becker.

Senator Hardenburger expressed her opposition to the proposed amendment stating that the Chair could request the Board of Pharmacy brief the Committee at future meetings on necessary changes that should be made in the bill in order to change the law if a need exists. Senator Bleeker withdrew her motion to amend the bill. The Chair directed the Board of Pharmacy brief the Committee annually and address this issue.

Senator Hardenburger made a motion to amend **SB 198** by reinserting language on page 1, line 16 and 17, and inserting "dispensing" instead of the words, "putting up", seconded by Senator Langworthy. The motion carried.

Staff recommended technical language be changed on page 1, lines 21 and 22, "statute or rules and regulations" be stricken and insert the word, "law". Senator Hardenburger made a motion to strike the words, "statute or rules and regulations" on page 1, lines 21 and 22, and insert the word, "law", seconded by Senator Jones. The motion carried.

Senator Hardenburger made a motion to amend the bill by striking language on page 1, lines 28 to 30, "A prescription to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the course of the practitioner's profession.", seconded by Senator Jones. The motion carried.

Senator Salmans made a motion to amend the bill by reinserting stricken language relating to refilling of a prescription after the one-year period has passed, on page 2, lines 24 to 26, seconded by Senator Hardenburger. The motion carried.

Staff called the Committee's attention to a technical change that needed to be made on page 2, line 34, strike "1996" and insert "1997" Supp.

Senator Hardenburger made a motion to amend the bill by striking "1996" on page 2, line 34, and insert, "1997", and that the Committee recommend **SB 198 as amended** favorable for passage, seconded by Senator Salmans. The motion carried.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 18, 1998.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2-17-98

NAME	REPRESENTING
J. Riehm	KAOM
LARRY FROELICH	Bd of Pharmacy
Rick Guttuso	Health Midwest
Amanda Johnson	Student nurse
Kandi Oberle	KSNA - student nurse
Anne Walshire	KSNA - " "
Esther Kariuki	KSNA " "
Susan anderson	Heim + Weir
KEITH R LANDIS	CHRISTIAN SCIENCE COMM ON PUBLICATION FOR KS

LANDON STATE OFFICE BUILDING
900 S.W. JACKSON STREET, ROOM 513
TOPEKA, KANSAS 66612-1231
PHONE (785) 296-4056
FAX (785) 296-8420

STATE OF KANSAS

EXECUTIVE DIRECTOR
LARRY C. FROELICH

BOARD ATTORNEY
DANA W. KILLINGER

BILL GRAVES
GOVERNOR

February 6, 1998

The Honorable Senator Sandy Praeger
Chairperson, Public Health and Welfare
Kansas Senate
Topeka State Capitol, Room 128-S
Topeka, KS.

Dear Senator Praeger,

This letter is in response to questions that were raised during the Public Health and Welfare Committee meeting on Thursday, February 5, 1998 regarding **Senate Bill 485.** The committee asked the Board of Pharmacy for additional information on the status of Sibutramine (Meridia®). The DEA was contacted and responded that the public comment period did indeed end on January 7, 1998. The DEA is in the process of analyzing those comments and expect to provide the ruling in the next 30-45 days.

Monica N. Foltz was then contacted. She is the District Sales Manager of Knoll Pharmaceuticals. She stated that the product is "on the dock" waiting for the release date from the DEA. All of the product has been marked as a Schedule IV and so has the printed material regarding the drug (patient and package inserts). Knoll Pharamceuticals is under the impression that the approval from DEA as a Schedule IV drug will occur any day.

The drug Sibutramine (Meridia®) is a new pharmacological therapy for the management of obesity, including weight loss and maintenance of weight loss. The Board of Pharmacy has received several inquires from weight loss centers and clinics in the state regarding the anticipated release date of this product. It is the Board of Pharmacy's opinion that if this product is not scheduled as a Schedule IV until the next legislative session, the chances for misuse and abuse will be elevated within Kansas. If the DEA schedules this drug and Kansas waits, then any action brought against any entity would have to be done under Federal Regulation, not Kansas Statues. This process would make prosecution extremely difficult for the Kansas Board of Pharmacy and other law enforcement agencies.

