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Subject: Risk assessment report on a new psychoactive substance:
4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-
dimethylaminorex, 4,4'-DMAR)

Following the Council's request to conduct a Risk Assessment on 4-methyl-5-(4-methylphenyl)-4, 5-dihydrooxazol-2-amine (4,4'dimethylaminorex, 4,4'-DMAR), the EMCDDA hereby presents the above-mentioned Risk Assessment Report drawn up by its Scientific Committee pursuant to Article 6 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances.



European Monitoring Centre
for Drugs and Drug Addiction

Risk assessment report of a new psychoactive substance:

4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine

(4,4'-dimethylaminorex, 4,4'-DMAR)

In accordance with Article 6 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances

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1. Introduction

This risk assessment report presents the summary findings and the conclusions of the risk assessment carried out by the extended Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on the new psychoactive substance 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine, commonly known as **4,4'-DMAR**. The report has been prepared and drafted in accordance with the conceptual framework and the procedure set out in the risk assessment operating guidelines ⁽¹⁾. It is written as a stand-alone document, which presents a summary of the information considered during the detailed analysis of the scientific and law enforcement data available at this time. The conclusion section of the report summarises the main issues addressed and reflects the opinions held by the members of the Committee. A list of the information resources considered by the Scientific Committee, including a detailed technical report on 4,4'-DMAR, is provided below.

The risk assessment has been undertaken in compliance with Article 6 of Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances ⁽²⁾ (hereafter 'Council Decision'). The Council Decision establishes a mechanism for the rapid exchange of information on new psychoactive substances (hereafter 'Early Warning System' ⁽³⁾) that may pose public-health and social threats, including the involvement of organised crime. Thus, it allows the institutions of the European Union and the Member States to act on all new narcotic and psychotropic substances ⁽⁴⁾ that appear on the European Union drug market. The Council Decision also provides for an assessment of the risks associated with these new psychoactive substances so that, if necessary, control measures can be applied in the Member States for narcotic and psychotropic substances ⁽⁵⁾.

4,4'-DMAR was first detected in a seizure by customs in the Netherlands in December 2012 and formally notified to the Early Warning System in December 2012. Following an assessment of

⁽¹⁾ EMCDDA, (2010), *Risk assessment of new psychoactive substances: Operating guidelines*, Publications Office of the European Union, Luxembourg. Available at: <http://www.emcdda.europa.eu/html.cfm/index100978EN.html>

⁽²⁾ OJL 127, 20.5.2005, p. 32.

⁽³⁾ The information exchange mechanism laid down by the Council Decision is operationalized as the *European Union Early Warning System on New Psychoactive Substances ('Early Warning System')*. It is operated by the EMCDDA and Europol in partnership with the Reitox National Focal Points in the Member States, the European Commission and the European Medicines Agency.

⁽⁴⁾ According to the definition provided by the Council Decision, a 'new psychoactive substance' means a new narcotic drug or a new psychotropic drug in pure form or in a preparation; 'new narcotic drug' means a substance in pure form or in a preparation that has not been scheduled under the 1961 United Nations Single Convention on Narcotic Drugs, and that may pose a threat to public health comparable to the substances listed in Schedule I, II or IV; 'new psychotropic drug' means a substance in pure form or in a preparation that has not been scheduled under the 1971 United Nations Convention on Psychotropic Substances, and that may pose a threat to public health comparable to the substances listed in Schedule I, II, III or IV.

⁽⁵⁾ In compliance with the provisions of the 1961 United Nations Single Convention on Narcotic Drugs and the 1971 United Nations Convention on Psychotropic Substances.

the available information on 4,4'-DMAR, and in accordance with Article 5 of the Council Decision, on 8 May 2014 the EMCDDA and Europol submitted to the Council of the European Union, the European Commission and the European Medicines Agency (EMA) a *Joint Report* on 4,4'-DMAR ⁽⁶⁾. Taking into account the conclusion of the *Joint Report*, and in accordance with Article 6 of the Council Decision on 20 June 2014, the Council formally requested that 'the risk assessment should be carried out by the extended Scientific Committee of the EMCDDA and be submitted to the Commission and the Council within twelve weeks from the date of this notification'.

In accordance with Article 6.2, the meeting to assess the risks of 4,4'-DMAR was convened under the auspices of the Scientific Committee of the EMCDDA with the participation of five additional experts designated by the Director of the EMCDDA, acting on the advice of the Chairperson of the Scientific Committee, chosen from a panel proposed by Member States and approved by the Management Board of the EMCDDA. The additional experts were from scientific fields that were either not represented, or not sufficiently represented on the Scientific Committee, and whose contribution was necessary for a balanced and adequate assessment of the possible risks of 4,4'-DMAR, including health and social risks. Furthermore, two experts from the Commission, one expert from Europol and one expert from the European Medicines Agency (EMA) participated in the risk assessment. The meeting took place on 16 September 2014 at the EMCDDA in Lisbon. The risk assessment was carried out on the basis of information provided to the Scientific Committee by the Member States, the EMCDDA, Europol and the EMA. A list of the extended Scientific Committee, as well as the list of participants attending the risk assessment meeting, is annexed to this report (Annex 2).

For the risk assessment, the extended Scientific Committee considered the following information resources:

- i. Technical report on 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-dimethylaminorex, 4,4'-DMAR) (Annex 1);
- ii. EMCDDA–Europol Joint Report on a new psychoactive substance: 4,4'-DMAR (4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine);
- iii. Scientific articles, official reports, grey literature, Internet drug discussion forums and related websites (hereafter 'user websites');
- iv. Data from EMCDDA Internet monitoring of suppliers (that typically appear to be manufacturers and/or wholesalers) and retailers selling 4,4'-DMAR;
- v. Risk assessment of new psychoactive substances: Operating guidelines; and
- vi. Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances.

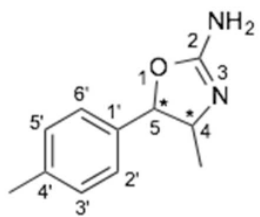
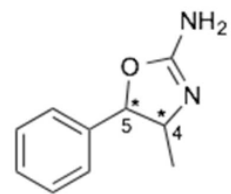
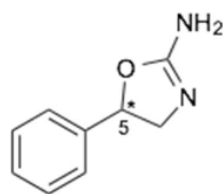
⁽⁶⁾ EMCDDA and Europol (2012), EMCDDA–Europol joint report on a new psychoactive substance: 4,4'-DMAR (4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine), EMCDDA, Lisbon. Available at: <http://www.emcdda.europa.eu/publications/joint-reports/4-4-DMAR>

Finally, it is important to note that this risk assessment report contains a discussion of the available information on non-fatal intoxications and deaths associated with 4,4'-DMAR. Such information is critical to the identification of emerging toxicological problems associated with new psychoactive substances within the European Union. In this context, it is important to recognise that the capacity to detect, identify and report these events differ both within and between Member States. In the past few years, programmes have been introduced in some Member States to strengthen these capacities. As a result, more information is available; however, it is likely that serious adverse events remain under-detected.

2. Physical and chemical description of 4,4'-DMAR and its mechanisms of action, including its medical value

4,4'-DMAR is a synthetic substituted oxazoline derivative (Figure 1). 4,4'-DMAR may be considered a derivative of the stimulants aminorex and 4-methylaminorex (4-MAR), which are controlled under the 1971 United Nations Convention on Psychotropic Substances. The systematic (International Union of Pure and Applied Chemistry, IUPAC) name of 4,4'-DMAR is 4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine but other names and abbreviations are used, including *para*-methyl-4-methylaminorex (Annex 1).

Figure 1. The molecular structure, formula, relative molecular weight and monoisotopic mass of 4,4'-DMAR. Structures of 4-MAR and aminorex are provided for comparison. Asterisk indicates chiral carbon.

		
4,4'-DMAR	4-MAR	Aminorex
Molecular formula: C ₁₁ H ₁₄ N ₂ O	Molecular formula: C ₁₀ H ₁₂ N ₂ O	Molecular formula: C ₉ H ₁₀ N ₂ O
Molecular weight: 190.25	Molecular weight: 176.22	Molecular weight: 162.19
Monoisotopic mass: 190.1106	Monoisotopic mass: 176.0950	Monoisotopic mass: 162.0793

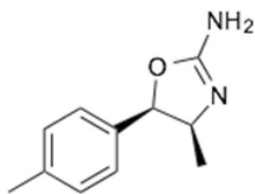
The presence of two chiral centres within the oxazoline ring gives rise to four enantiomers or two (±)-*cis* and (±)-*trans* racemates which may have different biological properties (Figure 2) ⁽⁷⁾. Due to additional complexities involved in the preparation of these compounds, the enantiopure

⁽⁷⁾ (±) denotes the presence of the racemic mixture and will be omitted for clarity in the remaining text when reference is made to either *cis*- or *trans* 4,4'-DMAR instead of (±)-*cis*- and (±)-*trans*-4,4'-DMAR, respectively.

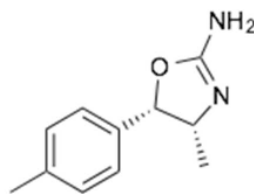
forms seem less likely to appear on the drug market when compared to the racemic *cis*- and *trans* forms.

Detailed information on the analytical profile of 4,4'-DMAR is provided in Annex 1. Briefly, analysis of the compound itself is straightforward (e.g. as a powder or tablet) with suitable equipment but the availability of analytical reference material is important for the correct identification of the *cis*- or *trans* isomeric form. Detection in biological fluids, however may require the implementation of more sensitive techniques coupled with appropriate chromatographic separation. A range of positional isomers are possible and implementation of analytical separation techniques may be used to obtain unambiguous differentiation. No information was provided regarding the possible presence of the other isomers on the drug market. There is no information on presumptive colour tests with 4,4'-DMAR. No immunoassay field test for 4,4'-DMAR is currently available. Analytical reference materials facilitating the quantification of 4,4'-DMAR in biological matrices are available.

Figure 2. Molecular structures of the four possible 4,4'-DMAR enantiomers.

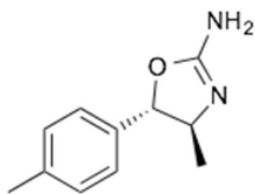


(4S,5R)-4,4'-DMAR

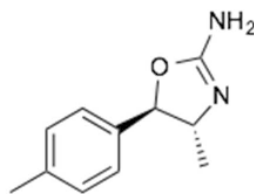


(4R,5S)-4,4'-DMAR

Racemic form: (\pm)-*cis*-4,4'-DMAR or (4/SR/,5/RS/)-4,4'-DMAR



(4S,5S)-4,4'-DMAR



(4R,5R)-4,4'-DMAR

Racemic form: (\pm)-*trans*-4,4'-DMAR or (4/SR/,5/SR/)-4,4'-DMAR

The free base of the *cis*- and *trans* isomers have been described as colourless solids and the hydrochloride salt form is a white powder soluble in water. In cases where sufficient analytical data were available from information provided about detections ⁽⁸⁾, the presence of the *cis*-form

⁽⁸⁾ 'Detections' is an all-encompassing term, which may include seizures and/or collected and/or biological samples. Seizure

was indicated. It is unknown if the *trans*-isomers are also circulating on the drug market.

