

Chapter 2

Emerging Drugs, Today Versus Yesteryear

Since the 1800s, increasing numbers of new substances have hit the drug scene. Over time, the official responses to these substances have become increasingly more sophisticated. Yet, there still is much to learn from how societies have dealt and continue to deal with the next “scary drug of the year” as there appears to be more similarities than differences in these responses across time and place. While there is a demand for recreational intoxicants in most modern societies, various forces limit the list of legal substances available to those who wish to indulge. The following traces a selection of emerging substances through history to draw attention to the patterns that bridge these cases over time. This exercise will grant us a better focus on our current challenges with the benefit of over a century of hindsight.

2.1 Partitioning Recreational Drugs from Medicine

Delineating the beginnings of *recreational* drug use can be a daunting task. If you were to follow the use of the drugs with the most history—alcohol, marijuana, opium, coca, cocoa, khat, etc.—you would notice that there is a significant entanglement of each drug’s central cultural purpose. Many of these substances were used as medicines, in religious ceremonies and sacraments, to enhance social events and, of course, for personal pleasure (Weil 2004). During most times in history, drug use itself was socially acceptable; however, excessive drug use was not. Take, for example, the use of alcohol by ancient Hebrews and early Christians. Wine was central to many ceremonies, family dinners, the Sabbath, and much more. Yet, the problems of abuse and intoxication were woven in the stories of the Old Testament. Even so, most drugs were seen as a gift from God and were treated as such.

As time progressed, there became a clear separation of medicines, *legitimate* recreational products, and prohibited or marginalized drugs for all advanced societies. The reasons for this are varied. For example, Griffin (2012) effectively argues that governments take active steps to protect their citizenry from the potential harm to themselves presented by certain drugs (a “legal paternalism” utilitarian approach) while also protecting others from the harm of drug users/abusers (a “harm to others”

utilitarian approach). It is also important to recognize that medical and pharmacological research has become and continues to be a powerful force in defining the pharmacopeia available to treat physical and mental disease or defect (Courtwright 2009). Generally, these broad forces structure a list of substances that may be used by physicians to treat their patients or those that are banned from citizen use altogether (among other such forces outside the scope of our argument including racism, xenophobia, colonization, etc.). Yet, there is still a demand in most societies for intoxicants for the explicit use of recreation. Alcohol, tobacco, and caffeine products have largely filled that void—creating their own powerful industries—casting most other psychoactive substances into the margins. When “new” substances hit the scene, they are quickly relegated to illegality if their main purpose is stereotyped as *recreational* by the mainstream culture. In fact, there is scant evidence to suggest that even *one* recreational intoxicant has gained mainstream acceptance since drug laws were put into place. Legislation and rule-making has only favored one direction: illegality. Marijuana may arguably be a rare exception in certain places; however, many barriers still exist which prevent marijuana from being accepted as a product akin to alcohol, tobacco, and caffeine. Even alcohol and tobacco have faced significant challenges to remain as societies’ legitimate intoxicants (e.g., prohibition and recent public health challenges to tobacco).

Many of the forces shaping this reality in the advanced society have remained largely unchanged across years of drug discovery and development. The industries that produce legitimate recreational products for mass consumption have adapted; being extremely proactive and protective of their fiefdom has ensured their survival. Many observers take this concept further to claim that the industry is actively complicit with governments to prevent other competing products from emerging (see, for example, Lee 2012). On the other hand, the medical and pharmaceutical industries have established a firm grip on the pharmacopeia it has developed since the 1800s. Of course, it would not be in their best interest to promote any psychoactive substance for recreational use. Yet, a perceived fringe element in advanced societies continues to explore new forms of intoxication. Their motivations for doing so may have shifted over time, but the outcomes have remained the same: social sanctions, loss of employment, and/or imprisonment.

The following sections explore the narratives of controversial emerging drugs from the late 1800s to the 2000s. One theme seems to bridge each narrative—an intoxicant is identified, its use is perceived to flourish particularly among a seedy element in society, problems are documented particularly by the media, and a concerted effort is launched to stamp out its use.