Thank you for your time and questions regarding this substance. The Board of Pharmacy respectfully asks that you favorably pass **Senate Bill 485** out of the Public Health and Welfare Committee. If you have any additional questions or concerns, please phone Larry Froelich at the Board of Pharmacy office (296-8419).

Sincerely,

Larry Froelich
Executive Secretary

Senate Public Health & Welfare
Date: 2-17-98
Attachment No. 1

State of Kansas
Office of the Attorney General
301 S.W. 10th Avenue, Topeka 66612-1597

CARLA J. STOVALL
ATTORNEY GENERAL

MAIN PHONE: (785) 296-2215
FAX: 296-6296
TTY: 291-3767

February 17, 1998

Senator Sandy Praeger, Chairman
Senate Public Health and Welfare
State Capitol, Room 128-S
Topeka, KS 66612

RE: Amendments to Senate Bill 485

Dear Senator Praeger and Members of the Committee:

I am writing to ask for your consideration of amending parts of Senate Bill 595, a bill dealing primarily with the serious problem of date rape drugs, into Senate Bill 485.

Utilizing the Controlled Substances Act, I am asking that you make it a felony to possess the two most commonly used drugs to surreptitiously sedate and sexually assault women. Rohypnol is already a controlled substance contained in schedule IV and gamma hydroxybutyric acid (GHB), (and a form of GHB called butyrolactone), are added as schedule IV as well. K.S.A. 65-4160 and 4161 are amended to include these "date rape" drugs, thus treating them like cocaine and heroin; a felony instead of a misdemeanor to possess.

As far as date rape drugs, their use is in some ways the worst type of drug offense. Other drugs are knowingly ingested by the individuals who purchase them and normally only hurt the persons who abuse them. These drugs, however, are given to unsuspecting individuals and results in devastating personal injury. Just three weeks ago, a young lady in Goodland, Kansas, was raped through the use of one of these drugs and later tried to commit suicide. The drug was purchased on the streets in Goodland.

Another complicating problem is that rohypnol and GHB are difficult to detect in the blood system. The KBI has devised a separate protocol for ropypnol to assure that emergency room personnel are aware of the need to quickly obtain samples before it is dissolved in the system. We have identified it in six cases at the KBI lab, but many more are suspected, but time lapse destroyed any evidence. Currently, GHB is not even a controlled substance and its use, particularly in combination with alcohol, can be lethal (see attached reports). Since an individual is not aware they are being given GHB and it is usually occurs in social or party settings, the potential for mixture with

Senate Public Health and Welfare
Date: 2-17-98
Attachment No. 2

alcohol is very high. We feel possession of these drugs needs to be felonized to provide the maximum deterrence possible.

I have enclosed a letter from Pat Bosco, Kansas State Associate Vice President, who pledges the support of their university on prohibiting GHB. Given the growing problem of the use of date rape drugs, I would urge you to amend these provisions of SB 595 into Senate Bill 485. Thank you for your consideration.

Very truly yours,

Carla J. Stovall
Attorney General

enclosures

K-STATE
Kansas State University
Office of the Vice President
for Institutional Advancement
122 Anderson Hall
Manhattan, KS 66506-0119
785-532-6237
Fax: 785-532-6108

January 28, 1998

Attorney General Carla Stovall
Kansas Judicial Center
301 SW 10th St. Rm. 224
Topeka, KS 66612-1597

Attorney General Stovall:

It was recently called to my attention through our local law enforcement officials that Gamma Hydroxy Butyric Acid (GHB) has increasingly widespread usage among young people. It is my understanding that your office has begun looking into the possibility of introducing legislation which would prohibit use of this drug in our state.

Our local contact, Detective Howard Haile of the Riley County Police Department, has provided the University, and I believe your office, with supporting information regarding this drug and its use, particularly in date rape situations.

We certainly support any efforts to keep our young people safe and would help you in any way we possibly can in supporting legislation prohibiting GHB. I know that Detective Haile can be an excellent resource, as well as Bill Arck, K-State's Director of Drug and Alcohol Abuse Program. Bill can be reached at Lafene Student Health Center, (785) 532-6927.