4,4'-DMAR has typically been seized as white or coloured powders and tablets.

Reported routes of administration for 4,4'-DMAR include nasal insufflation, oral administration, inhalation ('methpipe') and in one of the death cases reported by Hungary, the route of administration was by injection. Information from user websites suggest that a range of doses are used that may depend on the route of administration but single, typical, oral 'doses' between 10–60 mg were noted, but doses up to 200 mg have also been reported.

No data are available on the pharmacokinetics of 4,4'-DMAR, and no metabolites of the substance have been identified.

Data on the pharmacology of 4,4'-DMAR is limited to recent *in vitro* studies examining the monoamine transport/release activity of *cis*- and *trans*-4,4'-DMAR (using rat brain synaptosomes). *cis*-4,4'-DMAR was found to be a potent releaser of dopamine (DA) (EC₅₀ 8.6 nM), norepinephrine (NE) (EC₅₀ 26.9 nM) and serotonin (5-HT) (EC₅₀ 18.5 nM). *d*-Amphetamine (DA: EC₅₀ 5.5 nM; NE: 8.2 nM; 5-HT: 2602 nM), aminorex (DA: EC₅₀ 9.1 nM; NE: 15.1 nM; 5-HT: 414 nM), and *cis*-4-methylaminorex (DA: EC₅₀ 1.7 nM; NE: 4.8 nM; 5-HT: 53.2 nM) were used for comparison.

Further studies with (*S*)-(+)-3,4-methylenedioxymethamphetamine as a comparator (DA: EC₅₀ 143 nM; NE: 98.3 nM; 5-HT: 85.0 nM) revealed that both *cis*-4,4'-DMAR (DA: EC₅₀ 10.9 nM; NE: 11.8 nM; 5-HT: 17.7 nM) and *trans*-4,4'-DMAR (DA: EC₅₀ 24.4 nM; NE: 31.6 nM; 5-HT: 59.9 nM) were more potent catecholamine releasers. Of note, *trans*-4,4'-DMAR appeared to act as an uptake inhibitor rather than a substrate-type serotonin releasing agent.

Knowledge is emerging about the *in vitro* pharmacological properties of 4,4'-DMAR but it is difficult to predict potential drug interactions or contraindications. Briefly, as noted above, the ability of both *cis*- and *trans*-4,4'-DMAR to display potent monoamine transporter activity *in vitro* may be relevant when considering potential interactions with other substances that act on similar targets that affect dopamine, norepinephrine and serotonin levels. For example, the use of substances including medicinal products, known to increase 5-HT-release and/or reuptake (such as selective serotonin reuptake inhibitors (SSRIs), MDMA, mephedrone and cocaine) may increase the risk of developing serotonergic toxicity (often also referred to as serotonin syndrome). High dosage levels and/or combinations of 4,4'-DMAR with other catecholamine releasing agents e.g. amphetamine-type stimulants, may lead to increasing risk of developing psychotic symptoms and agitation, while potentially dangerous cardiovascular effects could be produced by excessive norepinephrine release in the periphery. However, further studies are

means a substance available (seized) through law enforcement activities (police, customs, border guards, etc.). Collected samples are those that are actively collected by drug monitoring systems (such as test purchases) for monitoring and research purposes. Biological samples are those from human body fluids (urine, blood, etc.) and/or specimens (tissues, hair, etc.)

warranted to assess these effects in detail.

There are no animal or human study data related to the toxicity, including median lethal dose (LD₅₀), potential for self-administration, nor investigations on psychological and/or behavioural effects of 4,4'-DMAR. Self-reports available on user websites suggest that the effects of 4,4'-DMAR include euphoria, mental and physical stimulation, empathic effects and changes in visual perception.

The synthesis and analytical characterisation of both *cis*- and *trans*-4,4'-DMAR was first published in 2014 and adapted from methods published in the scientific literature on related aminorex derivatives. 4,4'-DMAR is available as an analytical reference standard and for use in scientific research. The (4*S*,5*S*)-*trans*-4,4'-DMAR enantiomer has been featured in several patents related to the preparation of a range of phospholipase A2 inhibitors. There are currently no other indications that 4,4'-DMAR may be used for other legitimate purposes, including as a component in industrial, cosmetic or agricultural products.

4,4'-DMAR has no established or acknowledged medical value or use (human or veterinary) in the European Union. There is no marketing authorisation (existing, ongoing or suspended) for 4,4'-DMAR in the European Union or in the Member States that responded to the information request by the EMA that was launched under Article 5 of the Council Decision. In addition, there is no information that 4,4'-DMAR is used for the manufacture of a medicinal product or an active pharmaceutical ingredient (API) of a medicinal product in the European Union. It is important to note that the data collection is incomplete and some countries indicated that this information is not known. However, it should be noted that there is no European Union database on the synthetic routes of all registered medicinal products. Therefore, the use of 4,4'-DMAR cannot be ruled out with certainty.

3. Chemical precursors that are used for the manufacture of 4,4'-DMAR

There is currently no information regarding manufacturing sites, the chemical precursors or the synthetic routes used for 4,4'-DMAR that has been detected on the drug market within the European Union. The route(s) employed for the preparation of the collected 4,4'-DMAR samples have not been reported. The method published in the scientific literature used 1-(*p*-tolyl)propan-1-one as the starting point. This chemical is commercially available. Key intermediates included the primary amine normephedrone, which underwent a reduction to yield the 2-amino-1-(*p*-tolyl)propan-1-ol precursor. The cyclisation carried on from that gave the *cis*- and *trans* isomers of 4,4'-DMAR. While it is conceivable that these intermediates may be obtained from alternative routes of synthesis, information about their preparation associated with the seized products is not available. It would be expected that any synthesis would produce some impurities.

4. Health risks associated with 4,4'-DMAR

Individual health risks

The assessment of individual health risks includes consideration of the acute and chronic toxicity of 4,4'-DMAR, as well as its dependence potential, and its similarities to and differences

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from other chemically or pharmacologically related substances, such as 4-methylaminorex and aminorex which all share the ability to act as catecholamine releasers (dopamine and noradrenaline).

It is important to note that when interpreting the information from non-fatal intoxications and deaths reported by Member States as well as user websites, individuals may have used other pharmacologically active substances in addition to 4,4'-DMAR. The presence of and/or interaction with other substances may account for some of the reported effects.

The mode of use may involve the combined use (either intentionally or unintentionally) of other drugs, especially when encountered surreptitiously within ecstasy-type tablets or powders offered and disguised in combination with other substances that affect monoaminergic systems. Analysis of various seized products have shown that the composition can differ and the user is unlikely to be aware of the exact dose or compound being ingested (by whatever route) which presents an inherent risk to the individual.

One non-fatal analytically confirmed intoxication has been reported from Poland.

A total of 31 deaths associated with 4,4'-DMAR were reported by Hungary (eight deaths), Poland (1 death) and the United Kingdom (22 deaths). In all these cases 4,4'-DMAR was analytically confirmed. In 23 deaths, 4,4'-DMAR was either the cause of death (3 cases) or is likely to have contributed to death (20 cases) even in the presence of other substances; in 1 of these deaths 4,4'-DMAR was the sole drug present. In 8 deaths, 4,4'-DMAR may have contributed to toxicity but other substances were present that may have been more toxicologically significant. In 27 cases other stimulants (including cocaine, amphetamines and new psychoactive substances such as synthetic cathinones) were found.

Information provided by the Member States related to these deaths noted a number of adverse effects, including: agitation, hyperthermia, convulsions, breathing problems and cardiac arrest.

There is no information on the psychosocial consequences of (chronic) use of 4,4'-DMAR.

No studies have been published on the neurotoxicity, reproductive toxicity, genotoxicity or carcinogenic potential of single or repeated doses of 4,4'-DMAR. No studies have examined the chronic toxicity of 4,4'-DMAR in animals or humans.

Public health risks

The public health risks associated with 4,4'-DMAR may be categorised in terms of patterns of use (extent, frequency, route of administration, etc.); availability and quality of the drug; information, availability and levels of knowledge amongst users; and, negative health consequences. Detailed information, including data on sporadic vs. chronic use that allow for a determination of public health risks associated with 4,4'-DMAR are unavailable.

In some cases, 4,4'-DMAR is being sold and consumed as a substance in its own right including in the form of tablets under the name 'serotoni'. It has also been mis-sold on the illicit market as ecstasy and amphetamines. Similar to other stimulant drugs, users may combine 4,4'-DMAR

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with other psychoactive substances (e.g. entactogens, stimulants and/or depressants including alcohol).

In September 2014, EMCDDA monitoring of Internet suppliers and retailers identified one site offering 4,4'-DMAR for sale; further details including the quantities available and price were only available on application to the site. Based on data available from EMCDDA monitoring, the number of Internet shops offering this particular substance has declined. An earlier study undertaken in April 2014 identified one Internet site selling 4,4'-DMAR compared to 20 Internet sites selling 4-MAR.

No information on the purity of 4,4'-DMAR that is present on the drug market has been reported. In most cases, 4,4'-DMAR was reported as the only active substance, although in about 20% of detections, it was found in combination with other substances (predominantly stimulants). In these cases, quantitative analyses were not available.

Since December 2012, when 4,4'-DMAR was first detected in the Netherlands, eight additional Member States have reported detections (Denmark, Finland, Hungary, Poland, Romania, Sweden, France and the United Kingdom).

Where information was available with regards to the death cases, it appears that the users did not intentionally purchase 4,4'-DMAR on the street market but rather ecstasy tablets or powders associated with other stimulant drugs (such as cocaine or mephedrone). The use of these tablets and powders were associated with both home and recreational settings.

Information obtained from user websites suggested that the intentional purchase of 4,4'-DMAR from Internet retailers may have been associated with 'psychonauts' who might have explored this new substance in the home environment (where an individual is on their own or in the company of others).

As noted, the preferred route of administration appears to be oral and nasal. Injection was also reported as the route of administration in one of the deaths. As such, sharing of needles and syringes carries the risk of transmission of blood-borne viruses. There are no prevalence data on the use of 4,4'-DMAR within the European Union or elsewhere but available information from user websites and seizures does not suggest wide use of the substance.

5. Social risks associated with 4,4'-DMAR

There is no information on the social risks associated with 4,4'-DMAR.

There is no information on whether the use of 4,4'-DMAR affects education or career, family or other personal or social relationships, including marginalisation.

Data related to the social risk associated with the distribution and trafficking of 4,4'-DMAR are lacking.

Due to lack of data, it is not possible at this time to estimate whether 4,4'-DMAR is associated with greater healthcare costs than other stimulant drugs.

6. Information on the level of involvement of organised crime and information on seizures and/or detections by the authorities, and the manufacture of 4,4'-DMAR

Limited information has been provided by Member States in relation to the involvement of organised crime in the manufacture or trafficking of 4,4'-DMAR. Only one Member State (Hungary) mentioned that organised crime groups are involved in the trafficking and distribution of 4,4'-DMAR; no other details were provided.

Seized tablets found to contain 4,4'-DMAR showed a range of colours, markings and logos ⁽⁹⁾ consistent with ecstasy tablets, raising the possibility that some of these were designed to be sold as ecstasy on the illicit drug market.

