



# Center for Behavioral Health Studies

## CLUB DRUG ALERT

For several years, the National Institute on Drug Abuse (NIDA) monitoring systems have registered a nationwide pattern of drug use centered on all-night party and “rave” dance clubs and bars. The drugs reported in these scenes are extremely diverse and vary among locales.

Overall, they include drugs that have long been abused, such as marijuana and cocaine, and drugs whose abuse is a more recent development, such as methamphetamine, ecstasy, gamma-hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine.

Some are stimulants, some are depressants, and some hallucinogens. Some are prescription drugs that are made in licensed factories using strict quality control, but which are illegally diverted for abuse.

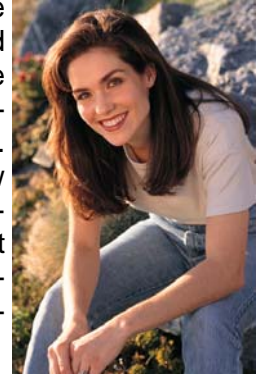
Because of this diversity, “club drugs” is an ambiguous and flexible term. However, it clearly applies to methamphetamine, ecstasy, GHB, and Rohypnol, which have become widespread in the 1990’s in tandem with contemporary club culture.

The novelty of many club drugs is undoubtedly one reason for the recent surge in their use. Because these drugs are relatively new, some vulnerable individuals may imagine that taking them is safe—that their reported adverse effects are rare or exaggerated, and that such reactions could never affect them personally.

Methamphetamine (also known as “speed” and “crank”) is a more powerful variation of a stimulant found in some diet medications. The well-

documented effects of long-term methamphetamine exposure include anxiety, confusion, paranoia, hallucinations, and cardiovascular problems. This drug is highly addictive. Last year in San Diego and Seattle, more people came to publicly funded treatment programs for help getting off methamphetamine than for any other drug.

Researchers using new brain imaging techniques have produced vivid and worrisome evidence of methamphetamine’s ill effects. The pictures show that the drug damages brain cells that produce the neurotransmitters dopamine and serotonin.



These neurotransmitters contribute to pleasure, motivation, cognition, and memory. Their loss may underlie a syndrome of slowed thinking, depressed mood, and motor impairment. Methamphetamine abuse also facilitates the spread of HIV/AIDS through unsafe sex and shared injection equipment.

Ecstasy (also called “X,” “Adam” and “MDMA”) is both a stimulant and a hallucinogen. Rave-goers use it for energy to keep on dancing and for mood enhancement. Ecstasy increases the heart rate and body temperature and has occasionally contributed to heart and kidney failure. The drug also appears to mask the sense of thirst—a potentially hazardous effect if one is dancing for hours on end in a crowded, sweltering club. Ecstasy users have died from acute dehydration.

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Ecstasy also appears to have long-term effects. In a recent study, long-term ecstasy users had residual problems of verbal and visual memory two weeks after stopping the drug. Brain imaging studies have shown that the drug may permanently damage brain cells that produce serotonin.

GHB (sometimes called "G" or "liquid ecstasy") and Rohypnol (known as "roofie" or "Roche") have become notorious for their use in crimes, particularly rape. Colorless, odorless, and tasteless, they can be slipped into drinks and ingested without the victim having any clue.

They cause sedation, often rendering the victim helpless. They also produce amnesia, making it very difficult to arrest and convict a perpetrator.

Because GHB is illegal and made by amateurs, samples vary many-fold in their strength and purity. Users simply cannot know how much they are getting.

Because widespread use of Ecstasy, GHB, and Rohypnol is relatively recent, the worst effects of these drugs may be the ones that are not yet known.



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