Thank you for all you are doing in this area.

With best regards,

Pat J. Bosco
Associate Vice President/
Dean of Student Life

sk

cc: Howard Haile
Bill Arck
Sue Peterson
Lana Oleen

DRUG INTELLIGENCE REPORT
Flunitrazepam (Rohypnol)

Introduction

Recent seizures and anecdotal reporting indicate that distribution and abuse of flunitrazepam are increasing domestically, especially in southern and southwestern States. Of particular concern is the drug's low cost, usually below $5 per tablet, and its growing popularity among young people. Flunitrazepam is a benzodiazepine that is used in the short-term treatment of insomnia and as a sedative hypnotic and preanesthetic medication. It has physiological effects similar to diazepam (commonly known by its trade name, Valium®), although flunitrazepam is approximately 10 times more potent. Flunitrazepam neither is manufactured nor sold licitly in the United States. It is produced and sold legally by prescription in Europe and Latin America.

Manufacture and Distribution

Flunitrazepam, marketed under the trade name Rohypnol, is manufactured worldwide, particularly in Europe and Latin America, in 1 and 2 milligram tablets by Hoffman-La Roche, Inc., a large pharmaceutical manufacturer.

Flunitrazepam has been encountered by U.S. law enforcement agencies in Southern States from California to Florida. Authorities in Texas and Florida have observed the most significant activity involving flunitrazepam. Distributors in Texas reportedly travel to Mexico to obtain the drug. In South Florida, the drug is delivered primarily from Colombia via international mail services or commercial airlines. Overnight mail appears to be the preferred method of importation.

Use and Effects

Flunitrazepam is ingested orally, frequently in conjunction with alcohol or other drugs, including heroin. The drug's effects begin within 30 minutes, peak within 2 hours, and may persist for up to 8 hours or more, depending upon the dosage. Adverse effects associated with the use of flunitrazepam include decreased blood pressure, memory impairment, drowsiness, visual disturbances, dizziness, confusion, gastrointestinal disturbances, and urinary retention. Paradoxically, although the drug is classified as a depressant, flunitrazepam can induce excitability or aggressive behavior in some users.

Flunitrazepam use causes dependence in humans. Once dependence has developed, abstention induces withdrawal symptoms, including headache, muscle pain, extreme anxiety, tension, restlessness, confusion, and irritability. Numbness, tingling of the extremities, loss of identity, hallucinations, delirium, convulsions, shock, and cardiovascular collapse also may occur.

Withdrawal seizures can occur a week or more after cessation of use. As with other benzodiazepines, treatment for flunitrazepam dependence must be gradual, with use tapering off.

In the United States, flunitrazepam is used widely in Texas where it is popular among high school students. Flunitrazepam is reported to be readily available in the Miami area, and epidemiologists from that area have stated that it is South Florida's fastest growing drug problem.* Additional reports from Miami indicate that the largest and fastest growing group of flunitrazepam users are high school students who take the drug with alcohol or use it after cocaine ingestion. Two common misperceptions about flunitrazepam may explain the drug's popularity among young people: first, many erroneously believe that the drug is unadulterated—and therefore "safe" because it comes in presealed bubble packs; second, many mistakenly think its use cannot be detected by urinalysis testing.

Scheduling

In 1983, flunitrazepam was placed into Schedule IV of the 1971 United Nations Convention on Psychotropic Substances. To comply with the convention, the United States placed flunitrazepam in Schedule IV of the Controlled Substances Act of 1970 (CSA), despite little evidence of its abuse. In March 1995, flunitrazepam was moved to Schedule III by the World Health Organization, requiring more thorough record keeping on its licit distribution—the first benzodiazepine to require more rigid controls. However, due to recent increases in seizures and abuse of this drug, DEA currently is reviewing the possibility of placing flunitrazepam into Schedule I of the CSA. A Schedule I drug is considered to have a high potential for abuse, to have no currently accepted medical use in treatment, and to lack accepted levels of safety for use under medical supervision.

*Note: See related article from the DEA Southeast Laboratory, later in this issue.