The information about the small-scale production of the related substance 4-MAR in the Netherlands in 2009 associated with a group producing other illicit substances would suggest that the capability to manufacture 4,4'-DMAR may exist within illicit drug-producing criminal groups in the European Union.

The largest seizures of 4,4'-DMAR (22 kg and 70 kg) were reported by the Netherlands. They were seized by Customs and originated from outside the European Union.

7. Information on any assessment of 4,4'-DMAR in the United Nations system

The World Health Organization is the specialised United Nations agency designated for the evaluation of the medical, scientific and public health aspects of psychoactive substances under the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances. On 5 March 2014, the World Health Organization informed the EMCDDA that 4,4'-DMAR is currently not under assessment and has not been under assessment by the UN system and no such assessment is planned.

8. Description of the control measures that are applicable to 4,4'-DMAR in the Member States

4,4'-DMAR is not listed for control in the 1961 United Nations Single Convention on Narcotic Drugs or in the 1971 United Nations Convention on Psychotropic Substances (together 'UN drug conventions').

Three Member States (Denmark, Finland and Slovenia) reported that 4,4'-DMAR is subject to control measures under drug control legislation that is in accordance with the UN drug conventions.

Denmark reported that on 27 May 2014, the Minister signed an Executive Order amending the Executive Order on Euphoriant Substances, which entered into force on 30 May 2014.

⁽⁹⁾ It is common to find markings on tablets sold as ecstasy including those of popular cultural and iconic brands often having an association with quality.

Subsequently, the mentioned substances may only be used for medical or scientific purposes.

Finland reported that 4,4'-DMAR was controlled by an Amendment to Government Decree 543/2008, in effect from 4th August 2014.

Slovenia reported that 4,4'-DMAR is included in the Decree on the scheduling of illicit drugs (Official Gazette RS, No. 45/2014) since July 2014.

The remaining 25 Member States, Turkey and Norway do not control 4,4'-DMAR under drug control legislation that is in accordance with the UN drug conventions. Of these, five Member States (Hungary, Ireland, Poland, Romania, Spain) and Norway reported that 4,4'-DMAR is controlled by other legislative measures. In Hungary, 4,4'-DMAR is specifically named in Schedule C of Government Decree 66/2012 (added by '256/2013 (July 5) Government Regulation § 17, Annex 9', effective 15 July 2013). Ireland, Poland and Romania have legislation that prohibits the unauthorised supply of any psychoactive substance that qualifies by conforming to certain criteria. It was reported that national authorities may find that 4,4'-DMAR meets such criteria. Poland reported that 4,4'-DMAR falls under the definition of a 'substitution drug' under the Act amending the Act on Counteracting Drug Addiction and the Act on State Sanitary Inspection, 2010; as such, its marketing and production may be subject to an administrative fine.

Spain reported that 'although there is no current specific legislation, to our knowledge, controlling production, commerce, imports, exports or use/consumption of this substance and given that it may cause harmful effects to those using it, the same way as illegal drugs do, there is generic legislation (administrative and criminal) on health protection which is fully applicable, if necessary'.

Norway reported that 4,4'-DMAR is subject to control measures under medicines legislation.

Twenty Member States (Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Estonia, France, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Slovakia, Sweden and the United Kingdom) and Turkey reported that 4,4'-DMAR is not subject to control measures at the national level.

9. Options for control and the possible consequences of the control measures

Under Article 9.1 of the Council Decision, the option for control that is available at European Union level is for the Member States to submit the new psychoactive substance 4,4'-DMAR to control measures and criminal penalties, as provided for under their legislation, by virtue of their obligations under the UN drug conventions. There are no studies on the possible consequences of such control measures on 4,4'-DMAR. If this option of control is pursued, the Committee considers that the following consequences are possible. Some of these may apply to any new psychoactive substance.

- This control option could be expected to limit the availability of 4,4'-DMAR and hence the further expansion of the current open trade in this substance.

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- A health consequence that might result from this control option is the benefit brought about by the presumed reduction in availability and use.
- This control option could facilitate the detection, seizure and monitoring of 4,4'-DMAR related to its unlawful manufacture, trafficking and use. In so doing, it could facilitate cooperation between the judicial authorities and law enforcement agencies across the European Union.
- This control option would imply additional costs for the criminal justice system, including forensic services, law enforcement and the courts.
- This control option could lead to replacement with other (established or new) psychoactive substances, which may in themselves have public health consequences.
- It is difficult to predict the impact of this control option on current or future research by the pharmaceutical or chemical industries.
- This control option could create an illicit market in 4,4'-DMAR with the increased risk of associated criminal activity, including organised crime. This could include covert sales of 4,4'-DMAR on the Internet or in bricks and mortar headshops.
- This control option could impact on both the quality/purity and price of any 4,4'-DMAR still available on the illicit market. The extent to which this will impact on public health, criminality or levels of use is difficult to predict.

In order to examine the consequences of control, the Committee wishes to note that it will be important to monitor for the presence of 4,4'-DMAR on the market post-control, should this control option be pursued.

Aside from the option for control under those stipulated in Article 9.1 of the Council Decision, other options for control may be available to Member States. These may include restricting the importation and supply of the substance as some other Member States (and Norway) have already done.

10. Conclusion

The new psychoactive substance 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-DMAR) appears to have psychostimulant properties. It has been available on the drug market in the European Union since at least December 2012. 4,4'-DMAR is structurally related to 4-methylaminorex (4-MAR) and aminorex, which are both listed in the 1971 United Nations Convention on Psychotropic Substances.

4,4'-DMAR can exist in the form of racemic *cis*- and *trans*-4,4'-DMAR. Where isomeric differentiation has been reported, only the *cis*-isomer has been detected. The potential presence of the *trans*-form on the drug market cannot be excluded.

Data on the pharmacology of 4,4'-DMAR is limited to *in vitro* studies. *cis*-4,4'-DMAR is a potent efficacious substrate-type releaser at DAT, NET and SERT in rat brain tissue with comparable potency at DAT and NET to that of *d*-amphetamine and aminorex. On the other hand, *cis*-4,4'-

DMAR exerted much more potent actions at SERT when compared to *d*-amphetamine, aminorex and *cis*-4-MAR. *trans*-4,4'-DMAR was also found to be a non-selective catecholamine releaser but serotonin uptake inhibitor. Both *cis*- and *trans*-4,4'-DMAR were more potent than (*S*)-(+)-MDMA) in its ability to evoke catecholamine release.

There are no data on the dependence potential and abuse liability of 4,4'-DMAR. Although the information available does not suggest it has been widely used, it has been associated with 31 deaths over a period of approximately one year. This raises the concern that if this substance were to become more widely available and used, the implications for public health could be significant.

The pharmacological and behavioural activities of 4,4'-DMAR in humans have not been studied.

4,4'-DMAR has no established or acknowledged medical use (human or veterinary) in the European Union. There are no indications that 4,4'-DMAR may be used for any other purpose, aside from as an analytical reference standard and in scientific research.

4,4'-DMAR emerged on the new psychoactive substances market where it was sold as a 'research chemical' by Internet retailers, but recent data suggest this is no longer the case. In addition, it has also been detected in tablets and powders which are sold on the street market. In about 20% of detections it was found in combination with other psychoactive substances (predominantly stimulants). 4,4'-DMAR has been detected in nine Member States.

One non-fatal intoxication and a total of 31 deaths associated with 4,4'-DMAR have been reported, all of which were analytically confirmed. In 23 deaths, 4,4'-DMAR was either the cause of death or is likely to have contributed to death (even in presence of other substances); in 1 of these deaths 4,4'-DMAR was the sole drug present. In 8 deaths, 4,4'-DMAR may have contributed to toxicity but other substances were present that may have been more toxicologically significant. In 27 cases other stimulants (including cocaine, amphetamines and new psychoactive substances such as synthetic cathinones) were found. Information provided by the Member States related to these deaths noted a number of adverse effects, including: agitation, hyperthermia, convulsions, breathing problems and cardiac arrest.

There are no prevalence data on the use of 4,4'-DMAR. Information from the deaths suggest that users unknowingly consumed 4,4'-DMAR as a result of seeking illicit substances such as ecstasy, cathinones and cocaine. There is no specific information on the social risks that may be related to 4,4'-DMAR.

There is limited information to suggest the potential involvement of organised crime in the manufacture, distribution (trafficking) and supply within the European Union. The chemical precursors and the synthetic routes used to manufacture the 4,4'-DMAR detected within the European Union are unknown.

4,4'-DMAR is not listed for control in the 1961 United Nations Single Convention on Narcotic Drugs or in the 1971 United Nations Convention on Psychotropic Substances. 4,4'-DMAR is not undergoing assessment by the United Nations system. Three Member States control 4,4'-DMAR

under drug control legislation and five Member States control 4,4'-DMAR under other legislation.

Many of the questions posed by the lack of data on the risks to individual health, and the absence of data on public health and social risks of 4,4'-DMAR, as for any new psychoactive substance, could be answered through further research. Areas where additional information would be important include: prevalence and patterns of use (including targeted studies that examine user groups and risk behaviours); market studies; chemical profiling studies; receptor binding and functional activity studies; metabolic pathway studies; behavioural studies; clinical patterns of acute and chronic toxicity in humans; the potential interaction between 4,4'-DMAR and other substances (in particular those that affect the monoaminergic system); the dependence and abuse potential; and, the social risks associated with its use.

The Committee notes that a decision to control 4,4'-DMAR has the potential to bring with it both intended and unintended consequences. Potential intended consequences include reduced levels of availability and ultimately use. This may reduce the health and social risks and consequences arising from the use of 4,4'-DMAR. It is important to recognise that a potential unintended consequence of control may be the manufacture and availability of other substances. Although there is limited information on the human (psycho)pharmacological effects, the emergence of chemically analogous substances to replace 4,4'-DMAR is a possibility. The implementation of control measures may also lead to the criminalisation of those who continue to use this substance with the possible attendant risks of socio-economic stigmatisation and marginalisation. Finally, control measures should not inhibit the gathering and dissemination of accurate information on 4,4'-DMAR to users, practitioners and decision makers.

11. List of annexes

Annex 1: Technical report on 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-DMAR, 4,4'-dimethylaminorex).

Annex 2: List of participants at the risk assessment meeting.



Technical report on 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-dimethylaminorex, 4,4'-DMAR)

Prepared by: Dr Simon Brandt, Liverpool John Moores University, Liverpool, United Kingdom

EMCDDA contract: CC.14.SAT.005

Date: 15 September 2014

Annex 1 to the risk assessment report of a new psychoactive substance: 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-dimethylaminorex, 4,4'-DMAR)

This Technical Report was prepared under EMCDDA contract. Given the time frame stipulated in the Council Decision, it has not been formally edited by the EMCDDA. As a result, while the scientific data presented has been verified to the extent possible, minor changes may be introduced at a later date when the report is officially published. The EMCDDA may not be held responsible for the use of the information contained herein without prior consultation. The risk assessment report on 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-dimethylaminorex, 4,4'-DMAR), to which this report is annexed was produced by the Scientific Committee of the EMCDDA and shall be regarded as the authoritative document.

Summary

The substance 4-methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (**4,4'-dimethylaminorex**, **4,4'-DMAR**) is a synthetic, substituted oxazoline derivative. **4,4'-DMAR** is also a derivative of 4-methylaminorex (**4-MAR**) and aminorex, both of which are stimulants and controlled under the 1971 United Nations Convention on Psychotropic Substances. Limited information suggests that **4,4'-DMAR** has stimulant type effects.

