DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm | Promoting Recovery

SAFER CORNWALL
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Drugs Factsheet– Methiopropamine (MPA) **December 2017**

What is MPA?

MPA (Methiopropamine) is a stimulant drug and an analogue of methamphetamine (Crystal meth) however, its effects are very different.

It is, sold on its own or within a range of branded products.

History

MPA was originally discovered in 1942 but only really began to be seen in the UK towards the end of 2010.

The law

MPA is now controlled as a class B drug under the Misuse of Drugs Act 1971 from 27 November 2017.

Appearance

MPA is an off-white powder, slightly clumpy in appearance with a bitter taste. It has a recognisable smell described by some as a "slight odour of aniseed".

How is it sold?

MPA was often sold as one of the ingredients in a wide range of branded New Psychoactive products, among them: Ammo, Barry White, Blue Genie, Bomb, Bullet, Charlie Sheen, China White, Dragon, Dusk Till Dawn, Flake Red Eye, Fury, Fury Xtreme, Gogaine, Green Beans, Pink Panthers, Poke, Posh, Purple Bombs, RPM1P, Synthacaine and White MM.

The contents of these branded products can change and it is often unclear which compounds they contain.For example, Pink Panthers have been marketed as containing a combination of MPA and MDAI, however some contained just MPA , others are marketed as pure MDAI, and others still a blend of MDAI,5-iAi and 2Ai 14.

The reasoning behind MPA being sold in combination with other compounds is to obtain a synergistic reaction. For example, there are many user posts describing a synergistic relationship between MPA and MDAI, in which combining these two drugs in a certain ratio creates an effect stronger than the sum of its parts. While MPA on its own is usually sold in powder form, the branded products containing MPA are available in both powder or pellet form.

Cost

MPA 1g approx. £14, 10g approx. £80,100g approx. £550. However, if sold as cocaine, it can cost as much as 1g £100.

Branded products containing MPA cost approximately £15 per gram (online) or £20-£30 per gram (in retail outlets).

Route of administration

MPA is typically sniffed or vaporised (heated and inhaled). Rectal administration is discussed on forums, but there is only limited data on intravenous use or oral use.

Typical effects and side effects

MPA is described by many users as a "functional stimulant". It is compared to drugs such as caffeine or methylphenidate (Ritalin), and users state that they find it helpful when studying or working late. Another positive factor mentioned by users is that as MPA induces very little euphoria, it is often harder to tell when someone has taken the drug as there are less "tell-tale signs."

After effects/comedown

Users report the comedown from MPA to be minimal or significantly less pronounced than for other stimulant drugs, perhaps due to its lack of activity on the brain's reward mechanism. Effects noted by users include tiredness, low mood, headaches and irritability.

Dosages, onset and duration

Due to the scarcity of either published research or user reports about MPA, these dosages are only anecdotal. Effects and times of the drug vary; reported duration times for example range from 30 mins to 4 hours depending on user, dose and route of administration.

Long term effects/known harms

MPA is a relatively new compound and as such there is little information available on the harms associated with long-term use. Extended periods of use of any stimulant drug are likely to result in symptoms such as tiredness, weight loss and an increased risk of mental health issues such as paranoia, mood swings and low mood.

Emergency situations

Serotonin toxicity: When MPA is combined with certain other drugs (for example aminoindanes such as MDAI or 5-iAi) the user is placed at risk of serotonin toxicity. This can be fatal if not recognised and dealt with both quickly and effectively.

Symptoms include hyperthermia (overheating), hyperreflexia (over responsive reflexes), clonus (involuntary muscular contractions and relaxations), hypertension (high blood pressure), dysphoria (mental distress) and mydriasis (dilated pupils).

Due to muscle tension being triggered by the condition, there is a potential of developing rhabdomyolysis (muscle tissue breakdown) which can cause severe kidney damage and can be fatal. It is therefore dangerous to restrain individuals, as increased agitation will lead to increased muscle tension trying to break free from restraints.

Treatment can include cooled IV fluids, benzodiazepines to control agitation, rapid cooling via ice packs, oral cyproheptadine (antihistamine with anti-serotonergenic properties) and antipsychotic medication in severe cases.

Perceptual effects of serotonin toxicity can last up to 24 hours; there is also the possibility of 'rebound effects' more than 12 hours after initial symptoms.

Patterns of use

Some users claim that there is little urge to re-dose, however a number of other users report continued use during episodes of taking MPA. Redosing appears more prevalent among users who inject intravenously, sniff or vaporise, and this increases the likelihood of negative effects such as anxiety, irritability, jitteriness and insomnia. There are user reports of compulsive 'binge' sessions lasting for several days16; as with other stimulant drugs there is a risk of developing psychological dependency.

Harm reduction

All drugs have the potential to cause harms and some of these can be very serious and, rarely, life threatening. The lack of knowledge about the toxicity and effects of new psychoactive substances may mean harm reduction options are not always clear. These substances have not been tested in clinical trials and the short-, medium-, and long-term effects are not known. A lack of consistency in the active content of individual products over time may put users at risk of misusing the substance, or of overdosing, and the combination of substances within individual products creates a potential risk of problematic drug interactions.