

## Questions Asked During the Live Webinar Broadcast on 8/14/13

**Q: Purple Drank? Is that a Bath Salt?**

Drank is a combination of 1) prescription cough medicine containing codeine and promethazine (an antihistamine), Mountain Dew or Sprite, and Jolly Rancher candy. It is intended to produce a sedating effect. Hip-hop artists such as Lil Wayne popularized the habit of carrying “drank” in disposable cups as a way of avoiding detection of illicit codeine, a controlled substance. Other names for drank include purple drank, lean, sizzup and syrup. Drank can produce opiate dependency and is known to be related multiple overdose deaths.

**Q: What is Purple Drank? It was not covered during the Webinar. Who are the main users of this drug?**

The drug was first popularized within the hip-hop culture. However it has to an extent moved into the mainstream. Still, adolescents and young adults who are in urban areas are most likely to use drank.

**Q: Can you please provide some information on purple drank on the website? Thank you. [Click here for a fact sheet on purple drank or pass this link into your browser:](#)**

<http://www.randallwebber.com/sites/default/files/Purple%20Drank.pdf>

**Q: Do you recommend a textbook with these drugs?**

I know of no textbook that is currently enough to discuss most of the emerging drugs. Even if such a textbook existed, it would have to be updated monthly because of the explosion of new research. I update my own knowledge daily.

**Q: Where is blotter prevalent?**

(Blotter is LSD on paper). I don't know of any area where it is not prevalent. However, LSD can also be found as “windowpane” (Small squares of plastic or film) and “microdot” (tablets with a diameter of 3-5 mm).

**Q: Do labs test for all of these different combinations of drugs?**

Analytic laboratories (those that commonly test for drugs in urine and other bodily fluids or organs) can test for some but not all of the emerging drugs. For example, most labs have standards (chemical fingerprints) for some synthetic cannabinoids, but not all such substances. The same is true of the synthetic cathinones, and standards either don't exist or have not been developed for many other new drugs. They simply appear on the street too quickly.

Q: Do you think that the increase in seizure activity being reported is due to the manufacturers going to the "2nd or 3rd tier" of the chemicals after added to Schedule I list of "1st tier" like JWH-018? Are we seeing worse side effects since the chemicals are changing?

It is to be seen what side effects the 2<sup>nd</sup> or 3<sup>rd</sup> tier of synthetic cannabinoids produce. Evidence is mounting that the 1<sup>st</sup> tier increase the probability of psychotic episodes, especially among those with a pre-existing risk for schizophrenia and similar disorders. Remember that even today little research has been published on the synthetic cannabinoids, and that the increasingly common reports in medical journals have limitations.

Q: Didn't hear anything about Kratom, which has been used by clients and seems readily available online. What's the status vis-a-vis the other substances examined today?

Kratom continues to be legal in the United States and so is both widely availability and inexpensive. Use is not as widespread as it is with the synthetic cathinones and cannabinoids or purple drank, but that could change.

Q: Have you heard anything about DMAA and/or A-PVP being identified in the newer bath salt preparations?

So far, no. I have no doubt that these drugs will show up in the US soon, because emerging drugs often surface in the UK and Australia before they come here. The European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.europa.eu/>) is predicting that somewhere in the range of 70-75 new synthetic drugs will appear in the European Union within the next year. We should expect many of these to show up in America.

Q: When were amphetamines created?

The first of the amphetamine drugs was synthesized in 1887. It was well into the 20<sup>th</sup> century before the amphetamines were used for their intoxicating effects. In the early 1930s, amphetamine psychosis was first reported in medical journals.

Q: What type of facilities are these drugs being produced in?

The facilities range from well-equipped labs to warehouses in which the drugs are synthesized and packaged in unsterile conditions. None of the labs are regulated or subject to inspection of any kind. It is believed that many of the synthetic cannabinoids are produced in China.

Q: How can you find out what drugs are emerging in your area or what people are using and overdosing on?

You can monitor law enforcement seizures, emergency department cases and drug histories of people coming in for treatment, but those sources may not know the actual identity of the drug in question, or if they do, may not have any information on the drug. I collect information on merging drugs daily from across the US and most of the countries in the European Union, so check my website regularly and feel free to join my "Emerging Drugs of Abuse" discussion group on LinkedIn.com

Q: There is a new drug going around my area called ""Molly"" which consists of bath salts, meth and ecstasy...have you heard anything about that??

“Molly” is widely believed to be a purified version of MDMA (often called “ecstasy”), which is not a new drug. However, increasingly large numbers of “Molly” samples contain other drugs including the “bath salts” drugs such as the synthetic cathinones, methamphetamine, toxic substances resulting from a sloppy synthesis of MDMA, and other substances (e.g., mCPP, 2C-E, TFMPP and others that we will hear more about in the near future). On the other hand, deaths and hospitalizations have recently occurred because of the appearance of unusually pure MDMA, so it’s hard to say in any place or at any time of what “Molly” will be composed.

Q: Please post website he is talking about (several participants).

[www.randallwebber.com](http://www.randallwebber.com) is my website, and those wishing to join the “Emerging Drugs of Abuse” discussion group can do so by joining linkedin ([www.linkedin.com](http://www.linkedin.com)) for free and then asking to be part of that group.

Q: Is the MPP+ conversion (from MPTP) in the body or in the manufacturing process?

In the manufacturing process

Q: Do you see a difference in teens using these substances? (i.e., urban, rural, suburban)?

The only pattern about which we have much information is that related to the synthetic cannabinoids. Fairly reliable survey information indicates that 73% of the users are males. As additional epidemiological data is collected, I’ll post the information on my website.