The detection of **4,4'-DMAR** on the European drug market was first officially notified to the EMCDDA through the EU Early Warning System by the Netherlands National Focal Point on 10 December 2012 and related to a seizure made by customs authorities of 500 g of white powder that had arrived from India in the previous month. Nine Member States (Denmark, Finland, France, Hungary, the Netherlands, Poland, Romania, Sweden, and the United Kingdom) reported detections ⁽¹⁾ of **4,4'-DMAR**. This substance has typically been seized as powders or tablets. In most cases, **4,4'-DMAR** was reported as the only active constituent while in about 20% of detections it was found in combination with other substances. Most of the Member States reported a small number of seizures, however in the case of the Netherlands these totalled more than 90 kg of powder.

Chemically, **4,4'-DMAR** can exist in the form of two different racemic (\pm)-*cis* and (\pm)-*trans* mixtures or four distinct enantiomers. In cases where sufficient analytical data were available from collected and biological sample analyses, the presence of the *cis*-form was indicated. Whether the *trans*-isomers are also available on the drug market is currently not known.

4,4'-DMAR has been advertised under the name 'Serotoni' and is available for purchase from online retailers as a 'research chemical' in either powder or tablet/pellet form. It appears that the number of Internet shops advertising this particular substance may be declining. Information from the Member States suggests that **4,4'-DMAR** is sold as a drug in its own right and surreptitiously as ecstasy and other illicit drugs. Seized tablets found to contain **4,4'-DMAR** showed a range of shapes, markings and logos, ⁽²⁾ thus, raising the likelihood that these particular products were designed to be sold as 'ecstasy' tablets items on the illicit drug market.

One analytically confirmed non-fatal intoxication has been reported from Poland and 31 deaths associated with **4,4'-DMAR** have been reported by Hungary (8 deaths), Poland (1 death) and the United Kingdom (22 deaths). The deaths in Hungary occurred between June and October 2013, the Polish death occurred in July 2013 and those in the United Kingdom occurred between June 2013 and June 2014, respectively. Data on gender and age are currently available for 30 of the decedents. Twenty-two were male (four from Hungary; one from Poland; 17 from the United Kingdom); eight were female (four from Hungary; four from

⁽¹⁾ 'Detections' is an all-encompassing term and may include seizures and/or collected and/or biological samples. Seizure means a substance available (seized) through law enforcement activities (police, customs, border guards, etc.). Collected samples are those that are actively collected by drug monitoring systems (such as test purchases) for monitoring and research purposes. Biological samples are those from human body fluids (urine, blood, etc.) and/or specimens (tissues, hair, etc.).

⁽²⁾ It is common to find markings on tablets sold as 'ecstasy' including those of popular cultural and iconic brands often having an association with quality.

the United Kingdom) and aged between 16 and 43 years. 4,4'-DMAR was detected in post-mortem biological samples in all of the 31 deaths. With the exception of one case, the presence of one or more psychoactive substances (and/or their metabolites) in post-mortem biological samples was noted.

There are no co-ordinated national or European population surveys on the prevalence of 4,4'-DMAR use. There is no information to suggest that 4,4'-DMAR has any industrial, cosmetic or medicinal use.

Compared to other types of new psychoactive substances (such as the synthetic cathinones) there are limited self-reported experiences with 4,4'-DMAR on user websites. 4,4'-DMAR appears to be generally recognised by users as a stimulant and used in a range of 'doses'. Single dosage levels may range between 10 mg and 200 mg depending on the route of administration. Oral administration and nasal insufflation are commonly reported; inhalation of the drug has also been mentioned. In one of the deaths reported to the EU Early Warning System the drug had been injected (the specific route of injection was not reported). Warning messages about comparatively long-lasting effects and potential for adverse reactions (such as perceived as serotonin toxicity), especially when taken in combination with other substances including alcohol have been posted on user websites by users.

The first formal scientific investigations into the chemical, analytical and pharmacological properties of *cis*- and *trans*-4,4'-DMAR appeared in 2014. Monoamine transporter activity studies in rat brain synaptosomes using *d*-amphetamine, aminorex and 4-methylaminorex as control compounds, showed that *cis*-4,4'-DMAR was a potent, non-selective and fully efficacious substrate-type releaser at transporters for dopamine (DAT), norepinephrine (NET), and serotonin (SERT). The potency of *cis*-4,4'-DMAR at DAT and NET rivalled that of other psychomotor stimulant drugs like *d*-amphetamine and aminorex. However, *cis*-4,4'-DMAR had much more potent actions at SERT. The *trans*-4,4'-DMAR isomer was also found to be a potent releasing agent at DAT and NET while acting as an uptake blocker at SERT, thus showing a 'hybrid' profile. Both *cis*- and *trans*-4,4'-DMAR isomers were also more potent than (S)-(+)-3,4-methylenedioxymethamphetamine ((S)-(+)-MDMA) as catecholamine releasers.

Section A. Physical, chemical, pharmaceutical and pharmacological information

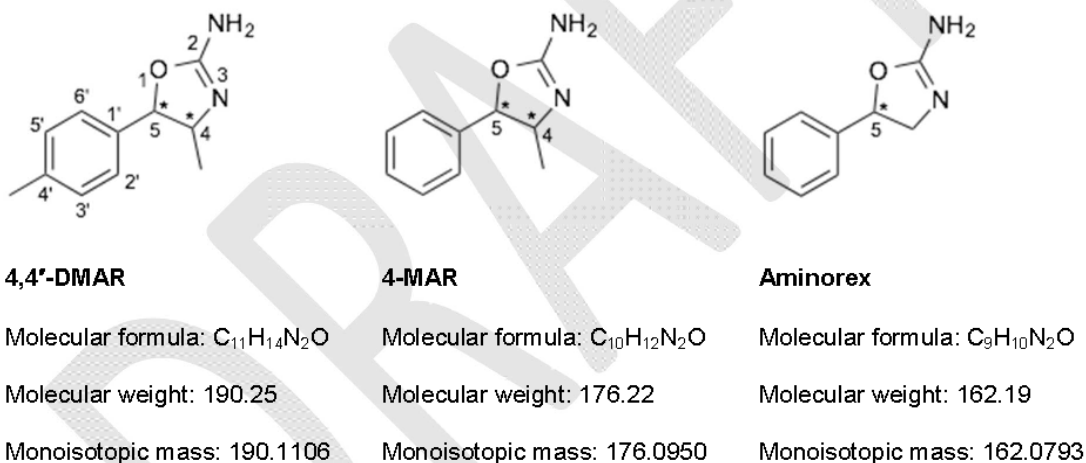
A1. Physical, chemical, and pharmaceutical information

A1.1. Physical and chemical description

Chemical description and names

4-Methyl-5-(4-methylphenyl)-4,5-dihydrooxazol-2-amine (4,4'-DMAR) is a synthetic substituted oxazoline derivative. It can also be classified as an analogue of 4-methylaminorex (4-MAR) and aminorex, both of which are psychostimulants and controlled under the 1971 United Nations Convention on Psychotropic Substances ⁽³⁾. The structures of 4,4'-DMAR, 4-MAR and aminorex are provided in Figure 1.

Figure 1. Molecular structure, formula, relative molecular weight and monoisotopic mass of 4,4'-DMAR. Structures of 4-MAR and aminorex are provided for comparison. Asterisk indicates chiral carbon.



The systematic (International Union of Pure and Applied Chemistry, IUPAC) name is 4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine. Other commonly encountered names, codenames, street names, and abbreviations are given in Table 1. Chemical Abstract Service (CAS) registry numbers are given in Table 2.

Table 1. Alternative names, codenames, street names, and abbreviations that may be encountered for 4,4'-DMAR.

4-Methyl-5-(*p*-tolyl)-4,5-dihydrooxazol-2-amine

⁽³⁾ 4-MAR is listed in Schedule I and aminorex is listed in Schedule IV of the 1971 United Nations Convention on Psychotropic Substances.

4,5-Dihydro-4-methyl-5-(4-methylphenyl)-2-oxazolamine
[4-Methyl-5-(p-tolyl)-2-oxazolin-2-yl]amine
4-Methyl-5-(<i>para</i> -methylphenyl)-2-amino-oxazoline
<i>para</i> -Methyl-4-methylaminorex
<i>p</i> -Methyl-4-methylaminorex
4-Methylaminorex <i>p</i> -methyl derivative
4,4'-Dimethylaminorex
p4-DMAR
4-methyl-euphoria
4-methyl-U4Euh
4-M-4-MAR
Serotoni
ST
ST60

Table 2. Chemical Abstract Service (CAS) Registry Numbers for 4,4'-DMAR.

CAS Registry Numbers	Variant
1445569-01-6	Form not specified
364064-08-4	(4S,5S) Free base

The words 'euphoria' and 'U4Euh' used in some of the street names of 4,4'-DMAR (Table 1) is a reference to two of the street names given to 4-methylaminorex (4-MAR) ⁽⁴⁾, a psychostimulant encountered in the 1980s (By et al., 1989, Cooper, 1988, Davis and Brewster, 1988, Klein et al., 1989). Aminorex ⁽⁵⁾, i.e. the analogue without both methyl groups at the *para*- and 4-position contained in 4,4'-DMAR, was briefly available as an

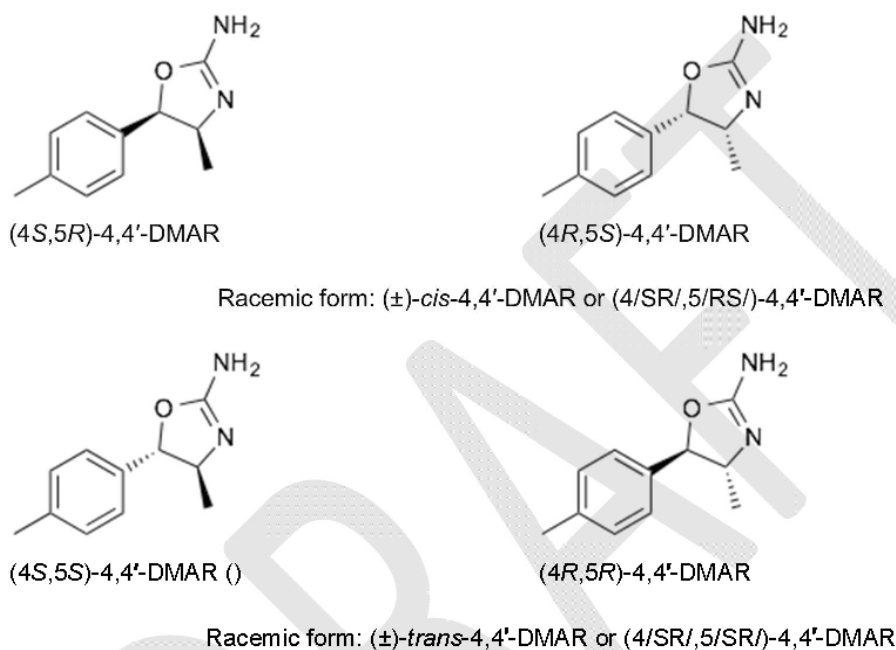
⁽⁴⁾ Other street names for 4-methylaminorex include: 4-MAX, McN-822 and 'ICE' (before this term was more frequently used for methamphetamine).