2.1.1 Absinthe

The story of absinthe offers a rich example of the many forces at work that shape the constructed reality of an emerging psychoactive drug. Absinthe is also one of the first controversial substances having an excellent historical record for a thorough

postmortem analysis. Yet, this tale begins farther back than many think—as far back as Biblical times. Jad Adams (2004) describes these beginnings vividly: “The righteous are further warned to beware the adulteress, as the writers of Proverbs testify, for though her lips drip honey and her tongue is smoother than oil, ultimately she is more bitter than wormwood and sharp as a two-edged sword.” While many ancient medical references cite wormwood—the source for the active psychoactive ingredient thujone in absinthe—as a powerful antiseptic with the added value as an antihelmintic (antiparasitic worm agent), fever reducer, and menstrual pain reliever, there is evidence to suggest that this substance has been mired in controversy for millennia; such a case is supported by folklore and literary references.

By the mid-1600s, drinks containing wormwood were evident in European apothecaries. Yet, wormwood retained a low profile until its explosive use by the French forces in the French Revolution. The conditions of combat in North Africa required French soldiers to spike their water and wine with wormwood extracted into alcohol—a tonic dubbed absinthe by the French. This tonic served as an antimalarial, fought against dysentery, and could be used topically as a natural insecticide. Previously, medical doctors utilized quinine to treat some, not all, of these symptoms; but its true advantage lay in the widespread availability of the plant that produces wormwood in the combat zones. It gave the French Army the edge they needed to succeed, and succeed they did. The intoxicating beverage became tied with victory and patriotism, and this sentiment exploded in France, budding as a major world power.

But it was not *just* intoxication, research points out that the wormwood extract within absinthe added a stimulant-type effect that altered the alcohol effect (for example, see Patočka and Plucar 2003). Yet, legend would have it that users would hallucinate vividly and wildly, a notion captured by artist renditions of “the green fairy” that would become visible while under the influence. To be fair, thujone could potentially cause these behavioral effects at a high dose. However, as Lachenmeier et al. (2008) point out with their chemical analysis of preban absinthes, the thujone levels of popular absinthes in the late 1800s and early 1900s amounted to a mild dose. The key difference was that absinthe was almost always high in alcohol content, typically 150 proof (75 % alcohol). Compared to the other popular alcoholic beverages of the era, absinthe packed the most powerful kick. Those seeking a “high” were certainly in for a good buzz. Think of it this way: one absinthe drink equated to about two to four glasses of wine.

Shortly after the French Revolution, Henri-Louis Pernod made a powerful absinthe widely available as an aperitif. In fact, the company that bears Pernod’s name continues to infuse wormwood extract into alcohol using a similar recipe. But this was not always the case; absinthe production came to an abrupt halt in the early 1900s due to a variety of social forces that continue to shape legislation of intoxicating products today, primarily: user base dynamics, industry, governmental agents, the media, and social agents.

Pernod masterfully marketed his absinthe, beginning in 1805, riding the postwar sentiment as if the tonic was a spoil of war. The aperitif originally entered the bourgeoisie and military liquor cabinets, which offered an attractive market to absinthe

producers. Note that this initial user base consisted of the affluent, respectable, and sophisticated. By the mid-century mark, many producers had caught on: 25 distilleries were churning out near ten million bottles a year, and each of these producers was advantageously staged for the absinthe craze to come. The French economy was souring, the middle class felt emboldened, and spending cash became increasingly available among the populous. The cafés in Paris blossomed while absinthe became a centerpiece across different factions of the social fabric: military officers, intellectuals, artists, poets, bohemians, and the avant-garde.

This social scene and growing popularity of absinthe became central to its controversy and subsequent ban. Over the years, the drink became less associated with the respectable and more popular with eccentrics, the rebellious, and the marginalized. The most noticeable of the lot were cultural savants, yet social misfits: Verlaine, Rimbaud, Van Gogh, Toulouse-Lautrec, and Gauguin. Gérard de Nerval is a perfect case in point. Nerval was a writer and poet in the early 1800s, who was a part of the growing renaissance for Paris artists and an unforgettable part of the social scene: “Nerval, bizarre to the point of madness, [was] remembered more for walking his pet lobster around the Palais Royale on a blue ribbon than for his verse” (Adams 2004, p. 32). Absinthe became everyone’s drink—even “adventurous” women indulged. The vast majority of these young ladies were not prostitutes, but their reputations had tones of ill repute. Who else would be hitting the cafés of Paris getting intoxicated with the bohemians and eccentrics?

