

KERRY A. BENNINGHOFF
MEMBER 171ST DISTRICT
HOUSE OF REPRESENTATIVES
ROOM 164B EAST WING
HOUSE BOX 202020
HARRISBURG, PA 17120-2020
PHONE: (717) 783-1918
FAX: (717) 787-6404

CENTRE COUNTY DISTRICT OFFICE
209 S. ALLEGHENY STREET, SUITE B
BELLEFONTE, PA 16823
PHONE: (814) 355-1300
FAX: (814) 355-3523

MIFFLIN COUNTY DISTRICT OFFICE
103 NORTH WAYNE STREET
LEWISTOWN, PA 17044
PHONE: (717) 242-8590
FAX: (717) 242-8592



House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

FINANCE
GAME AND FISHERIES
HEALTH & HUMAN SERVICES
INTERGOVERNMENTAL AFFAIRS
POLICY

Thank you Chairman Gannon, Minority Chairman and all the members of the Judiciary Committee for affording me this time to introduce my legislation known as HB. 183. I would also like to say thank you for placing this important bill so early on the legislative calendar of your committee.

My legislation is to place GHB, Gamma-Hydroxybutyrate, it's precursor chemical GBL, Gamma Butyrolactone, and Gamma Hydroxybutyric Acid Sodium Salt, under the Controlled Substance Act.

I have introduced this legislation for several reasons. First by suggestion of my wife; she brought this to my attention after seeing it's devastating effects on two young college students, who were overdose patients in the Critical Care Unit of the hospital in which she is employed.

Some of you are aware that my district represents parts of Penn State University. I must say that this incident truly hit home and showed how easily an overdose like this can affect people, more specifically, the young people right in our own neighborhoods.

A second reason is a result of my past work as the Centre County Coroner and over 9 years service as an autopsy assistant. During those years, I saw too many lives claimed by the ever increasing abuse of so called recreational or party drugs, most specifically, when mixed with alcohol. As Coroner, I was always frustrated that by the time I received a patient it was after the fact. After the time that I could do something to prevent the death,

especially those that were from a foolish, accidental or vicious act of another. It was always very tough to knock on a parent's door to notify them of their loss, but more frustrating when it was due to something preventable.

Today, you and I have the opportunity to make a difference---- before another accident or deliberate poisoning occurs. For the purpose of the remainder of my comments, I will refer to this drug as GHB and its major compound as GBL.

I have 3 major areas of concern with this drug. The first is the ever increasing recreational abuse by partygoers for its euphoric and aphrodisiac effects, or in layman's terms, another drug to "get high" on. The second concern is how easily and readily accessible it is; i.e., ordering it over the internet without any prescription, warnings or monitored dosages.

In the July, 1998, publication of GHB Briefing Book by the United States Department of Justice, Drug Enforcement Administration, it was documented that there were 3,500 incidents of GHB abuse, a number which was dramatically increased from 16 cases in 1992. Since 1992, the DEA reports a total number of **reported** deaths caused by GHB has risen to 32. This article went on to say that in Pennsylvania, at least 6 individuals have experienced life threatening comas following ingestion of GHB in 1998. **Known** abuse of GHB has occurred so far in 3 Pennsylvania Counties, Bucks, Indiana, and Centre.

The Bucks County case was that of 3 young boys found unconscious by their parents after the boys used GHB purchased in a kit over the internet.

My third concern and probably the most frightening is the fact that GHB has become the new date rape drug of choice. Why, might you ask? Well it's readily available, it is clear, nearly tasteless and odorless. Most of the cases I've read about, the victims had no idea that they had taken any drug at all. Because of its transparent appearance, the predator simply slips

it into a victims drink, which quickly makes the victim suffer severe nausea, vomiting, and often hallucinations. Most victims slip into an unconscious or coma state leaving them helpless, unaware, and unable to protect themselves from a sexual assault. The period of unconsciousness can last 4-8 hours dose dependent with victims suffering amnesia.

In some instances and again dose dependent, a victim can suffer respiratory and cardiac arrests. Think about it We have non medically trained, unlicensed individuals giving unknown and unmeasured amounts of a life-threatening drug to innocent victims. This is plain, outright wrong. We would never allow licensed physicians to dispense medication in this irresponsible manner. No one else should be able to either.

Last fall, I read an article about a case in Indiana County where prosecutors were not able to pursue charges in a case in which GHB was *to be* used without ~~out~~ the victims knowledge. This was because the drug is not illegal in the state of Pennsylvania.

