

Gateway reference: 14091**30 March 2010**

To: Directors of Public Health of PCTs to cascade to:

- ◆ All general practitioners - and all practice nurses and non-principals and for the 'locum information pack'
- ◆ Primary Care Medical Advisers and Medical Directors in all NHS Trusts (including ambulance trusts)
- ◆ Staff in Accident and Emergency departments, intensive care units, high dependency units and Trust microbiologists.
- ◆ It is also advised that where possible this alert and the Mephedrone Q&A is cascaded to: NHS services dealing with drug misuse and services for drug misusers run by voluntary or other agencies.

MEPHEDRONE

The purpose of this alert is to offer advice on handling users of mephedrone who may present to services for help, particularly given the extensive media coverage of the possible health harms of this drug and the announcement to classify mephedrone as a Class B drug.

Mephedrone is a cathinone. These types of drugs are stimulants with effects similar to amphetamine and to Ecstasy. Current knowledge of the side-effects are based on recent self-reports and clinical observations, and scientific understanding of the known effects of cathinones. Mephedrone users face the risks of both amphetamine-type drugs and Ecstasy-type drugs. These include overstimulation of the cardiovascular system, with risk of heart and circulatory problems; and overstimulation of the nervous system, with risk of fits and of agitated and paranoid states and hallucinations.

Following several deaths involving users of mephedrone, a number of media reports have recommended that anyone who has used mephedrone, **whether they are experiencing adverse effects or not**, should seek medical help. On the evidence currently available, this advice **cannot** be supported.

The following presentations represent the instances when people are most likely to benefit from clinical attention:

- Acute toxic effects should be managed symptomatically and may need referral to A&E.
- Less severe or less acute physical or psychological problems should be assessed and managed symptomatically as for any other users of psychoactive drugs.
 - Some may attend after recent mephedrone use with a temporary 'comedown' with low mood, requiring appropriate reassurance, support and monitoring
 - Those who have started to show signs of dependence from more regular use may need referral for specialist assessment.
 - Others may present with physical or psychological symptoms that they believe might be linked to their drug use, in which case, appropriate diagnostic assessments are needed as per normal clinical practice.

For up to date information, professionals and public can go to **www.talktofrank.com** or call the helpline on **0800 77 66 00**.

Mephedrone: Q&A

Q1. What is mephedrone?

Mephedrone is a stimulant drug with effects similar to amphetamines (speed) and to ecstasy (MDMA) producing euphoria, alertness, talkativeness and feelings of empathy.

Mephedrone, as a white or off-white powder, is usually sold on the internet as a 'legal high' and described as a plant food or a research chemical "not for human consumption".

Q2. What effects does mephedrone have?

Mephedrone is chemically similar to amphetamines (speed) and to ecstasy (MDMA) and appears to have effects of both, making people euphoric, more talkative and more alert to their surroundings, and producing feelings of empathy.

Severe nosebleeds have been reported after snorting mephedrone and it can overstimulate the heart and may cause problems with the circulation (e.g. cold and blue fingers). It can also overstimulate the nervous system causing fits or feelings of anxiety, agitation or paranoia, and may cause hallucinations. It is thought to be very compulsive to use and could create psychological dependence. Deaths have also been seen in a small number of users.

The health risks from mephedrone are increased if combined with alcohol or other drugs.

Q3. Where does mephedrone come from?

Mephedrone belongs to a group of drugs known as cathinones, which are stimulants similar to amphetamine compounds, but they can also have ecstasy-like effects. Cathinone itself is a naturally occurring stimulant found in the khat plant.

Cathinone derivatives, such as mephedrone, are currently being sold online and in headshops (a shop specialising in drug paraphernalia) as 'legal highs'.

Q4. How is mephedrone consumed?

Mephedrone is usually snorted, but can be swallowed and may be used by other routes.

Q5. Is mephedrone legal?

Following recommendations from the Advisory Council on the Misuse of Drugs, it is intended that mephedrone will be classified as a Class B drug under the Misuse of Drugs Act 1971 at the earliest opportunity.

However, under current medicines legislation it is already considered illegal to sell, supply or advertise mephedrone, or any cathinone compound, for human consumption.

Q6. How should symptoms of mephedrone use be treated?

Those with acute toxic effects should be managed symptomatically and may need referral to A&E. Less acute physical or psychological problems should be assessed and managed as for any other users of psychoactive drugs.

Some patients may present early with a temporary 'comedown' and low mood from recent drug use, and may just need reassurance, support and monitoring. Others may have started to show signs of dependence and need specialist assessment. Others may present with physical or psychological symptoms that they believe may be linked to their drug use, in which cases, appropriate diagnostic assessments are needed, as per normal clinical practice.