[This information was taken from a report prepared by the Domestic Unit of the Strategic Intelligence Section, Drug Enforcement Administration Intelligence Division. Requests for copies are welcome and may be directed to the Publications Unit, Intelligence Division, DEA Headquarters at (202) 307-8726.]

2-4

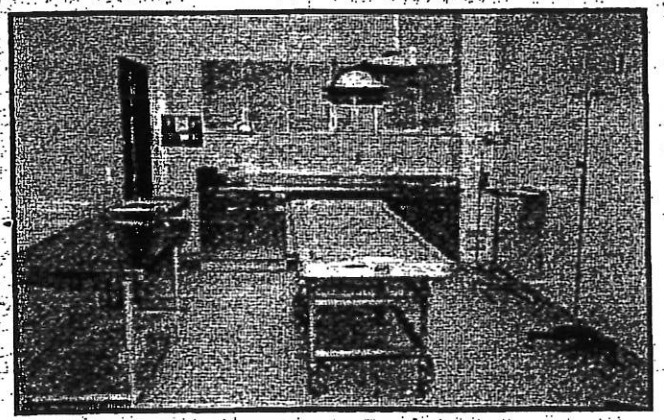
Tissue Recovery Suite - A Cooperative Effort

When a person dies in a hospital, regulations require health care professionals to offer family members the option of donating organs and tissue. Transplantable tissue includes skin, corneas, bone, connective tissue and heart valves which may restore sight and hearing, improve a failing heart and avert the need for amputations. Donated skin can save the lives of patients with severe burns. When a death occurs at home or outside of the hospital, the opportunity for family members to make their own decisions about tissue donation is lost. Since the Coroner-Medical Examiner's Office requires mandatory reporting of all home deaths, the need for a referral system between this office and tissue procurement agencies was recognized. Center staff and local procurement agencies worked together to develop a protocol providing a link between family members wishing to donate and tissue agencies.

For those deaths that occur outside of a health care setting, a location was needed for the recovery of transplantable tissue. In the planning phase of the Center, consideration was given to program into the facility an area in which sterile tissue recovery could be conducted. Through cooperative efforts between the Coroner-Medical Examiner's Office, Midwest Organ Bank, American Red Cross Tissue Services, and the Wichita Eye Bank, a sterile tissue recovery suite was designed. The 420 square foot recovery area consists of a workroom, a sub-sterile area with a scrub sink and the main recovery suite. In order to provide a sterile environment, a separate air filtration system was installed. Construction of the tissue recovery suite and related architectural fees were funded entirely by the procurement agencies.

The death of a loved one is probably the most difficult situation that we will ever have to face, and the opportunity to donate such precious gifts may provide some degree of comfort in our grief. To date, seven tissue recovery procedures have been performed in the facility, and staff members involved in the coordination of the donation are proud to have played a small role in such a positive public service.

Shari Beck, B.A.
Medical Investigator



Tissue Recovery Suite

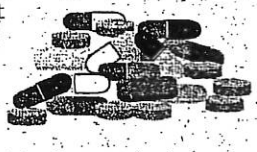
Visit Our Internet Home Page!

I have developed an internet home page to visit! The Forensic Administrator's Page can be found at address http://members.aol.com/SVG2253/SCRFSC.index.html. Visitors to the page are provided with a profile of the Center along with a listing of "who's who" on the scientific, investigative, and administrative staffs. Employment opportunities are also announced. The page is published weekly with updated information concerning programs, activities and services provided to our clients. I also identify other interesting law enforcement and forensic science related links. If you find this page useful or interesting, please pass along the address and let me know by using the response E-mail option at the end of the page.

Steve Gilbert, M.F.S.
Forensic Administrator

Rohypnol - The Date Rape Drug

Rohypnol (flunitrazepam) is a prescription medication which has aroused concern among law enforcement and drug treatment personnel in the last several years. This drug is known on the street by many names, including roofies, R2, ruffies, Rope, Forget-Me-Not, and Roachies. The name "roofie" is said to have originated in Florida in 1992, when the drug was brought in from Mexico by immigrant laborers who were aiding the reconstruction in the aftermath of Hurricane Andrew.