⁽⁵⁾ 5-Phenyl-4,5-dihydro-1,3-oxazol-2-amine (aminoxafen; aminoxaphen; apiquel; CPDD-0039; McN-742; NSC-66592; NSC-66952).

appetite suppressant in Europe during the late 1960s but was withdrawn from the market due to an association with primary pulmonary hypertension (Gurtner, 1979, Gurtner, 1985).

The presence of two chiral centres within the oxazoline ring of 4,4'-DMAR gives rise to four enantiomers or two (\pm)-*cis* and (\pm)-*trans* racemates as shown in Figure 2⁽⁶⁾. However, it seems unlikely that any of the enantiopure forms would appear on the drug market due to additional complexities involved in their preparation.

Figure 2. Molecular structures of the four possible 4,4'-DMAR enantiomers.



Identification and analytical profile

An extensive analytical characterization and preparation of both *cis*- and *trans*-4,4'-DMAR racemates has recently been reported (Brandt et al., 2014). These included ¹H and ¹³C nuclear magnetic resonance spectroscopy (NMR), electron- and chemical ionisation (EI/CI), electrospray (ESI) triple quadrupole and high-resolution mass spectrometry, Fourier transform infrared spectroscopy (FTIR), ultraviolet-visible spectroscopy, gas (GC)- and liquid chromatography (LC) and X-ray crystallography. The differentiation of *cis*- and *trans* racemates may be facilitated by implementation of FTIR, NMR or adequate separation techniques. Chiral resolution of all four enantiomers may be obtained from derivatisation and synthesis or separation using appropriate preparatory stationary phases.

Analysis by EI-MS revealed the presence of key fragments at and *m/z* 190 (M^{*+}), 175, 146, 119, 91, 70 (base peak) and *m/z* 43, respectively. The EI spectra of both racemates are

⁽⁶⁾ (\pm) is used to denote the presence of the racemic mixture. For reasons of clarity it will be omitted in the remaining text when reference is made to either *cis*- or *trans* 4,4'-DMAR instead of (\pm)-*cis*- and (\pm)-*trans*-4,4'-DMAR, respectively.

identical as expected. Collision-induced dissociation of the protonated molecule $[M+H]^+$ at m/z 191 under ESI-MS/MS conditions gave key product ions at m/z 148 (base peak, depending on collision energy), 131, 116, 105, 91 and 56. Challenges (e.g. peak broadening or artificially-induced isomerisation) may be encountered during characterisation by GC-MS. Differentiation between *cis*- and *trans*-4,4'-DMAR may also be obtained by NMR analysis:

cis-4,4'-DMAR free base: ^1H NMR (CDCl_3) δ 7.20 (d, $J = 7.8$ Hz, 2 H, Ar H), 7.12 (d, $J = 7.8$ Hz, 2 H, Ar H), 5.74 (d, $J = 8.7$ Hz, H-5), 4.41 (dq, $J = 8.7, 6.8$ Hz, H-4), 2.38 (s, 3 H, Ar- CH_3) and 0.84 (d, $J = 6.8$ Hz, 3 H, CH_3); ^{13}C NMR (CDCl_3) δ 160.90 (C-2), 138.30 (Ar-C), 131.71 (Ar-C), 129.04 (Ar-CH), 125.85 (Ar-CH), 85.59 (C-5), 59.50 (C-4), 21.07 (Ar- CH_3) and 17.59 (CH_3).

trans-4,4'-DMAR free base: ^1H NMR (CDCl_3) δ 7.23 (m, 4 H, Ar H), 5.08 (d, $J = 7.7$ Hz, 1 H, H-5), 4.05 (dq, $J = 7.7, 6.2$ Hz, 1 H, H-4), 2.38 (s, 3 H, Ar- CH_3) and 1.40 (d, $J = 6.2$ Hz, 3 H, CH_3); ^{13}C NMR (CDCl_3) δ 160.49 (C-2), 139.34 (Ar-C), 133.84 (Ar-C), 129.76 (Ar-CH), 126.31 (Ar-CH), 90.25 (C-5), 63.71 (C-4), 21.03 (Ar- CH_3) and 20.08 (CH_3).

The direct analysis of 4,4'-DMAR (e.g. as a powder, tablet or in liquid form) can be carried out using standard techniques. Detection in biological fluids may require the implementation of more sensitive technology including single- or tandem mass-spectrometry, in cases where low concentrations may be encountered in the sample matrices. Detection methods such as GC-MS, HPLC and/or LC-MS have been applied and published as part of a recent case series relating to 18 deaths associated with 4,4'-DMAR in the United Kingdom (Cosbey et al., 2014) ⁽⁷⁾ (Section D.1.2.3). Data from these deaths as well as others reported by the United Kingdom, as well as data from a collected sample purchased from an Internet retailer ⁽⁸⁾ indicate that it is the *cis*-form of 4,4'-DMAR on the drug market (Brandt et al., 2014). Information about the presence and prevalence of its *trans*-counterpart is unavailable but the potential for its appearance cannot be excluded. The implementation of analytical procedures applied to low concentration sample matrices able to differentiate between the *cis*- and the *trans* forms requires access to suitable reference material. It is worth noting that the preparation and analytical characterisation of the 3,4-dimethylaminorex isomers (both methyl groups present on the oxazoline ring) has been described in the literature (Noggle et al., 1992) and analytical differentiation from 4,4'-DMAR would be not expected to cause difficulties ⁽⁹⁾. One of the *trans*-enantiomers appears to have been discussed on an online forum and called '4-DMAR' and 'Direx' ⁽¹⁰⁾.

There is no information on presumptive colour tests with 4,4'-DMAR.

As of August 2014, there is no immunoassay field test for 4,4'-DMAR. Data on cross-reactivity with commercially available urine immunoassay tests used for standard drugs of

⁽⁷⁾ These 18 deaths are included in those that have been reported by the United Kingdom.

⁽⁸⁾ The term 'Internet retailer' is used in this report to describe Internet shops that offer new psychoactive substances for sale often advertised as 'legal highs' and 'research chemicals'.

⁽⁹⁾ Another isomer 3',4'-DMAR ('Serotoni 2.0'), i.e. carrying the methyl group in the meta- instead of the para-position has been mentioned on the Internet (<http://serotoni.info>, 2014) although data on this compound seem to be unavailable at present.

⁽¹⁰⁾ www.drugs-forum.com/forum/showthread.php?t=83865 [August 2014].

abuse are currently unavailable. Information related to a death reported by Poland (Section D.1.2.3) noted that preliminary screening with an ELISA test pointed towards the presence of amphetamine, methamphetamine and benzodiazepines. Blood analysis carried out by LC-MS/MS, however, confirmed the presence of 4,4'-DMAR, *N*-ethylbuphedrone (NEB), midazolam and α -hydroxy-midazolam instead.

The REACH registered substances database hosted by the European Chemicals Agency (ECHA) was searched using the CAS Registry Numbers listed above and no information was found.

Physical description

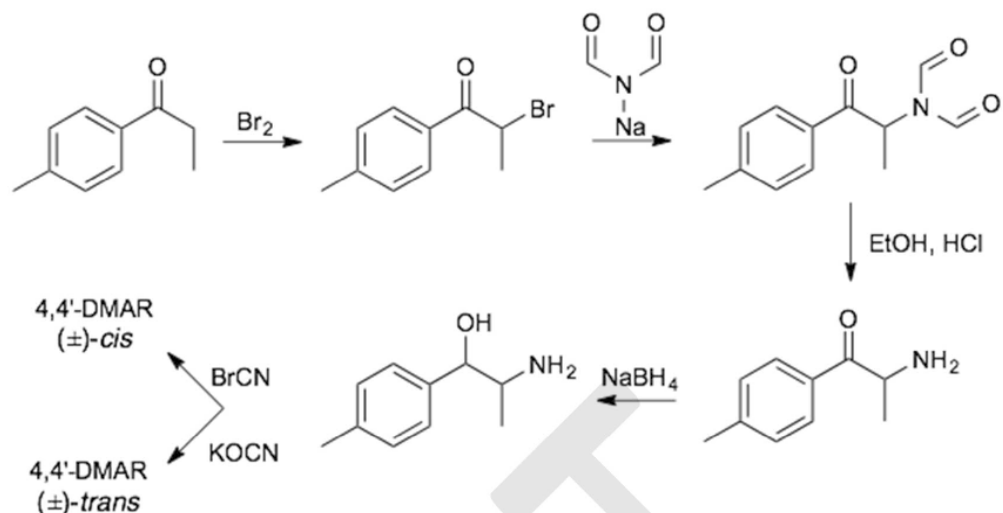
The free base of both *cis*- and *trans* forms have been described as colourless solids with melting points of 136–138°C (*cis*-4,4'-DMAR) and 101–103°C (*trans*-4,4'-DMAR), respectively. The melting point of a recrystallised *cis*-4,4'-DMAR hydrochloride salt sample obtained from an Internet retailer was given as 163–165°C (ethyl acetate/methanol) (Brandt et al., 2014) (Section C). The *cis*-4,4'-DMAR HCl salt is a white crystalline powder and soluble in water. Commercially available analytical reference standards for all enantiomers and both racemic forms are expected to be available in the near future. Section A1.2 provides a description of the physical forms reported from Member States.

Methods and chemical precursors used for the manufacture of 4,4'-DMAR

Information regarding manufacturing sites, precursors or synthetic methods used for 4,4'-DMAR detected on the drug market in Europe is not available. A report on the syntheses of *cis*- and *trans*-4,4'-DMAR was first published in 2014 and is outlined in Figure 3 (Brandt et al., 2014). Important key intermediates in this reaction are the cathinone (normephedrone) intermediate and the reduced alcohol. Conversion to *cis*- and *trans*-4,4'-DMAR was achieved with either cyanogen bromide (BrCN) or potassium cyanate (KOCN), respectively, based on a number of variations published in the earlier literature related to the chemistry of aminorex-type compounds (e.g. Fodor and Koczka, 1952, Poos et al., 1963, Rodriguez and Allred, 2005). Interestingly, the idea of synthesising 4,4'-DMAR following established aminorex-type chemistry was discussed on an online forum at least as early as 2003 although it is unclear whether this was ever taken further to the preparatory stage ⁽¹⁾.

Figure 3. Synthesis of *cis*- and *trans*-4,4'-DMAR as reported by Brandt et al.

⁽¹⁾ For example, some of the 'The Hive' forum (defunct since 2004) files have been archived ('Hive filez'). The contemplation on a potential 4,4'-DMAR synthesis was posted on 05.04.2003 (post no 424141). The Hive was an online discussion forum for individuals interested in the practical synthesis of psychoactive substances, their use, and the related social and policy issues.



Typical impurities encountered in seized and collected samples

Detailed information available with regards to route-specific by-products produced during the synthesis of 4,4'-DMAR is not available. In addition, there are no quantitative data currently available on the impurities detected in seized and collected samples. Analyses of seized powder and tablet materials (Section C) have revealed mixtures with other new psychoactive substances such as pentedrone⁽¹²⁾, methcathinone, MPPP⁽¹³⁾, alpha-PVP⁽¹⁴⁾, bk-MPA⁽¹⁵⁾, PVP⁽¹⁶⁾, mephedrone⁽¹⁷⁾, UR-144⁽¹⁸⁾, RH-34⁽¹⁹⁾, ethylphenidate and 5-APDB⁽²⁰⁾. In one case from Hungary, the presence of creatine monohydrate was reported to be present as a cutting agent. In the majority of cases 4,4'-DMAR was the main constituent.

