

UPDATE VERSION – 19TH APRIL 2010

Hertfordshire Drug Education Forum (DEF)

Briefing paper for schools and other educational settings

Mephedrone

This briefing paper has been written by the DEF for teachers and other professionals working with children, young people and their families in order to share information and reduce harm. Providing young people with the necessary drug knowledge, skills and attitudes will enable them to make informed choices and help prepare them for the responsibility they must learn to take for themselves.

Mephedrone is a new psychoactive substance which has gained rapid popularity across the UK and has been growing in prevalence within Hertfordshire. Its name is causing some confusion as it is very similar to other drug names such as Methedrone and Methadone. However, Mephedrone is both a **stimulant** and **hallucinogen**, so there are big differences in risks and effects between these substances.

Mephedrone is part of the 'cathinone' group of drugs. Cathinone is a naturally occurring stimulant found in the Khat plant and cathinones are a group of drugs related to amphetamine compounds like ecstasy.

Appearance

Usually a white powder, but may also come in tablet, capsule or crystal form.

Cost

Around £3 for a single dose or £10 for a gram (about five to ten doses) or 2 capsules.

Method of use

It is usually snorted/sniffed or swallowed.

Slang terms

Miaow, Meow, Meph, MCAT, 4MMC, Kitty Cat, Bubbles, Drone, Rush, Bounce, Charge, White Magic

Law

Mephedrone was made **illegal** in April 2010 and is now a Class B controlled substance under the Misuse of Drugs Act. This brings Mephedrone into the same category as Cannabis and Amphetamine ('Speed'). Subsequently, Mephedrone is illegal to import, sell, give away or possess.

The maximum penalty for possession of a Class B substance is 5 years imprisonment and a fine.

The maximum penalty for supply of a Class B substance is 14 years imprisonment and a fine.

The law has also been changed to control both Mephedrone and its related compounds. This generic legislation encompasses a wide range of cathinone derivatives.

Effects

Mephedrone works in the same fashion as similar substances such as amphetamine, cocaine and ecstasy. It can therefore affect brain functions and alter mood, perception and behaviour. Mixing it with other drugs, including alcohol, may not only change the effects but could increase risk to the user's health.

As with any drug, the exact effects will vary from person to person. Factors which can determine effects include: The purity of the drug / the amount taken / the frequency of use / if it's been used with other drugs / how it is taken / the mood and expectation of the user / where the drug is taken.

There are some reports of users experiencing low moods, depression and irritability following use, particularly after extended periods of use. There is little information about possible long term effects of using Mephedrone, so users are essentially 'guinea pigs'. In many cases chemicals such as Mephedrone are not scientifically tested to prove that they are safe. Subsequently nobody can be sure what the full range of effects or side effects may be.

Highs

Euphoria, sociability, alertness, talkativeness, feelings of empathy, sensory stimulation.

Lows

Anxiety, paranoia, delusions, confusion, headaches, nosebleeds, skin rashes, sweating, chills, insomnia, jaw clenching/tension, hallucinations, blurred vision, amnesia, nausea/vomiting, over-heating (particularly when dancing), chest pains, heart palpitations or irregular heart beats, fits/convulsions, coldness or numbness at extremities (hands/feet) suggesting reduced circulation, impaired short term memory, some anecdotal evidence of kidney damage, and death.

Addictiveness

All drugs have the capacity to be psychologically addictive. It is still too early to speculate about the physical addictiveness of Mephedrone, but there are growing reports of young people in Herts seeking help about the drug.

The DEF encourages teachers, facilitators and other professionals working with young people to consider the following advice:

School drug policies

Drug policies need to be reviewed and updated to ensure that content is current and that they are effective in practice. A policy should be clear about the definition of a drug, including controlled substances such as Mephedrone, and that the use of any unauthorised drugs on the premises are not permitted. Policies should clearly define drug related incidents and contain agreed responses and procedures for managing these. The content of drug policies should be written in consultation with and understood by all members of the wider school community, including staff, parents, young people, and governors.

Responding to incidents

Staff working with children and young people must have general drug awareness and a good understanding of their organisations drug and other related policies. This understanding should include managing drug related incidents, local and national support services & resources, and identifying and responding to a young person's needs. After a careful investigation to judge the nature and seriousness of a drug related incident, there should be a range of responses in line with local protocols. Sources of help (e.g. specialist drug agencies, helplines, websites or

family support groups) for children, young people and parents/carers should be made available from the outset.

Confiscation of drugs

Schools have the power to confiscate inappropriate items, including substances they believe to be legal, in line with the schools Behaviour Policy. They do not have to return such confiscated substances. As with school discipline and pupil behaviour policies, the Drug Guidance for Schools makes clear that schools may choose not to return an item to the pupil. This includes items of value which the pupil should not have brought to school or has misused in some way and might – if the school judges this appropriate and reasonable – be stored safely at the school until a responsible family adult can come and retrieve them.

Items which the pupil should not have had in their possession – particularly of an unlawful or hazardous nature – may be given by the school to an external agency for disposal or further action as necessary. This should always be followed by a letter to the parents/carers confirming that this has taken place and the reasons for such an action.

Staff should be aware of the protocols surrounding the safe disposal of drug paraphernalia, such as needles, which may be found on the premises.

Providing help & support

Organisations working with children and young people should ensure that young people have access to up-to-date information on sources of help, which are prominently displayed. Drug education programmes should include details of services and helplines, explain how they work and develop children and young people's confidence in using them.

FRANK 0800 77 66 00 [www.talktofrank.com]

ADASH (Adolescent Drug & Alcohol Service for Herts) 01923 427288
[www.hertspartsft.nhs.uk]

PDAS (Parental Drug Awareness Service) 01707 393934 [pdas@btinternet.com]

The advice from Hertfordshire Primary Care Trust is that if anyone has taken Mephedrone and is feeling unwell, they should seek help from their local A&E or urgent care centre. In an emergency **Call 999 and ask for an ambulance.**

Updated Mephedrone leaflets are available from **Hertfordshire Health Promotion** [www.healthpromotioninherts.nhs.uk] 01923 281630

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