The stereotypes associated with the Moulin Rouge in Montmartre, France, began to be associated with absinthe excess. Sexual debauchery, intoxication, irresponsibility, gluttony, and other such sinful indulgencies at the infamous cabaret were fueled by absinthe. As a recent comparison, the Moulin Rouge scene of the 1890s with absinthe resembles the New York dance club Studio 54 in the 1970s with cocaine. The sophisticated aperitif began to fall from grace and became the party monster’s favorite vice. At the same time, alcohol sales were flourishing across the country. Adams reports that by 1909, there was an alcohol retail store for every 30 men in the country. Furthermore, almost this entire boom was due to absinthe—use of absinthe had more than doubled since 1885, while the use of all other liquors remained flat (5 % growth during the years 1885 and 1892). Use of absinthe continued to grow among those who could not afford it years earlier. Even the poor and destitute could buy into this trend; liquor producers began to cater to both ends of the consumer spectrum. For the rich, respectable companies, such as Pernod, continued to refine their recipes and offer absinthe created by distilling fine wines and then adding a wormwood preparation. To reach the working class and poor, however, various distillers created products that infused wormwood in low-grade distilled alcohol. Furthermore, these low-grade products were suspected to contain toxic levels of impurities, metals, and poisonous compounds.

Lachenmeier and his colleagues failed to analyze these bottles of bottom-shelf absinthes. Perhaps, these swill brands contained toxins and/or high thujone levels, enabling users to hallucinate but to the detriment of their health. Even if this was not the case, what is important was the growing *perception* that absinthe was causing

serious health and societal problems among the populous in the early twentieth century. This was evidenced by a new diagnosis, “absinthism,” which was investigated as a syndrome distinct from alcoholism; the drink purported to cause insanity, moral failings, criminality, and sterilization. Essentially, the anti-absinthe movement became a strong part of temperance in France. Wine (which was not as tied with excess) seemed socially acceptable, but absinthe use crossed the line.

The wine industry, reeling from years of loss from a recent widespread fungal epidemic that decimated French vineyards, was finally seeing resurgence in the early twentieth century. It appears that this industry was quietly reveling in the absinthe controversy as their market share began to favor their pockets; perhaps they even carefully stoked the anti-absinthe flames to gain an edge on the market. Thujone soon received regulators’ attention, and it took most of the ire of the temperance movement in France. Instead of choosing to regulate potent potables, France chose to limit thujone content to absolute minimal levels. Most premier producers refined their recipes without wormwood, such as Pernod’s *pastis* (an “herbal” liqueur like Jägermeister, Chartreuse, and Anís).

As an emerging drug, absinthe gained a bad reputation when it became associated with the underclass and social deviants. It also symbolized a point in time in which alcohol was being consumed in larger quantities, and more importantly, in a social context that was quite nontraditional (e.g., the spanning cafes on the Boulevard versus the family and/or at religious events). While absinthe hit the mainstream, its popularity did not last. The popularity crested at a time when many nation-states were beginning to become cognizant of substance use and abuse as a societal problem that demanded domestic and international policy development. At this time, governmental regulatory infrastructures were still in their infancy, not extending beyond industries such as banking, finance, and trade. At this key moment in history, problematic drugs (marijuana, opium, cocaine, etc.), including absinthe, were becoming partitioned from legitimate recreational products, and nations were responding by developing ways to manage these problematic substances. As time marched on, the character of absinthe the wonder medical tonic disappeared, to be replaced by absinthe the powerful liquor with an extra devilish psychoactive kick.

Absinthe fits the emerging drug moniker in that (1) it was a “new” substance that truly had unique psychoactive properties different from alcohol and wormwood alone (e.g., old drugs used in a new way), (2) the manner in which an absinthe serving was prepared was entirely new and unique (e.g., pouring absinthe from the bottle into a glass, placing an “absinthe spoon” on top of the glass with a sugar cube, and allowing cool water to drip over the sugar to sweeten the bitterness of the drink while releasing the essential oils from the alcohol into the water—giving the drink its unique cloudy green color), and (3) its use was distinctly recreational in the manner the culture had come to use absinthe. One has to wonder, if governments already had a system in place to identify and regulate dangerous substances, would manufacturers have been allowed to produce and sell absinthe? If so, would it have lasted as a legal recreational product? Absinthe effectively helped to set a precedent on how governments would handle emerging drugs into the twentieth and twenty-first centuries.

It most assuredly would not have been banned if the drink remained in the liquor cabinets of the rich and affluent. Yet, even if that was the case, absinthe's reputation was still suspect in markets outside of France. This was evident by the English perspective on the drink—Adams notes that it became quickly associated with French debauchery, uncouthness, and excess. As such, the English never accepted absinthe as anything but trouble. While absinthe producers expanded its markets into Europe and the USA, it did not appear to reach mainstream status in any other country. Yet, bans spread like wildfire in the early twentieth century as temperance supporters found an easy target in absinthe.