In the past 6 months, I have done alot of reading as well as interviews with physicians, nurses, and law enforcement officials in my area, as well as others I know from across the state.

Even though I am continuing my research on this issue, I have learned all I need to confirm my earlier intentions. Today, I am formally announcing to you my intention to amend this bill to list GHB and GBL as Schedule I Controlled Substance.

This drug is **not** approved by the Food and Drug Administration; even more significantly the article stated that the FDA has sent a warning out to consumers alerting them not to purchase or consume these products.

These compounds are found in products that claim to build muscle, improve physical performance, enhance sex, reduce stress and induce sleep.

These enhancements are far too often marketed to our young, immature, less knowledgeable and highly impressionable sector of our population. As policy makers I think we have the responsibility to protect these young people.

This drug does not have any proven medical necessity, even it were approved by the FDA. While some may claim the need for this drug to treat narcolepsy or cataplexy, I'll argue that there are already at least 5 FDA and clinically proven prescription medication available to these patients. These drugs are currently in use and do not possess the life threatening side effects that we have seen with GHB. Below I have listed an excerpt from page 1449 in my Merck Manual, 16th Edition . This is a manual of diagnosis and therapy. It should be noted that just last month (January 1999), the FDA approved Provigil as a new effective drug to treat narcolepsy.

Approved treatments for narcolepsy and cataplexy, a symptom of narcolepsy can be treated with one of various FDA approved drugs. Merck----- "Stimulant drugs may help; the dosage is regulated according to individual need: Ephedrine 25 mg, Amphetamine 10-20 mg or Dextroamphetamine 5-10 mg-orally every 3-4 hours during daylight. Methylphenidate 60-120 mg orally in divided doses may be even more successful. The recommend doses are tolerated without serious untoward effects. Imipramine 10-75 mg/day is the drug of choice to treat cataplexy."

It is important to note that I could find no knowledge of an antidote for GHB or GBL. A scary thought for those in the EMS field and Emergency Room Personnel who often receive these patients in respiratory or full cardiac arrest.

In conclusion, I think it is important to note that while we know GHB is not approved by the FDA, that there is no known antidote and that there is no clinically proven or accepted medical use for this compound. We do know the following:

1. GHB has a high potential for abuse primarily in teens and young adults.

2. GHB is addictive, creates substantial levels of dependency.
3. GHB is the 4th most popular date rape drug of choice.
4. GHB's effects are significantly enhanced when combined with alcohol.
5. GHB when abused can be life-threatening.
6. GHB does not meet the criteria of Schedule IV.

I have been given the expressed support of scheduling GHB as a Schedule I drug by:

1. My District Attorney, Ray Gricar.
2. Centre County Coroner, Scott A. Sayers.
3. State College Police Chief, Thomas King.
4. Dr. Margaret Spears, Director of University Health Services at Penn State and Chair of Penn State Sexual Assault Committee.

As a father of 4 children, I do all I can to protect them. As legislator, we have an opportunity to try to protect all of our young people, yours mine and many we don't know. As a fellow legislator, I ask that after you listen to all of today's testimony, you ask questions and you draw conclusions; that you join me and our steadfast Attorney General as we move to make GHB a Schedule I drug, and make Pennsylvania a safer place for our young people to live.

Let's send a clear message to those who would choose to victimize someone unknowingly that we won't tolerate this in Pennsylvania. Date rape is wrong.

REFERENCES

1. GHB Briefing Book by United States Department of Justice, July 1998.
2. FDA Talk Paper, January 21, 1999.
3. The Merck Manual, Sixteenth Edition.

Outlaw GHB in Pennsylvania

It's too late for this legislative session, but when the members of the state House and Senate return to work in January, there is a no-brainer issue that should pass both chambers unanimously before heading for Gov. Tom Ridge's signature: the outlawing of the so-called rape drug GHB.

It may be difficult to believe, but Indiana County authorities found out the hard way that GHB, or gamma hydroxybutrate acid, is perfectly legal in the commonwealth. After seizing enough chemicals and packaging material for thousands of doses of the drug, charges against a former Indiana University of Pennsylvania student had to be dropped because GHB isn't illegal.

Despite the federal ban, instituted after several GHB-induced illnesses, charges cannot be brought in Pennsylvania for possession and use unless it is the FDA which takes the action. Needless to say, there are not a lot of FDA agents roaming the commonwealth hunting for GHB.

So, there seems to be little doubt for the need for the law. There are too few FDA agents to enforce the federal ban and the state Department of Health has failed to act.

—(Reading) Eagle-Times