

AKA: BATH SALTS (MDPV), M-CAT  
& MEOW MEOW (MEPHEDRONE),  
FLAKKA (A-PVP), NOVEL  
PSYCHOACTIVE SUBSTANCES  
(NSPS), RESEARCH CHEMICALS  
(RCS), DESIGNER DRUGS

# Cathinones

This resource is produced by Hi-Ground  
and CAHMA.

In an unregulated market it's impossible  
to know the purity or dose of any  
substance, educate yourself and practice  
harm reduction to reduce this risk.

For more information visit:

[www.hi-ground.org](http://www.hi-ground.org)

<https://www.cahma.org.au/article/>

Hi-Ground is a program of QuIVAA

**Hi-Ground**

Cathinone is a stimulant drug found in the leaves of khat (*Catha edulis*) which are chewed in Africa and the Middle East for their stimulant effects. Synthetic cathinones are commonly referred to as “bath salts” since they have been sold as powders disguised as bath salts to evade detection. Cathinones are a diverse group of drugs in terms of chemical structures, effects, and toxicity. The most widely known cathinone is mephedrone, which is a stimulant and empathogenic drug with effects similar to MDMA.

**COMPOUNDS:** VARIOUS SUCH AS:  
4-METHYLMETHCATHINONE (4-MMC/MEPHEDRONE), DIMETHYLPENTYLONE, 3-CHLOROMETHCATHINONE, 4-CHLOROMETHCATHINONE (4-CMC), ALPHA-PYRROLINDINOVALEROPHENONE (a-PVP), EUTYLONE, METHYLONE, PENTYLONE, N-ETHYLPENTYLONE, MDPV, METHEDRONE AND PYROVALERONE TO NAME A FEW.

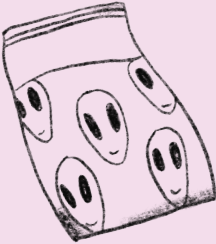
ADMINISTRATION

Most commonly oral (swallowed) but can be intranasal (snorted), injected or shelved.

DURATION OF EFFECTS

Cathinones are a broad class of drugs and small differences in chemical structure can lead to large differences in subjective effects, dosage, and toxicity. Additionally, the effects of many novel cathinones have not been well documented.

	Mephedrone (Intranasal)
TOTAL	3-6HRS
ONSET	15-45MIN
PEAK	30-60MIN
AFTER EFFECTS	2-4HRS
	Mephedrone (Oral)
TOTAL	4-8HRS
ONSET	15-45MIN
PEAK	2-4HRS
AFTER EFFECTS	4-8HRS
	MDPV (Oral)
TOTAL	2-7HRS
ONSET	15-30MIN
PEAK	1-4HRS
AFTER EFFECTS	2-48HRS
	3-MMC (Oral)
TOTAL	5-10HRS
ONSET	45-90MIN
PEAK	2-3HRS
AFTER EFFECTS	6-24HRS



	Pentylone (Oral)
TOTAL	3-4HRS
ONSET	20-40 MIN
AFTER EFFECTS	1-6HRS
	N-Ethylpentylone
TOTAL	4-8HRS
ONSET	15-30 MIN
AFTER EFFECTS	6-24HRS

\*Each dose of n-ethylpentylone extends the period of action by around 6 hours.

\*Pentylone: Some reports have also indicated effects lasting for several days at high doses.

DRUG TESTS

**Roadside Police:** Roadside saliva tests do not look for cathinones however other substances can be detected that might have been cut into your them such as amphetamines. It is illegal to drive under the influence of any illicit drugs, including speed and any driver may be subject to a roadside behavioural impairment test. Wait at least 48 hours before driving.

**Drug Checking:** Lab-quality testing is the best option and is available in Canberra (ACT) and in Brisbane & Gold Coast (QLD). If only using Marquis and Mandelin reagents the result will turn black if it contains MDMA, however it does not mean the substance is unadulterated with other cathinones. Recommended reagents are: Marquis, Froehde, Simon's, Zimmermann and Morris. Using all these reagents help identify Mephedrone (4-MMC) or Methedrone (3-MMC) and CMC from eutylone, cypuylone, dipentylone, hexen, a-PHiP, a-PVP and other cathinones.

EFFECTS

Cathinone effects vary and many have not been well documented. Effects also vary from person to person. They are sometimes categorised according to the other drugs they are similar to.

- For example:
- “MDMA-like cathinones” include mephedrone and methylone.
  - “Methamphetamine-like cathinones” include methcathinone, n-ethylpentylone..
  - “Cocaine-like cathinones” include 3-MMC, a-PVP, MDPV and pyrovalerone.

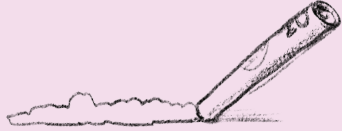
These are the potential effects of Mephedrone:

Decreased appetite, facial flushing, chills, and goosebumps, changes in body temperature, sweating, increased heart rate and blood pressure, dilated pupils, jaw clenching, chewing and teeth grinding, muscle twitching, involuntary eye jiggling (nystagmus), dizziness, light-headedness, and vertigo, stimulation, euphoria, mood lift, feelings of empathy, connectedness, and openness, increase in sociability and desire to talk with others, memory problems, insomnia, compulsion to take more when coming down.

SAFER USING & DOSING

Some harm reduction advice relevant to cathinones is similar to the harm reduction advice provided for methamphetamine and MDMA, however little is known about some of the risks.

- Start with a small amount as you don't know how strong it will be.
- The dosage varies between cathinones, with some being significantly more potent than others. Dosages can also vary between individuals, so it's important to start at a low dose and wait before redosing.
- Oral administration is the safest route of administration
- Remember to eat well then wait 20-30 minutes before using.
- Be aware of overheating and try to cool down & chill out regularly.
- Remember to keep your fluids up but don't drink too much – 1 cup of water (250ml) p/h when resting & up to 500ml p/h when dancing or active.
- Pentylone is significantly more potent than mephedrone, dipentylone may be as potent or even more potent than pentylone.
- People who take dipentylone or pentylone thinking it is MDMA, may be at a greatly increased risk of overdose. It is therefore important to test it before you take it and to accurately weigh out your doses.
- If a user takes Eutylone or n-ethylpentylone thinking it's MDMA, there is a greater risk of them unknowingly taking a dangerous amount. Because it is a stimulant, high doses can lead to restlessness and insomnia, and eventually psychosis due to lack of sleep.



These are the potential effects of 3-MMC:

3-MMC an analog of mephedrone (4-MMC), is described as being slightly less entactogenic and more stimulating than mephedrone, and some report more side effects. Like mephedrone and cocaine, it is associated with compulsive redosing and abuse due to its powerful, short-lived euphoric rush.

Mephedrone (4-MMC)

	Oral (mg)	Intranasal (mg)
LOW	50-100	15-35
MODERATE	100-200	35-80
STRONG	150-300	75-125
HEAVY/ POSSIBLE OVERDOSE	300+	125+

a-PVP

	Oral (mg)
LOW	5-10
MODERATE	10-25
STRONG	25-50
HEAVY/ POSSIBLE OVERDOSE	50+

MDPV

	Oral (mg)
LOW	4-8
MODERATE	8-14
STRONG	14-25
HEAVY/ POSSIBLE OVERDOSE	25+

Pentylone & N-Ethylpentylone

	Oral (mg)
LOW	5-10
MODERATE	20-40
STRONG	40-80
HEAVY/ POSSIBLE OVERDOSE	80+

\*N-Ethylpentylone may be fatal at high doses, **not recommended!**