2.1.2 LSD

Of the “new” drugs to surface in the twentieth century, lysergic acid diethylamine (LSD) offers a provocative narrative; the discovery of the drug is well-documented, medical science established a knowledge-base on LSD's potential as a medicine or adjunct to therapy, yet, controversy set in that jeopardized LSD's legitimacy, particularly, as a recreational intoxicant. Soon thereafter, the forces that typically shape drug policy went to work, effectively banning LSD from lawful use.

The tale begins with the work of Dr. Albert Hofmann. While many sources would suggest that Dr. Hofmann discovered the potent hallucinogenic powers of LSD by happenstance on April 16, 1943, Hofmann describes a different story (Hofmann 1970). The clarification he makes in an edited volume in 1970 (and later in a book published in 1980 called “LSD: My problem child”) is important; it reflects a need to manage the image of an emerging psychoactive substance:

“It is often stated in the literature that LSD was discovered by chance. The following account will show that LSD was not the fruit of a chance discovery, but the outcome of a more complex process that had its beginnings in a definite concept, and was followed up by appropriate experiments, during the course of which a chance observation served to trigger off a planned investigation, which then led to the actual discovery. Such a train of events often underlies what is said to be a chance discovery.” (Hofmann 1970)

Guided by the principles of scientific inquiry, Hofmann diligently noted the properties of LSD from firsthand experiences. LSD is one of the first hallucinogens created in a laboratory setting and certainly remains the most potent. In retrospect, Hofmann described his experiences under the influence of LSD as a true mystical and spiritual escape from the material world (1993). While he may not have been able to characterize this powerful shift in consciousness and sensation completely when he accidentally dosed himself with LSD in 1943, Hofmann knew that this substance had great potential. After years of development work, Sandoz (the pharmaceutical firm based in Switzerland who employed Hofmann) offered free or low-cost samples to scientists with hopes in uncovering clinical applications of what could potentially be a breakthrough substance in mental illness, among other maladies. What occurred over the next two decades is quite remarkable.

Steven Novak (1997) does an excellent job unpacking the complexities in the LSD narrative in the 1950s and 1960s in the USA. According to Novak's thorough research, Dr. Sidney Cohen served as a leading figure in defining LSD's role as a medicine domestically during an era of lax regulations on exploratory drugs. Cohen, a physician with a strong background in pharmacology, came across early LSD research while working at the UCLA School of Medicine. Most of this research detailed the strides investigators were making in using LSD to induce what was perceived to be a "model psychosis" to mimic mental illnesses (and LSD began to be known as a "psychomimetic" agent). Novak notes that these experiences described in the literature did not align with the observations Cohen noted after detailing his firsthand experimentation with LSD. This disconnect led Cohen to tap his social network in search of a resolution; instead of relying on his medically trained colleagues, Cohen reached out to intellectuals (for their gift of self-reflection and prose). This led him to consult with the likes of Aldous Huxley, the famous author who wrote *Brave New World*.

This partnership soon became undermined by personal agendas that grew into conflict. On one side of the spectrum, Cohen tried to procure treatment protocols grounded in science. The "psychomimetic" properties described by earlier researchers were rechristened "psychedelic," a term coined by Huxley in consultation with his friend Humphry Osmond (a Canadian psychologist), meaning "mind-manifesting." These psychedelic experiences were making headway in the late 1950s in psychotherapy, alcoholism treatment, and for the purpose of inspiring creativity in "patients." Novak describes LSD as reaching the peak of medical acceptance in 1959. Yet, in the same time frame, Huxley and the intellectuals were utilizing their connections in the research field to fuel recreational LSD sessions at their homes. Further, pseudoscience "experts" employing LSD "treatment" for various purposes were beginning to flourish in the USA and Canada. Recall that LSD was given for free or at low-cost to legitimate researchers to explore the substance's clinical applications; this was now being exploited for financial gain. Underground laboratories were reported to have been developing LSD illegally (seemingly for the main purpose of recreational use). It seemed like things were getting out of control:

"...Cohen did feel 'uncomfortably unscientific.' In 1960 he wrote his sponsor, 'I deplore some of the fringy goings on with this group of drugs.' By then he had distanced himself from some of his associates." (Novak 1997, p. 100)

At about this time, the media began to publish articles and feature television segments on the panacea of LSD "treatment," and this publicity entailed a healthy dose of dramatic embellishments. The combination of these two forces—popularization of LSD by nonmedical zealots and perceived pseudoscientists and the framing of LSD by the popular media as a wonder drug before medical science had adequately vetted it—provided the base for a medical science backlash that led to subsequent controls. Novak notes that this call for action occurred well before the "hippie" counterculture movement, predating Timothy Leary's call to "turn on, tune in, and drop out" and the peak of recreational use.