A1.2. Physical/pharmaceutical form

Reports of seizures and collected samples have noted that 4,4'-DMAR has typically been obtained in the form of powders and tablets (EMCDDA & Europol, 2014). The majority of powders are white but other samples have also been described as pale yellow, pink, green and blue coloured powders. Tablets have been observed in various colours and shapes some of which bore logos such as 'Playboy', 'Heart', 'Mitsubishi', 'Star', 'Transformers', 'Cherries', and 'Cross'. The analysis of a collected sample of 5g of 4,4'-DMAR in the form of a white powder sample obtained from an Internet retailer confirmed the presence of the *cis*-form as a hydrochloride salt (Brandt et al., 2014). Section C and Appendix 1 provide further details of the seized and the collected sample of 4,4'-DMAR.

- ⁽¹²⁾ 2-(Methylamino)-1-phenylpentan-1-one
⁽¹³⁾ 1-(4-Methylphenyl)-2-(pyrrolidin-1-yl)propan-1-one
⁽¹⁴⁾ 1-Phenyl-2-(pyrrolidin-1-yl)pentan-1-one
⁽¹⁵⁾ 2-(Methylamino)-1-(thiophen-2-yl)propan-1-one
⁽¹⁶⁾ Presumed to refer to alpha-PVP, i.e. 1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one
⁽¹⁷⁾ 2-(Methylamino)-1-(4-methylphenyl)propan-1-one
⁽¹⁸⁾ (1-Pentyl-1H-indol-3-yl)(2,2,3,3-tetraethylcyclopropyl)methanone
⁽¹⁹⁾ 3-[2-[(2-Methoxybenzyl)amino]ethyl]quinazoline-2,4(1*H*,3*H*)-dione
⁽²⁰⁾ 1-(2,3-Dihydro-1-benzofuran-5-yl)propan-2-amine

A1.3. Route of administration and dosage

Information provided by the Member States and from user websites⁽²¹⁾ suggests that common routes of administration for 4,4'-DMAR are nasal insufflation and oral administration⁽²²⁾. In the latter case, consumption of tablets and 'bombing', i.e. the practice of wrapping powder in cigarette paper (or similar) prior to swallowing, have been noted. One self-reported experience from a user website notes the inhalation of 20mg 4,4'-DMAR which appeared to be based on the application of heat to what was described as a 'methpipe'. In this instance, this was preceded by oral administration of 40mg⁽²³⁾. In one of the deaths reported by Hungary to the EU Early Warning System the drug had been injected (specific route of injection not reported). The physical forms detected in seizures and the collected sample would appear to be consistent with these routes of administration (Section C).

Limited information on user websites suggests that a range of 'doses' are used. 'Low doses' were reported as 10–15 mg insufflated or 10–25 mg oral with a 'high oral dose' being reported as 120 mg⁽²⁴⁾. Another site reported the 'dosage' (not further described) as 30–100 mg⁽²⁵⁾. Oral 'doses' between 60 and 200 mg and 65 mg insufflation have also been mentioned, in addition to dosage levels of 'around 360 mg over the course of around 4–5 hrs'⁽²⁶⁾.

Information from the Member States, particularly in relation to the deaths associated with 4,4'-DMAR, and from user websites⁽²⁷⁾ suggests that 4,4'-DMAR may be used on its own or in combination with other psychoactive substances.

A2. Pharmacology, including pharmacodynamics and pharmacokinetics

Pharmacodynamics

While a number of nonclinical studies have been published on the psychostimulant-like properties of 4-methylminorex (e.g. Ashby et al., 1995, Batsche et al., 1994, Bunker et al., 1990, Glennon and Misenheimer, 1990, Goodman, 1990, Hanson et al., 1992, Hanson et al., 1999, Kankaanpää et al., 2002, Mansbach et al., 1990, Meririnne et al., 2005, Roszkowski and Kelley, 1963, Russell et al., 1995, Yelnosky and Katz, 1963, Young and Glennon, 1993, Young and Glennon, 1998), data on 4,4'-DMAR are more limited due to its recent emergence on the drug market.

Recent *in vitro* investigations on the monoamine transporter activity of *cis*-4,4'-DMAR using rat brain synaptosomes (Baumann et al., 2012, Rothman et al., 2003) revealed a robust ability to induce release of dopamine, noradrenaline and serotonin at the dopamine

⁽²¹⁾ The term 'user website' is used to describe Internet drug discussion forums and related websites.

⁽²²⁾ www.chemsrus.com (2014); www.drugs-forum.com (2014); <http://serotoni.info> (2014); www.bluelight.org (2014); www.ukchemicalresearch.org (2014).

⁽²³⁾ www.zoklet.net/bbs/showthread.php?t=289735 [15.08.2014].

⁽²⁴⁾ www.drugs-forum.com/forum/showthread.php?t=216908 [April 2014]

⁽²⁵⁾ www.serotoni.info [April 2014]

⁽²⁶⁾ www.ukchemicalresearch.org/Thread-Serotoni-Powder-Serotonin-Syndrom-e-and-Stimulant-Psychosis [April 2014] and www.chemsrus.com/forum/6-stimulants/7358-serotoni?limit=10&start=40 [April 2014]

⁽²⁷⁾ www.drugs-forum.com/forum/showthread.php?t=216908 [April 2014]

transporter (DAT), noradrenaline transporter (NET) and serotonin transporter (SERT), respectively (Brandt et al., 2014). *d*-Amphetamine, aminorex and *cis*-4-MAR (4-methylaminorex) were used as control compounds. The determination of dose-response curves (Figure 4) and potency values (expressed as half maximal effective concentrations, EC₅₀, Table 3) revealed potent releasing activity of all compounds at DAT. Considerable potency values were also obtained for NET while activity at SERT varied more than 100-fold across the four substances, with (±)-*cis*-4,4'-DMAR exhibiting the highest potency at releasing serotonin (EC₅₀ = 18.5 ± 2.8 nM). These results suggested that *cis*-4,4'-DMAR is a potent efficacious releaser at DAT, NET and SERT in rat brain tissue with comparable potency at DAT and NET to that of *d*-amphetamine and aminorex. Table 3 also shows that the potency of *cis*-4,4'-DMAR to release catecholamines was lower than that observed for *cis*-4-MAR. On the other hand, *cis*-4,4'-DMAR exerted much more potent actions at SERT when compared to *d*-amphetamine, aminorex and *cis*-4-MAR (Brandt et al., 2014)

Figure 4. Dose-response effects of *d*-amphetamine, aminorex, *cis*-4-MAR and *cis*-4,4'-DMAR in evoking release from DAT, NET and SERT in rat brain synaptosomes (Brandt et al., 2014).

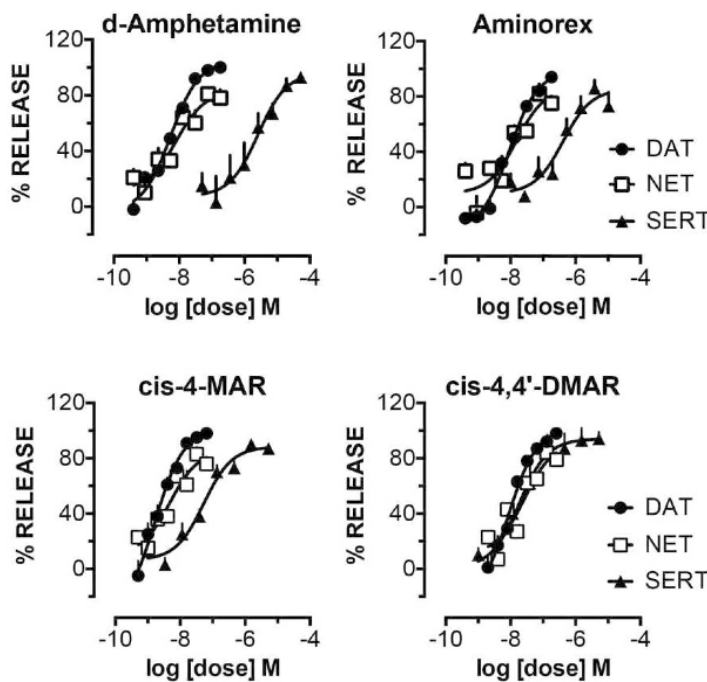


Table 3. Stimulation of release in rat brain synaptosomes ^a

Drug	Release at DAT EC ₅₀ (nM)	Release at NET EC ₅₀ (nM)	Release at SERT EC ₅₀ (nM)	DAT/SERT ratio ^b
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<i>d</i> -Amphetamine	5.5 ± 0.5	8.2 ± 1.6	2602 ± 494	473
Aminorex	9.1 ± 0.9	15.1 ± 3.5	414 ± 78	45
<i>cis</i> -4-MAR ^c	1.7 ± 0.2	4.8 ± 0.9	53.2 ± 6.8	31
<i>cis</i> -4,4'-DMAR	8.6 ± 1.1	26.9 ± 5.9	18.5 ± 2.8	2

^a Table modified from Brandt et al., (2014). DAT: dopamine transporter; NET: norepinephrine transporter; SERT: serotonin transporter; [³H]-1-methyl-4-phenylpyridinium ([³H]MPP+) used as radiolabeled substrate for DAT and NET and [³H]5-HT (serotonin) for SERT. Data expressed as mean ± SD for N = 3–4 experiments performed in triplicate.

^b DAT/SERT ratio calculated by (EC₅₀ at DAT)⁻¹ / (EC₅₀ at SERT)⁻¹; higher value = greater DAT selectivity.

^c *cis*-4-Methylaminorex racemate.

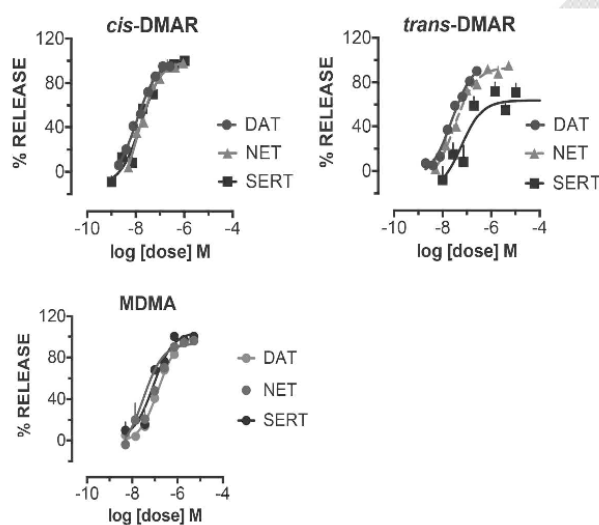


Figure 5. Dose-response effects of *cis*- and *trans*-4,4'-DMAR compared to (*S*)-(+)-3,4-methylenedioxymethamphetamine ((*S*)-(+)-MDMA)) in evoking release from DAT, NET and SERT in rat brain synaptosomes (McLaughlin, et al., 2014).