Rohypnol is manufactured by Hoffman-La Roche in Mexico and Columbia in 0.5, 1 and 2 milligram tablets and injectable solutions for distribution in Europe and Latin America, where it is used by medical practitioners to induce anesthesia prior to surgery, and as a sleep aid in the treatment of severe insomnia. It has been diverted to the illicit market, where it is used to "beef up" low-grade heroin, as a "parachute" to ease the crash after cocaine use, and as an alcohol enhancer. Reports of use by children as young as 8 years old have surfaced, although the majority of the abuse seems to be among young adults, particularly on high school and college campuses. The drug has been abused in Europe for at least the last 10 years, and the 2 milligram tablet has recently been restricted to hospital use only in Germany due to the increased abuse in that country.

Flunitrazepam is usually ingested orally, and frequently in conjunction with alcohol. When mixed with alcohol, the drug is colorless, odorless and tasteless, and produces a rapid and very dramatic "high". The effects begin about 30 minutes after ingestion, and, even if ingested alone, mimic those of ethanol intoxication. The user may sway, exhibit a lack of muscle coordination, slurred speech and bloodshot eyes, but with no odor of alcohol. Those same effects are achieved when the drug is taken with alcohol, although they appear much more quickly and require much less alcohol

2-5

to achieve the effect. The drug's effects peak after about 2 hours, and persist for 8 to 12 hours.

Rohypnol has received a considerable amount of press coverage due to the manner in which it affects mental processes. Flunitrazepam, when mixed with alcohol, seems to reduce inhibitions, impair judgement, and produced memory blackouts for periods of several hours. Several reports have surfaced in which females have reported taking the drug and waking up several hours later with no recollection of where they are or how they got there. These reports have resulted in flunitrazepam being referred to as "The Date Rape Drug" in some circles, and has been confirmed in some of these cases.

Rohypnol use is becoming more common in the United States. Most of the large seizures have been made in Florida and Texas, where the drug is smuggled into the country. The DEA is investigating more than 100 cases of flunitrazepam distribution, and hundreds of thousands of tablets have been seized by law enforcement personnel all over the country.

The Toxicology Division of the Sedgwick County Regional Forensic Science Center is capable of analyzing for flunitrazepam and its metabolites, both in the drug tablets and in blood and urine. Flunitrazepam ingestion should be considered a possibility in cases where 1) a person exhibits the classic signs of ethanol intoxication but has no other signs of excessive alcohol ingestion (odor, low breath or blood alcohol levels), or 2) a story is presented which includes the drinking of alcohol and a long subsequent blackout period.

If flunitrazepam ingestion is a possibility and testing of urine and/or blood is to be requested, be sure to collect the specimens as soon as possible after the event. Flunitrazepam is a "low dose" drug, meaning the levels in the body are difficult to detect, and every hour of delay means those levels are getting lower.

Gary Branum, Ph.D.
Chief Forensic Toxicologist

Fire Debris Analysis- Collection & Packaging of Comparison Samples

Sometimes arson fires burn so long and intensely that there may be little or no accelerant remaining in the debris. In these situations, the laboratory may have a difficult time discerning whether the recovered components originated from an accelerant or merely from the pyrolysis or combustion products of the debris itself (ie. carpets, adhesives, plastics, roofing materials, and woods). To assist the laboratory when this situation arises, it would be best for the investigator to routinely collect a comparison sample.

The comparison sample should be a sample of debris which is identical to the debris suspected of containing the accelerant. The best location from which to collect the comparison sample would be an area that was not exposed to fire or water damage. If no such area exists at the scene, a slightly burned sample of identical debris, not suspected of containing accelerant, would suffice. A separate comparison sample should be collected for every different type of debris matrix.

Package the comparison sample in the same type of evidence container as the questioned debris. Sometimes an empty evidence container may be requested by the laboratory for submittal as a comparison sample. This will be analyzed to determine what effect, if any, the container or its contaminant has on the debris and/or analysis procedure. An empty evidence container may be submitted to the lab if a new type or different stock of container is used. This can help us maintain quality control of the containers.