Sidney Cohen was at the forefront of questioning the safety profile of LSD, at least while under the guidance of conventional medical supervision. In 1960, Cohen published the results of a questionnaire he sent to practitioners actively evaluating LSD in a clinical setting in a paper entitled, “Lysergic acid diethylamide: Side effects and complications.” Overall, this research detailed that LSD appeared relatively safe, particularly, when concerning death and suicide (especially suicide—this article was cited by many proponents as a definitive source for LSD’s safety profile). Much to Cohen’s dismay, many LSD zealots utilized this research to press on with their own (mostly nonmedical) agendas. This point in time demarcated a fork in the road for medical science investigating a potential medicine and lay-LSD enthusiasts (e.g., philosophical and spiritual thinkers as well as common recreational users), many of whom were seeking the mystical forays into the spiritual realm as detailed by influential intellectuals such as Aldous Huxley.

The social context in which LSD was consumed from this moment through the rest of the 1960s progressively got more “fringy,” as Dr. Cohen calls it. In the spotlight of this fringe element were two Harvard psychology professors that went rogue, Drs. Richard Alpert and Timothy Leary (Weil 1963). Both professors had become fascinated by the mystic enlightenment that hallucinogens offered, LSD being one key agent in their toolbox. As the undergraduates’ curiosity of hallucinogens grew, particularly, given the rumors of Alpert and Leary’s experiments with these agents, administrators at Harvard grew nervous. They tried to reign in the professors’ efforts, but in the end, felt compelled to fire them both. Alpert and Leary were mired in controversy in that their “experiments” were more like parties while their behavior (particularly, Leary’s) became more erratic into the mid-1960s. They established a commune where they based their effort to spread their gospel of using these agents to gain mystic-like enlightenment; the living arrangement itself was strange, let alone the rumored activities that happened on premises.

Enter all of the stereotypes of the counterculture and one can easily see why the mainstream became increasingly concerned about these behaviors and the psychoactive agents that became almost definitive of a “hippie.” The counterculture movement that arguably peaked from the “Summer of Love” in Haight-Ashbury (1967) through the end of the decade continued to drive the separation between medical science and nonmedical, drug-fueled alterations of our consciousness to transcend reality, achieving true enlightenment and life-changing epiphanies. Federal regulation attempted to tighten controls on LSD before street popularity began to blossom; however, by that time, LSD had a developing black market manufacturing and distribution system that continued to grow with the counterculture movement. Media publicity performed a complete turnaround from its reports just a few years before. For example, *Life* magazine ran a cover story entitled, “LSD: The exploding threat of the mind drug that got out of control.” Sex, love, and rock’n’roll, drug-induced excess, dismissal of responsible behavior, civil disobedience, etc., none of these things connected with mainstream culture. In fact these social movements challenged the mainstream and the status quo—some would argue somewhat effectively to yield positive social changes. Similar experiences were occurring in Canada, the UK, and Australia, but nothing close to the scope of what was happening in America.

Direct legislative action was taken at the state level (e.g., California in 1966) and federal level (e.g., the Staggers-Dodd amendment to the Food, Drug, and Cosmetics Act in 1968) in order to enhance law enforcement efforts to stamp out nonsanctioned, nonmedical use. From that point on, most medical and pharmaceutical researchers had distanced themselves substantially from LSD and its sister hallucinogenic agents. Just like with absinthe, medicine had moved on to less “risky” substances leaving LSD to fester in its controversy; this move made the hallucinogen an easy target for a legislative ban. In a post-ban era, the use of LSD has remained consistently sporadic in the USA and abroad. That is, a small, but significant subset of adolescents and young adults (primarily) experimented with the substance, but few used LSD often. Even with all of the ire LSD received in the 1960s and the 1970s, it was never a substance that was used substantially relative to other substances, as reported by various national surveys of drug use, nor was it frequently used habitually.