A comparison between *cis*- and *trans*-4,4'-DMAR under identical assay conditions, i.e. monoamine transporter release using rat brain synaptosomes, showed that *trans*-4,4'-DMAR was also a fully efficacious releasing agent at DAT and NET although slightly less potent than the *cis*-isomer (Figure 5, Table 4). The key difference between the *cis*- and *trans* isomers was observed at SERT where the *trans*-isomer acted as an uptake blocker, which indicated that *trans*-4,4'-DMAR displayed a 'hybrid' profile of a catecholamine releaser with 5-HT uptake blocking properties (McLaughlin et al., 2014). The extent to which some pharmacological overlaps between 4,4'-DMAR and MDMA might translate to psychopharmacological overlap in humans has not been investigated.

Table 4. Stimulation of release in rat brain synaptosomes^a In this follow-up study to Brandt et al., (2014), (*S*)-(+)-3,4-methylenedioxymethamphetamine ((*S*)-(+)-MDMA)) was employed as the control which reflected the fact that this substance is a well-characterised, non-selective substrate-type releaser (Baumann et al., 2007) which was consistent with the data

reported in Figure 5 and Table 4. All three test compounds were shown to be non-selective, with DAT/SERT ratios ranging from 0.6 for MDMA, 1.6 for *cis*-4,4'-DMAR and 2.5 for *trans*-4,4'-DMAR (McLaughlin, et al., 2014).

Drug	Release at DAT EC ₅₀ (nM)	Release at NET EC ₅₀ (nM)	Release at SERT EC ₅₀ (nM)	DAT/SERT ratio ^c
(S)-(+)-MDMA ^b	143 ± 16	98.3 ± 15.0	85.0 ± 13.3	0.6
<i>cis</i> -4,4'-DMAR	10.9 ± 0.7	11.8 ± 2.0	17.7 ± 2.3	1.6
<i>trans</i> -4,4'-DMAR	24.4 ± 2.7	31.6 ± 4.6	59.9 ± 17.2 ^d	2.5

^a Table modified from McLaughlin et al. (2014). DAT: dopamine transporter; NET: norepinephrine transporter; SERT: serotonin transporter; [³H]-1-methyl-4-phenylpyridinium ([³H]MPP⁺) used as radiolabeled substrate for DAT and NET and [³H]5-HT (serotonin) for SERT. Data expressed as mean ± SD for N = 3-4 experiments performed in triplicate.

^b (S)-(+)-3,4-Methylenedioxymethamphetamine.

^c DAT/SERT ratio calculated by (EC₅₀ at DAT)⁻¹ / (EC₅₀ at SERT)⁻¹; higher value = greater DAT selectivity.

^d Fully efficacious as an uptake blocker at SERT and indication that it may not act as substrate-type releaser.

Pharmacokinetics

Published pharmacokinetic data for 4,4'-DMAR in animals or humans are not available. A report published on the *in vivo* metabolism of 4-methylaminorex (4-MAR) in Sprague-Dawley rats following a single oral and intravenous administration (10 mg/kg) revealed the identification of three metabolites in urine. In addition to the parent molecule 4-MAR (major constituent), the oxazolidinone derivative (oxidative deamination), *para*-hydroxylated 4-MAR and norephedrine were detected (Henderson et al., 1995). It is conceivable therefore that in the case of 4,4'-DMAR detection of the ring-opened, *para*-methylated norephedrine-type counterpart may also be expected. It is worth noting that this latter analyte has also been detected as a mephedrone metabolite (Meyer et al., 2010). More recent work published on the conversion of all stereoisomers of *cis*- and *trans* 4-MAR to their norephedrine/norpseudoephedrine metabolites (adult male Han/Wistar rats; intravenous, intraperitoneal, and oral routes of administration at 2 mg/kg) confirmed differences in pharmacokinetic parameters and tissue distribution. Interestingly, the *trans*-(4*R*,5*R*)-isomer differed significantly from the remaining isomers as it displayed high oral bioavailability and more than a 3-fold longer elimination half-life (Meririnne et al., 2004). Details on the potential for stereospecific pharmacokinetics related to 4,4'-DMAR have not been described.

Interactions with other substances

Given the current lack of data it is difficult to predict with accuracy any potential drug interactions or contraindications. Briefly, as noted above, the ability of both *cis*- and *trans*-4,4'-DMAR to display potent monoamine transporter activity *in vitro* may be relevant when considering potential interactions with other substances that act on similar targets that effect dopamine, norepinephrine and serotonin levels. For example, the use of substances including medicinal products, known to increase 5-HT-release and/or reuptake (such as selective serotonin reuptake inhibitors (SSRIs), MDMA, and cocaine) may increase the risk

of developing serotonergic toxicity (often also referred to as serotonin syndrome), the symptoms of which can include tachycardia, hypertension, hyperthermia, muscle rigidity and convulsions (Boyer and Shannon, 2005, Isbister et al., 2007, Sternbach, 1991). High dosage levels and/or combinations of 4,4'-DMAR with other amphetamine-type substances, e.g. catecholamine releasing agents, may lead to increasing risk of developing psychotic symptoms and agitation while potentially dangerous cardiovascular effects could be produced by excessive norepinephrine release in the periphery. The available information related to deaths reported to the EU Early Warning System indicated that in 30 of the 31 deaths one or more psychoactive substances (predominantly stimulants) were present in the analysed biological samples (Section D).

A3. Psychological and behavioural effects

There are no published studies assessing the psychological and/or behavioural effects of 4,4'-DMAR. Self-reported experiences of 4,4'-DMAR use from user websites note a range of effects that include: euphoria, change in visual perception, mental and physical stimulation, empathic effects, nausea, agitation and anxiety.

It is important to note that it is not possible to confirm the specific substance(s) used, nor the purity, dose/amount, etc., in respect to self-reported cases. Analyses of new psychoactive substances or products containing them that are sold on the drug market have shown that the composition can differ between that claimed by the retailer, as well as vary over geographical areas and time. Furthermore, the users' physical characteristics and health status are rarely reported. In addition, the information on user websites should be regarded as illustrative only and not taken as representative of users of 4,4'-DMAR in general. Consequently, these reports need to be interpreted with caution.

A4. Legitimate uses of the product

4,4'-DMAR and the corresponding enantiomers are expected to become available as an analytical reference standard for use in scientific research and forensic applications. A range of isomers and closely related derivatives/analogues ⁽²⁸⁾ have been featured in a number of patent applications filed by the pharmaceutical company Hoffmann-La Roche, which describe their uses as ligands for the trace amine associated receptor 1 (TAAR1) related to a range of potential applications to central nervous system disorders (Decoret et al., 2010, Galley et al., 2008). The (4*S*,5*S*)-*trans*-4,4'-DMAR enantiomer has been featured in several patents related to the preparation of a range of phospholipase A2 inhibitors (e.g. Takagi et al., 2003), thus, giving rise to the associated CAS number shown in Table 2. The remaining three forms have not yet been encountered in the existing scientific and patent literature.

There are currently no other indications that 4,4'-DMAR may be used for other legitimate purposes. There are no known uses of 4,4'-DMAR as a component in industrial, cosmetic or agricultural products. There is no information that 4,4'-DMAR is currently used in the

⁽²⁸⁾ Example: (4*R*)-5,5-dimethyl-4-phenyl-4,5-dihydro-1,3-oxazol-2-amine or 4-ethyl-4-phenyl-4,5-dihydro-1,3-oxazol-2-amine.

manufacture of a medicinal product in the European Union. However, in the absence of a European Union database on the synthetic routes of all medicinal products this information cannot be confirmed. There is no marketing authorisation (existing, ongoing or suspended) for 4,4'-DMAR neither in the European Union nor in the Member States that responded to the request for information from the European Medicines Agency (EMCDDA & Europol, 2014).

Section B. Dependence and abuse potential

B1. Animal in vivo and in vitro data

There are no published animal studies that have examined the dependence and abuse potential of 4,4'-DMAR.

B2. Human data

There are no published studies investigating the dependence and/or abuse potential of 4,4'-DMAR in humans. In addition, there are no published case reports describing the potential for dependence or abuse potential for 4,4'-DMAR. Information from drug treatment agencies about the dependence and abuse potential is not available. It was not possible to ascertain the dependence-producing properties nor abuse potential associated with 4,4'-DMAR from user websites.

Section C. Prevalence of use

Information from seizures, collected and biological samples

The first official notification of 4,4'-DMAR to the EU Early Warning System was 10 December 2012 by the Netherlands National Focal Point. The Reporting Form details a seizure of 500 g of white powder seized on 19 November 2012 by customs authorities at Amsterdam. The importation was noted to have arrived from India.

Information provided to Europol

Europol received reports from four Member states with regards to level of production, distribution and trafficking.

Finland reported a small seizure that took place on 23 May 2013. It was a confiscation of two tablets containing 4,4'-DMAR (customs authorities in Helsinki), which arrived in a parcel coming from the United Kingdom. This seizure was also reported by the Finnish National Focal Point to the EMCDDA on 2 July 2013.

Hungary reported that 4,4'-DMAR had been used to make tablets, and that this tableting was presumably carried out in Hungary but further details were not available. A total number of 78 seizures were reported by police between June and October 2013. 4,4'-DMAR was seized as tablets (41 seizures) and in powder form (37 seizures). Quantities of tablets seized ranged from a single tablet to 900 tablets, with three seizures above 100 tablets and a total of 1852 tablets. Quantities of seized powder ranged from 0.01 g to 193 g, with 27 seizures

below 1 g and a total weight of 337 g seized. In most cases, 4,4'-DMAR was reported as the only active substance; in about 20% of detections it was found in combination with other substances (predominantly stimulants), including pentedrone (eight cases, two of which also contained PVP or alpha-PVP) and mephedrone (one case), RH-34 (two cases), 5-APDB (one case), bk-MPA (one case), ethylphenidate (one case), the synthetic cannabinoid receptor agonist UR-144 (one case) and the common cutting agent creatine monohydrate (one case). In a separate case, 4,4'-DMAR was found in combination with four cathinones (methcathinone, MPPP, pentedrone and alpha-PVP) (see footnotes in Section A.1.1). EMCDDA received the same information from the Hungarian national focal point. In the majority of cases, powdered samples were white but the presence of pink, green and blue powder has also been reported. Tablets, they have been observed to appear in different colours and in specific shapes or bearing specific logos, such as: 'Playboy', 'Heart', 'Mitsubishi', 'Star' and 'Transformers' (EMCDDA & Europol, 2014). According to Hungarian authorities, the number of seizures related to 4,4'-DMAR significantly decreased after the introduction of control measures.

As noted above, the Netherlands reported the first detection of 4,4'-DMAR in December 2012. It was a shipment of a parcel containing 500 g of pale yellow powder. The package was sent from India and was destined for a well-known wholesaler of new psychoactive substances in the Netherlands. On the shipping documents, the substance was declared (and misspelled) as: '4,5-DYHYDRO-4-METHYL-5(-4-METHYLPHENYL)-2-OXAZOLAM'.

In Romania, 4,4'-DMAR was identified in 14 seizures. In 13 cases, the substance was seized as a white powder having a total weight of 564.23 g. In the other case, five tablets containing 4,4'-DMAR were seized. It was also stated that in all cases the substance was shipped from abroad and intended for so-called 'own consumption'. No further details were provided. The Romanian national focal point also reported 13 of these seizures to the EMCDDA.

