



To: All Washington State Emergency Departments
From: Washington Poison Center
Date: 12/30/2014
Subject: Hallucinogenic Amphetamines

Increased use and mention of drugs like 2C-E, 2C-B, 25I-NBOMe, DMT, and Molly has triggered interest not only in the media but also with healthcare providers faced with its clinical presentation and management. It should be remembered that any drug bought on the street will usually not contain 100% pure active ingredient, and may be adulterated with a variety of active agents that can alter the clinical presentation.

	Chemical Name	Street Name
2C-E	2,5-dimethoxy-4-ethyl-phenethylamine	Europa
2C-B	2,5-dimethoxy-4-bromo-phenethylamine	Bees, Bromo, Bromo mescaline, Nexus, Spectrum, Toonies, Venus
2C-I	2,5-dimethoxy-4-iodo-phenethylamine	
2C-T7	2,5-dimethoxy-4-propylthio-phenethylamine	Blue Mystic, Vanilla Aroma

The phenethylamines 2C-B and 2C-T7 are illegal Schedule-I controlled agents in the United States. Other phenethylamines, like 2C-E and 2C-I, are not scheduled, but may be considered controlled substance analogs in legal proceedings.

Clinical Effects present with a sympathomimetic toxidrome (tachycardia, hypertension, agitation, seizures, etc) along with a hallucinogenic component as the name suggests. There are various differences between the groups though. The *piperazines* can either present as amphetamine-like with BZP alone or ecstasy-like when combined with TFMPP. *Ecstasy* is considered an entactogen, which means users experienced a sense of euphoria, inner peace, and a need to socialize. The δ 2C δ series are primarily stimulants at a lower dose around 10 mg or less. When greater than 10 mg is ingested, hallucinogenic and entactogenic effects are reported amongst users. Psychosis and intense hallucinations occur at doses greater than 30 mg. There have been several deaths reported secondary to the 2C and the NBOMe drugs. The tryptamines are primarily hallucinogenic and contain very little sympathomimetic or entactogenic properties. While generally considered safe by the drug community, the tryptamines can lead to intense hallucinations and paranoia, which could lead to life-threatening behavior.

As many of the hallucinogenic amphetamines have serotonergic activity either through direct release or inhibition of reuptake, there is the risk of serotonin syndrome with all drug exposures. Patients who are on a SSRI concomitantly may be at an increased risk for serotonin toxicity. Also, serotonergic agents have an increased risk for causing SIADH and seizures.

Management: Contact with the Poison Center (1-800-222-1222) should provide the basis for definitive patient care. As the most common route of administration is ingestion, gut decontamination may be of benefit if the patient presents within an hour of ingestion and has no contraindications. In patients who insufflated the drug, inspection of the nares should be performed to ensure no further powder residue remains. If so, the powder can be removed with an oil-based jelly. There is no specific antidote for these agents. Most patients in case reports responded well to supportive care with benzodiazepines for agitation and seizures. Severely agitated patients may require much higher doses of benzodiazepines than normal. Aggressive control of hyperthermia, if present, is tantamount to supporting the patient. There is little evidence at this time to suggest the use of antipsychotics in patients who have acute onset of drug-induced psychosis. Most reports of death secondary to hallucinogenic amphetamines occurred after the patient was discharged home and had lingering paranoia, psychosis and depression. Noting their pharmacology, there may be an increased risk for serotonin syndrome alongside the usual toxidrome. Finally, hallucinogenic amphetamines will not show up on a standard immunoassay drug screen. They can be detected via GC-MS.

If you have questions about this topic or any suspected poisoning case in your area, please contact the Washington Poison Center at 1-800-222-1222. We have nurses, pharmacists, poison specialists, & Medical Toxicologists available 24/7.