Across various narratives of LSD one can find when investigating the story behind the substance and its eventual ban, one thing remains clear: The manner in which a substance is defined and the primary group responsible for this definition is a key factor in determining a substance’s legitimacy. The key to the story is a drug’s reputation: from “psychomimetic,” psychosis imitation to “psychedelic,” mind-manifesting, the applications became central to a substance’s identity. From the moment fringe elements crept in, the reputation of LSD became marred, something it has yet to recover from. Thus, the acceptability of an emerging “product” is directly tied to how it comes to market, who uses it, and how they use it. Even if a product is born of science, used in a medical and mainstream manner, and is initially lauded as a “good” drug, a nation can quickly change its mind and ostracize a substance given the right circumstances. The following section explores this very phenomenon.

2.1.3 *Quaalude*

The perceived boom for drugs in the 1960s was punctuated by the most expansive approach to drug regulation in American history, the Comprehensive Drug Abuse Prevention and Control Act of 1970 (more on this in Chap. 5). As irony would have it, the 1970s would prove to be the decade of excess and widespread use. Many youths and young adults experimented with a widening array of substances for recreational purposes. One of these drugs was an accepted medicine with a brand name of Quaalude (generic name methaqualone). Methaqualone was a potent barbiturate-analogue used primarily to treat insomnia, but it became a problem drug when its popularity increased among recreational drug users.

To begin, barbiturates are a blunt pharmacological tool to reduce anxiety, induce sleep, and treat seizure disorders; in other words, while this class of drugs has medical value, their side effects have kept drug developers hard at work in search of more refined medicines that effectively targeted these individual symptoms without extensive side effects. Methaqualone was intended to offer that solution. It seemed to give physicians a terrific treatment option for anxiety and insomnia, and as an added

bonus, it was not technically a barbiturate. It quickly became the drug of choice for the treatment of these symptoms in both the USA and the UK (over a decade of its availability on the market)—it was *the* “safer” alternative to barbiturates. In actuality, however, methaqualone retained a similar safety profile to its chemical cousins in the barbiturate family.

Unlike LSD described above (which posed more of a social threat than a true public health concern), methaqualone posed a significant public health threat—both in terms of clinical and recreational use. The worst aspect of barbiturates and methaqualone was their ability to cause severe physical dependence. Those who abused alcohol and barbiturates together were particularly at risk for overdosing and were subject to severe withdrawal symptoms including death.

Inciardi (1992) argues that recreational users were drawn to the drug because of its overstated safety claims. While the safety claims may be a part of the reason why recreational users increasingly favored methaqualone, it seems more likely that these claims had a more important effect on physicians and regulators. Physicians overprescribed the drug to their patients which exposed countless patients to its euphoric effects and made it readily available to recreational users. Throughout the 1970s, methaqualone became very popular in discothèques and dance clubs in the USA and the UK, making it a commonly used recreational drug. One report (Johnston et al. 1998) estimated that by 1981, about 7 out of 100 college students and 8 out of 100 high school seniors have used methaqualone at least once in the previous year. Many social scenes in which methaqualone was popularly used also featured alcohol consumption. This became a particularly dangerous combination.

Regulation may have caught this sooner; however, regulators chose not to monitor methaqualone closely—that is, until problems surfaced. Even when these problems became trumpeted by the media and made national headlines, regulators were slow to react. Many blame the influence of the pharmaceutical industry, while others cite the lack of sufficient regulatory safeguards to prevent such a public health problem. Either way, recreational use of methaqualone blossomed into the 1970s despite widespread knowledge of its potential harms. Scholars (see Kempton and Kempton 1973; Inciardi 1992; Ray 1978) argue that regulators and the medical community did not heed the available abuse potential of methaqualone. These postmortem evaluations often cite the previous problems exhibited in Japan, Germany, and other countries, yet do not give an accurate understanding of the process of regulatory decision making available at the time. Like with LSD, methaqualone was born of science. While LSD was primarily isolated due to its reputation, methaqualone had an additional problem of being an overall poor pharmacological tool in the pharmacopeia toolkit. It did not target the symptoms it was designed to treat without moderate-to-severe drawbacks. Innovations in sleep and anxiety disorder treatment assured methaqualone’s ultimate demise. This also explains why methaqualone is available in other countries, but remains an unpopular choice among prescribing physicians.

Yet, methaqualone became a darling among recreational drug users in the dance scene. It emerged as a harmful drug in this setting and for many years afterwards was routinely used and abused despite its then-known harms. This narrative has become a case study for future medical products whose properties may be what recreational

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2014, VIII, 99 p. 4 illus., Softcover

ISBN: 978-3-319-03574-1