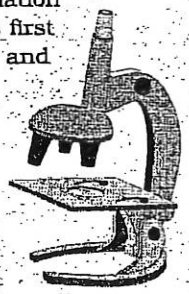
Reference: "Physical Evidence of Arson: Its Recognition, Collection and Packaging" by William R. Dietze, ATF.

Mary Jo McCawley, B.S.
Trace Evidence Analyst

Sudden Subtle Killer - Waterhouse-Friderichsen Syndrome

In Wichita, a few days before Christmas 1996, a 25 year old man in otherwise good health begins to feel sick. He probably thinks he is coming down with the flu. Two days before Christmas he seeks medical attention and is diagnosed with bronchitis and a probable viral syndrome. About four hours later he is discovered dead at his residence. At autopsy there is a faint purple rash over a small part of his abdomen and upper right thigh, and internally there is massive hemorrhage in both adrenal glands.

In Colorado, a toddler boy who had been playful the night before wakes up in the morning whimpering with a low fever. As the day goes on the fever climbs and he develops a rash, only a few spots on the left arm and trunk initially. Three and a half hours later he arrives at the county hospital emergency department, unresponsive, with a high fever, a purple rash covering his entire body, and no obtainable blood pressure. Six hours following admission, in the face of irrefutable brain death, life support is terminated, just before midnight. At autopsy, the rash is noted externally, and both adrenals are blood-filled.



What these two individuals had was a constellation of symptoms that was first described in 1901 and later dubbed Waterhouse-Friderichsen syndrome. It is most commonly caused by a bacteria called the meningococcus *(Neisseria meningitidis)*, but a number of other bacteria and even a virus have been reported to cause it. Despite the bacteria's name the victims of this syndrome do not always have meningitis, an inflammation of the thin membranes (meninges) covering the brain. When it does infect the meninges, characteristic signs such as vomiting, headache, stiff neck, and confusion or lethargy help make the diagnosis, since a rash in conjunction with these symptoms is rare in any other infection. Unfortunately,

2-6

<HEAD><TITLE>FDA TALK PAPER
</TITLE></HEAD>
<BODY>
<H1>FDA
TALK PAPER </H1><I>Food and Drug Administration
U.S. Department of Health and Human Services
 Public Health Service 5600 Fishers Lane
Rockville, MD 20857</I>
<HR>
<B>FDA Talk Papers are prepared by the Press Office to guide FDA personnel in responding
with consistency and accuracy to
questions from the public on subjects of current interest. Talk Papers are subject to change as
more information becomes
available. </B>
<HR>

<PRE>

T97-10
February 18, 1997

Brad Stone (301) 443-3285
Broadcast Media: (301) 827-3434
Consumer Hotline:(800) 532-4440

FDA RE-ISSUES WARNING ON GHB

In recent months there has been a resurgence of media and public interest in the use of gamma hydroxybutyric acid (GHB) for body building and "recreational" uses. Despite renewed claims that it is legal, GHB continues to be an unapproved and potentially dangerous drug and cannot be legally marketed in the U.S. Therefore, FDA is renewing its warning against the use of this product. The following can be used to answer questions:

GHB is a chemical that has been promoted as a steroid alternative for body building and other uses for several years. Recently it has gained favor as a recreational drug because of its intoxicating effects. Although in the past GHB has undergone clinical testing for several indications, it has never been approved for sale as a medical product in this country.

Starting in 1990, FDA began an intense investigation of GHB distribution after numerous cases of GHB-related illness were reported. Reported symptoms have included vomiting, dizziness, tremors and seizures. Many of those injured required hospitalization, and some deaths have been linked to the consumption of GHB products.

-More-

By the end of 1991, FDA and the Department of Justice had taken enforcement action against several firms and individuals involved in manufacturing, distributing and promoting GHB. The agency also instituted an automatic detention policy to prevent products containing GHB from being imported. These actions -- along with embargoes, public education campaigns and other measures taken by state and federal authorities -- appeared to temporarily diminish the distribution and abuse of GHB.

Recently, however, there appears to be a resurgence in the abuse of GHB: virtually all of the products now encountered have been produced in clandestine laboratories. This increase in use has been accompanied by an increase in reports of GHB-related injuries, including deaths.

