Party Drugs / Date Rape Drugs

A Brief Overview of the Clinical Pharmacology of 'Club Drugs'.
Britt, Gena Covell, et al.
Substance Use & Misuse, Vol 40(9-10), 2005. Special Issue: Club Drug Epidemiology. pp. 1189-
Abstract:

Four different 'club drugs' are reviewed: MDMA (methylenedioxymethamphetamine, 'Ecstasy'), GHB (gamma-hydroxybutyrate), ketamine, and Rohypnol® (flunitrazepam). The neurobiology, clinical pharmacology, and treatment issues for each are discussed.

Party Drugs: Properties, Prevalence, Patterns, and Problems.
Maxwell, Jane Carlisle.
Substance Use & Misuse, Vol 40(9-10), 2005. Special Issue: Club Drug Epidemiology. pp. 1203-
Abstract:

This review summarizes the latest literature on 'party' or 'club' drugs, defined as MDMA, GHB, ketamine, and Rohypnol, as published from 2002 to early 2005. Club drugs have been categorized as being used at raves and dance parties. The literature shows that each drug has different properties, users, and settings. Each drug has different adverse effects and requires different acute care protocols. Although these drugs were identified early, scientific information about them, including the toxicological tests to identify them, is still evolving. Increasing numbers of studies on the short- and longterm effects of these drugs on humans are being published, but because of limitations on research using human subjects, they may not always be as rigorous as desired and can be cited by drug users to discredit findings of harm. The lack of research-based information on these drugs has led to the emergence of web sites that may or may not provide accurate data. Evaluated chemical dependency treatment protocols using the latest research for each of these different drugs are needed.

Flunitrazepam abuse and malicious use in Texas, 1998-2003.
Forrester, Mathias B.
Substance Use & Misuse, Vol 41(3), 2006. pp. 297-306.
Abstract:

Flunitrazepam is a potent benzodiazepine that is subject to abuse and malicious use. This study describes the patterns of flunitrazepam abuse and malicious use calls received by Texas poison centers during 1998-2003. The distribution of calls by year of call, geographic location of caller, patient gender and age, exposure site, and medical outcome were determined. There was no clear annual trend for abuse calls, but there was a consistent decline in the number of malicious use calls. A significantly higher percentage of abuse calls originated in south and west Texas and of malicious use calls in west Texas. Most abuse patients were males (55%) and adolescents (76%), and most of the exposures occurred in patient's own residence (68%), followed by school (16%). Most of the malicious use patients were females (93%) and adults (74%), and the greatest proportion of the exposures occurred in public areas (47%), followed by the patient's own residence (26%). The highest percentage of both abuse (48%) and malicious use (55%) involved minor effects. However, malicious use calls were significantly less likely to involve no effect (2% vs. 21%) and more likely to involve moderate effects (36% vs. 23%). Reported flunitrazepam abuse and malicious use calls in Texas differed with respect to geographic location of the caller, patient gender and age, exposure site, and medical outcome. Poison

centers and health care providers might want to consider these differences when targeting populations for education and prevention efforts.

Ecstasy (MDMA), methamphetamine, and date rape (Drug-facilitated sexual assault): A consideration of the issues.

Jansen, Karl L. R.

Journal of Psychoactive Drugs, Vol 38(1), Mar, 2006. pp. 1-12.

Abstract:

The term 'date rape drug' has traditionally been applied by the media to powerful sedatives, such as gamma hydroxybutyrate (GHB) and flunitrazepam (Rohypnol), which can render a person unconscious and hence unable to resist and/or recall an assault. However, some law enforcement agents and others have recently obtained convictions by arguing that the empathy-generating and sensual effects of MDMA, and an occasional increase in disinhibition and sexual desire linked with methamphetamine use, remove a person's ability to give a reasoned consent, turning the person into 'a helpless slave' to their own sexual desires and those of the alleged perpetrator. The argument holds that the victim becomes part of the assault because they may appear to be cooperating and colluding with activity which they would not have consented to without taking these drugs. This interpretation of the term 'date rape' has been fed by data that sometimes finds MDMA and amphetamines in samples taken from sexual assault victims, and hence these prosecutions sometimes rely on expert testimony from toxicologists, pathologists and police officers rather than psychologists and psychiatrists who are expert in the human effects of these drugs. Some of those in the latter group have dismissed claims that MDMA is an aphrodisiac or a date rape drug as myths propagated by the media. In this article, these arguments and their respective strengths and weaknesses will be examined to assist professionals and others who may become involved in these cases.

Modification of ethanol's reinforcing effectiveness in rhesus monkeys by cocaine, flunitrazepam, or gamma-hydroxybutyrate.

Winger, Gail, et al.

Psychopharmacology, Vol 193(4), Sep, 2007. pp. 587-598.

Abstract:

Background: Although ethanol is frequently used in combination with other psychoactive drugs, the behavioral and pharmacological reasons for this form of polydrug abuse have not been well described. Materials and Methods: Rhesus monkeys with indwelling intravenous catheters produced intravenous injections of ethanol (50, 100, or 200 mg/kg/inj), flunitrazepam (0.001-0.03 mg/kg/inj), cocaine (0.01 or 0.03 mg/kg/inj), or combinations of ethanol and these drugs or gammahydroxybutyrate (GHB) (1.0 or 3.2 mg/kg/inj) by lever pressing according to a fixed-ratio schedule. The response requirement for each drug or drug combination was increased across sessions (10, 32, 100, 320, or 1,000). The dependent variables were rates of responding maintained by the drug or drug combination and the elasticity of drug demand when consumption was expressed as a function of price. Results: Elasticity (Pmax) values for each drug varied among the monkeys but retained the same rank order for the monkeys, suggesting a fundamental difference in the animals' apparent sensitivities to the reinforcing effects of the drugs. Combining ethanol with the other drugs did not increase their reinforcing effectiveness. GHB (ineffective in previous studies) did not modify ethanol's reinforcing effects; demand functions for the combination of ethanol and flunitrazepam were slightly less elastic than for ethanol alone, but no different from that for flunitrazepam alone; adding ethanol to cocaine detracted from the reinforcing effectiveness of cocaine. Conclusions: The

hypothesis that use of ethanol in combination with sedative and stimulant drugs is due to an ability of ethanol to enhance the reinforcing effects of these drugs is not supported.