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Krokodil Crock: How Rumors Of A 'Flesh-Eating Zombie Drug' Swept The Nation

Jacob Sullum, CONTRIBUTOR*I cover the war on drugs from a conscientious objector's perspective.*

(Image: CNN)

By now you probably have heard that *krokodil*, a nasty homemade version of the narcotic painkiller desomorphine, is starting to catch on in the United States. Having eaten its way through the flesh of myriad Russian opiate addicts, the caustic concoction—notorious for the ghastly side effects caused by its corrosive contaminants, including abscesses and gangrene—is reportedly burning its way through Arizona, Texas, Nevada, Utah, Oklahoma, Colorado, Illinois, Missouri, Ohio, Pennsylvania, and Massachusetts. “The monster has crossed the ocean,” *Time* [declared](#) last month.

Like most monster stories, this tale of what CNN [calls](#) a “flesh-eating zombie drug” stalking the land does not appear to be true, as some reporters have begun to [recognize](#). Yet others continue to hype an American krokodil craze that seems to exist only in the fevered imaginations of anti-drug propagandists and their journalistic accomplices. Just last week the

Associated Press [claimed](#) doctors had confirmed that a Texas teenager's skin lesions were caused by krokodil, and on Tuesday police in Lamar, Colorado, [told](#) reporters the drug had shown up there.

"A lot of people want to call it a trend, but we're not seeing it," says Joseph Moses, a spokesman for the Drug Enforcement Administration (DEA). None of the people who supposedly injected krokodil have tested positive for desomorphine, and neither have any of the putative krokodil samples analyzed by the DEA. In fact, Moses says, "I'm not aware of any forensic laboratory that has come up with a desomorphine sample." Instead he sees "a lot of hype" and "a lot of gruesome imagery"—the obligatory [pictures](#) of Russian addicts displaying gaping wounds and rotting flesh.

The reporters sounding the alarm about this alleged Russian drug invasion are undeterred by the complete lack of toxicological evidence. Nor have they stopped to wonder why there would be a market for krokodil in the United States. Russian junkies turned to krokodil, which they [made](#) by mixing codeine with chemicals such as gasoline, red phosphorus, and hydrochloric acid, because heroin was scarce and codeine was available over the counter. Since neither of those conditions applies in the United States, where heroin is readily available and codeine requires a prescription, why would krokodil appeal to American drug users? Because they were curious to see what "[rotting from the inside out](#)" was like? And if users are not knowingly injecting krokodil, why would dealers go to the trouble of surreptitiously replacing heroin with it when the real stuff is [cheap and plentiful](#)? "It's unlikely that we would see that shift," Moses observes, "when other substances are available."

Major news organizations have not let the implausibility of an American krokodil outbreak get in the way of a good drug scare. Last September, when Frank LoVecchio, co-director of the Banner Good Samaritan Poison and Drug Information Center in Phoenix, said local hospitals had treated two people for "symptoms consistent with krokodil use" (as *The Arizona Republic* put it), *USA Today* immediately jumped on the story. "Flesh-Rotting 'Krokodil' Drug Emerges in USA," the paper [announced](#) in an article by Michael Winter that relied entirely on LoVecchio's speculation to substantiate that claim.

Those two Arizona cases were never confirmed by toxicological tests, and neither were any of the subsequently reported cases. "Symptoms consistent with krokodil use," such as lesions,

necrosis, and scarring, are also consistent with unsanitary injections of heroin or other drugs, which may contain contaminants that pose additional hazards. Even when intravenous drug users report that they have injected krokodil, they have no way of knowing for sure what was in the stuff they bought—a perennial pitfall of the black market.

CNN ignored these subtleties in a widely circulated October 16 [story](#) that endorsed the narrative of an American krokodil outbreak. “A flesh-eating drug that turns people into zombie-like creatures seems to have made its way to the United States,” Jen Christensen reported under the headline “Flesh-Eating ‘Zombie’ Drug ‘Kills You From the Inside Out.’” The story relied heavily on Abhin Singla, director of addiction services at the Presence St. Joseph Medical Center in Joliet, Illinois. Singla, who supplied the headline quotes, was convinced he had come across five patients with krokodil-related symptoms. So were some local [news outlets](#).

By contrast, *Chicago Tribune* reporter Andy Grimm was [appropriately skeptical](#) from the beginning, and on October 27 he published a [story](#) debunking Singla’s claims under the headline “Suspected Krokodil a False Alarm: Negative Tests Lead to More Doubt That Drug Is in the U.S.” What about the “fester[ing], pungent sore” that an Ohio sheriff [attributed](#) to krokodil in November? Last month Henry Spiller, director of the Central Ohio Poison Center, deemed the report spurious, [telling](#) *The Columbus Dispatch* “there is no krokodil” in Ohio or any other state. A report of a krokodil-related death in Oklahoma likewise proved to be unfounded. “It was just a drug overdose,” a spokesman for the Oklahoma Bureau of Narcotics [said](#), “and nothing in [his] system [was] consistent with krokodil.” That quote, in fact, appeared halfway through CNN’s breathless account of the emerging krokodil epidemic.

Although such clues did not faze CNN, they gave rise to a December 10 [story](#) on WAVE, the NBC affiliate in Louisville, headlined “Krokodil in Kentuckiana: Urban Threat or Urban Legend?” The segment leaned decidedly toward the latter explanation, concluding that “aspects of krokodil’s United States invasion appear to be a myth—one that spread from the Internet to network television.” WAVE reporter Eric Flack’s skepticism was especially striking given the way drug scares are usually treated on the local news.

Flack noted that a [report](#) by two St. Louis doctors who claimed to have treated a man with krokodil-related symptoms, published online by *The American Journal of Medicine* in November, was [removed](#) from the journal’s website a week later after the paper received strong [scientific](#)

[criticism](#). The journal's editor said the article, which according to its authors was the [first such case report](#) involving an American patient to be published by a medical journal, had been removed because of privacy concerns. But he conceded that "not all MDs agree that this is a proven case of krokodil syndrome." One reason for that disagreement: As with all the other krokodil sightings in the U.S., there was no toxicological confirmation.

The pattern here is familiar from other drug scares, such as the 2012 story about the guy who supposedly was driven to [eat a man's face](#) by "bath salts" [he did not take](#). Reckless claims by doctors and cops are picked up by the press, which encourages new reckless claims, which leads to more sensational coverage, and so on. No matter how many times they are debunked, the stories persist because they appeal to the same impulses that send people to horror movies or make them slow down to gawk when they pass a car crash. People are fascinated by gruesome imagery, and they want to believe in monsters.

<http://www.forbes.com/sites/jacobsullum/2014/01/10/krokodil-crock-how-rumors-of-a-flesh-eating-zombie-drug-swept-the-nation/#77da79842e28>