Although some promotion schemes occasionally make unlawful claims that GHB is a legal drug, it is illegal for any person to produce or sell GHB in the U.S. FDA's Office of Criminal Investigations is working with United States Attorneys Offices around the country to arrest, indict and convict individuals responsible for these illegal operations. FDA, the Centers for Disease Control and Prevention and the Drug Enforcement Administration are continuing to monitor GHB abuse and to develop the most effective measures to protect the public health.

####

```
</PRE>
 <HR>
 <A HREF="/fdahomepage.html"><IMG SRC="/icon/iconhome.gif"
 ALT="[FDA HOME PAGE]"></A><P>
  </BODY></HTML>
```

("PILET" assists with pawnshop searches, continued)

information from agencies throughout the state, with future expansion planned throughout the nation.

Currently, the PILET System is being used to track items pledged to pawnshops in the mid-Missouri area. Agencies in this area have recovered several thousands of dollars worth of stolen items, including firearms, electronics and jewelry. Questions about the program can be directed to Lt. Andy Anderson or Det. Mike Sutton, Boone Co. Sheriff's Dept., at (573) 875-1111; or John Gately, Magnum Computer Consulting, at (816) 882-2861.

GHB – "The designer drug of the '90's"

Gamma Hydroxybutyrate, or GHB, is referred to by some as the "designer drug of the '90's." The drug is also known as VITA-G, Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Soap, and Scoops. Users ingest it for a quick high followed by heavy sedation. The drug causes hallucinations, heightened sexual desire and euphoria. Unfortunately, GHB also can put users into comas and sometimes stop their breathing. If chased with alcohol, the combination is potentially deadly.

GHB was developed as an anesthetic in Europe where it is still used. In the 1980's, GHB was available over-the-counter at bodybuilding supply stores and health food stores, and could be obtained through the mail in the U.S. It gained a foothold in the United States among California bodybuilders who craved the heavy REM sleep of GHB's sedation stage. During REM sleep, our bodies naturally produce serotonin, a human growth hormone. Bodybuilders who wanted to supercharge their bodies' serotonin levels used the drug to "bulk up" overnight. This spawned another nickname for the drug, "Great Hormones at Bedtime."

In 1990, the U.S. Food and Drug Administration (FDA) declared GHB a "non-approved drug." GHB is not on the federal schedule of illegal narcotics, but some states have outlawed it. Possession of the drug in Georgia is a state felony. In Florida, it is illegal to produce or sell GHB, but there is no penalty for possession. The only federal charges available to law enforcement are for moving GHB, or its ingredients, across state lines.

GHB comes in liquid or powder forms, but it is always ingested as a liquid. It is clear and oily with a salty or slightly solvent taste. In one case in Florida, an individual mixed cinnamon into GHB liquid, causing it to be pink in color, to hide the taste before giving it to two 18-year-old victims. GHB metabolizes quickly and does not show up in blood and urine tests used to detect other types of drugs. Dosage units of the drug vary. A common mixture for the powdered form is two teaspoons to eight ounces of water. In liquid form, amounts range from 25 milliliters to several ounces.

GHB is most likely produced locally in areas where it is used. The liquid form, which is easier to produce than the powdered form, can be made in primitive kitchen labs (the recipe has been published on the Internet), and two ingredients are readily available through chemical and cleaning supply businesses. One estimate indicates that a producer can invest $800 to make 15 to 28 gallons of concentrated GHB which will bring $92,000 on the street.

Another "date rape" drug

Because of recent media and law enforcement attention to make Rohypnol a Schedule I drug, many potential date rapists are beginning to change tactics and use new drugs to subdue their victims. One of the most recent to surface is Midazolam Hydrochloride or Versed. Versed is a hypnotic sedative used in clinical settings to induce "conscious sedation." Although the drug produces similar results as Rohypnol in memory loss and total incapacitation which lasts for several hours, the effects are much stronger and faster-acting, taking only 15-20 minutes to be completely under its influence. It is believed that the drug's fast-acting effects will entice date rapists to turn from Rohypnol to Versed.

Source: Crime Link, October 1998, p. 7, published by the South Florida Investigative Support Center (SFISC)