No reports were received that indicated licit or illicit production of 4,4'-DMAR in any Member States, Turkey and Norway. However, the Netherlands reported an incident from 2009 related to the production of 4-MAR, which is closely related to 4,4'-DMAR. The case involved the discovery of an illicit production site. The forensic examination of the site, conducted by the Netherlands Forensic Institute, demonstrated that both MDMA via the bromosafrole route and piperonyl methyl ketone PMK, (3,4-methylenedioxyphenylpropan-2-one) via the Wacker method had been produced. Moreover, several different types of substances, chemicals and recipes were found. In addition, two white plastic trays were found containing a few hundred grams of white powder which was found to contain 4-MAR. Moreover, according to the forensic examination, the 4-MAR was produced at the site. While not related to 4,4'-DMAR, this case would suggest that the capability to manufacture 4,4'-DMAR may exist within illicit drug-producing criminal groups within the European Union.

Information provided to the EMCDDA

The EMCDDA received reports of detections of 4,4'-DMAR ⁽²⁹⁾ from nine Member States

⁽²⁹⁾ 'Detections' is an all-encompassing term and may include seizures and/or collected and/or biological samples. Seizure means a substance available (seized) through law enforcement activities (police, customs, border guards,

(Denmark, Finland, France, Hungary, the Netherlands, Poland, Romania, Sweden and the United Kingdom).

4,4'-DMAR has typically been seized as powders or tablets. In most cases, 4,4'-DMAR was reported as the only active substance; in about 20% of detections it was found in combination with other substances (Section A.1.2).

Hungary reported the majority of seizures (78 cases). While the remaining Member States reported a small number of seizures, it is worth noting that in the case of the Netherlands these totalled more than 90 kg of powder⁽³⁰⁾. Sweden and Denmark reported that 4,4'-DMAR was detected in seizures of pink/red/purple octagonal tablets bearing the markings 'ST' on one side and '60' on the other. According to user websites, the 'ST' refers to 'Serotoni' and '60' refers to a 60 mg dose.

Denmark reported a seizure by customs of two purple octagonal tablets bearing the markings 'ST/60' in May 2013.

Finland reported a seizure by customs of two red tablets in May 2013 and Hungary reported a total of 78 seizures.

France reported the identification of 4,4'-DMAR in a white powder (604 mg) which appears to have been sold as MDMA; the investigation is ongoing.

As noted the Netherlands reported the first seizure of 4,4'-DMAR to the EMCDDA in December 2012. In addition, during 2013, customs authorities in the Netherlands detected a further 90 kg⁽³⁰⁾ of 4,4'-DMAR. No further details are available regarding these cases.

Romania reported 13 seizures made by the police in 2013. These comprised one case of five tablets and 12 cases of involving powder (amounting to a total of 558.84 g).

Sweden reported two seizures made by customs between June and December 2013 — a seizure of 10 g of white powder, and a seizure of two (red or red/pink) octagonal tablets bearing the markings 'ST' on one side and '60' on the other.

The United Kingdom reported a number of seizures made by police in Northern Ireland, amounting to 608 tablets. This included 3 cases of 357 tablets which bore a 'cherries' logo and 1 case of 91 tablets which bore a 'cross' logo (EMCDDA & Europol, 2014). In addition, five plastic bags containing white powder (a total amount of 1.81 g) were recovered by police in Scotland in April 2014 during the investigation of a death related to 4,4'-DMAR (Case 29, Table 5). It was reported that it was not the intention of the deceased to obtain 4,4'-DMAR, but possibly mephedrone or ketamine.

Biological samples

etc.). Collected samples are those that are actively collected by drug monitoring systems (such as test purchases) for monitoring and research purposes. Biological samples are those from human body fluids (urine, blood, etc.) and/or specimens (tissues, hair, etc.)

⁽³⁰⁾ This figure was given as '260 kilograms' in the Joint Report (EMCDDA & Europol, 2014), however the Netherlands National Focal Point informed the EMCDDA that the correct total quantity seized was around 90kg.

Three Member States (Hungary, Poland and the United Kingdom) reported detections of 4,4'-DMAR in biological samples from 31 deaths (8 in Hungary; 1 in Poland; 22 in the United Kingdom) and 1 non-fatal intoxication (Poland) (Section D 1.2.3). Hungary also reported the detection of 4,4'-DMAR in biological samples taken in 18 criminal cases related to the suspected consumption of narcotics.

Collected samples

The United Kingdom reported the detection of 4,4'-DMAR in a collected sample. A 5 g sample was purchased for GBP 60 (EUR 73) from an Internet retailer ⁽³¹⁾ in March 2014. The product was a white powder and labelled '5 g' '4,4'-DMAR' (EMCDDA & Europol, 2014). Analysis revealed the presence of *cis*-4,4'-DMAR as the hydrochloride salt. No additional constituents were detected (Brandt et al., 2014).

Availability from Internet retailers

EMCDDA monitoring of Internet retailers selling 4,4'-DMAR, that was undertaken in May 2014, identified two retailers that were currently selling the substance. The first site marketed 4,4'-DMAR as a 'research chemical'. It was advertised in powder form only, with quantities ranging from 500 mg (EUR 18.10) to 100 g (EUR 220). All quantities above 500 mg appeared to be offered with large price discounts ranging from 55–80 % depending on the quantity purchased. This retailer was the same site from which the collected sample of 4,4'-DMAR was obtained (reported by the United Kingdom). The second site offered 4,4'-DMAR in powder form, further details including on the quantities available and price were only available on application to the site. Four retailers were identified who appear to have discontinued the sale of 4,4'-DMAR; the reasons for the apparent discontinuation of the sale of this substance were not provided. An earlier study undertaken in April 2014 identified one Internet site selling 4,4'-DMAR with similar reduction in price per gram with increasing purchase quantities (Nizar et al., 2014). This study identified 20 Internet sites selling 4-MAR. Based on this data it would appear that the availability of 4,4'-DMAR from Internet retailers is limited.

Prevalence of use

There are currently no coordinated national or European surveys on the prevalence of use of 4,4'-DMAR in the general population or in targeted populations. Further, neither the European school survey project on alcohol and other drugs (ESPAD) nor other school/college/university surveys have investigated or reported on 4,4'-DMAR use. Information from seizures and deaths (Section D.1.2.3) reported by the Member States suggests that in some cases 4,4'-DMAR is sold as ecstasy and other illicit drugs, although the extent of this is unknown.

Information from poison information services

⁽³¹⁾ www.chems-direct.org. It is noteworthy that the price of 4,4'-DMAR dropped on this website since purchase in late March 2014 (e.g. as of 19.04.2014: € 40 for 5g). At the time of writing [21 August 2014], the website was 'unavailable due to maintenance'.

The National Poisons Information Service in the United Kingdom, which provide information on the number of accesses to information held on its online poisons information database TOXBASE[®] and details of telephone enquiries made to the service by health professionals, reported eight accesses to TOXBASE[®] between 12 February and end of June 2014, which indicated that the need for access to information with regards to this particular substance has been limited ⁽³²⁾.

Section D. Health risks

D1. Acute health effects

D1.1. Animal data

No studies were identified that have investigated the adverse events and acute toxicity of 4,4'-DMAR in animal models.

D1.2. Human data

No clinical studies were identified that have examined the adverse events and acute toxicity of 4,4'-DMAR in humans.

D1.2.1. User reports

There are few self-reported user experiences on user websites that discuss the subjective effects of 4,4'-DMAR ⁽³³⁾, including adverse effects. The numbers of posts that describe detailed experiences with the substance are more limited as compared to more established psychostimulants and 'research chemicals'. There is a need to interpret these user reports with caution since there was no analytical confirmation of the substances used (see caveat in Section A3). In addition, some of the users describe taking other drugs prior to or with 4,4'-DMAR.

The onset is described of being noticed within 10 to 60 minutes although it appears to take longer in some individuals, thus, possibly leading to re-dosing while waiting for the initial effects to be noticed ⁽³⁴⁾. Effects appear to last several hours ^(35,36) and increased heart rates and body temperature have been noted ⁽³⁷⁾. One user who reported having taken alcohol and an unspecified 'triple re-uptake inhibitor' prior to using 4,4'-DMAR noted increased heart

⁽³²⁾ There have been 2 telephone enquiries involving the use of a product termed 'Euphoria' and its involvement in adverse reactions (incl. agitation and pyrexia). As noted in Section A.1.1, the term 'Euphoria' was used as a street name for 4-methylaminorex. Further information, e.g. analytical confirmation or whether 'euphoria' was a branded product sold as a new psychoactive substance is unavailable.

⁽³³⁾ e.g. ukchemicalresearch.org, 2014; drugs-forum.com, 2014; chemsrus.com, 2014

⁽³⁴⁾ www.chemsrus.com/forum/14-trip-reports/37810-serotoni-repeated-dosing-familiar-feel [21.08.2014]

⁽³⁵⁾ www.drugs-forum.com/forum/showthread.php?t=216908 [August 2014]

⁽³⁶⁾ www.zoklet.net/bbs/showthread.php?t=289735 [August 2014]

⁽³⁷⁾ www.bluelight.org/vb/threads/676724-4-4-Dimethylaminorex-(4-5-dihydro-4-methyl-5-(4-methylphenyl)-2-Oxazolamine) [15.08.2014]

rate, increased body temperature, jaw clenching, facial spasms, sweating, stimulation, psychosis and hallucinations ⁽³⁸⁾.

The French National Focal Point provided information which noted recommendations from users on French language user websites to avoid 'any other products and specifically serotonergic [sic] products at least 4 days before and after tacking [sic] product'. It was also noted that users who may have developed tolerance to stimulants may require longer time periods before noticing the effects (> 1.5 h). The 'comedown' period has been described to be long-lasting with up to 12 hours. Undesired after-effects were perceived to be less demanding than those experienced by MDMA if appropriate dosage regimes were followed.

D1.2.2. 4,4'-DMAR associated acute toxicity

Since October 2013 a total of 32 serious adverse events ⁽³⁹⁾ associated with 4,4'-DMAR have been reported to the EU Early Warning System. Of the 32 cases, 1 was a non-fatal intoxication and 31 were deaths. The presence of 4,4'-DMAR was analytically confirmed in all 32 cases.

Poland reported the preliminary details of a non-fatal intoxication which occurred in September 2013. A 16-year-old female was admitted to hospital with suspicion of intoxication with 'legal highs'. Based on information from witnesses, she had been smoking an unknown herbal mixture after which she felt bad, collapsed and vomited. On admission to hospital the patient was in general fair condition, with verbal contact, dilated pupils, blood pressure 110/70 and heart rate 89 bpm. The next day alarming symptoms were observed (not further described). A blood sample (further details were not reported) was collected 24 hours after admission and found to contain 0.448 mg/L 4,4'-DMAR. The investigation is currently ongoing.

Information provided by the Member States related to 4,4'-DMAR associated deaths (also involving other substances) note a number of adverse effects, including: agitation, hyperthermia, convulsions, breathing problems and cardiac arrest (Section D1.2.3).

D1.2.3. 4,4'-DMAR associated deaths

A total of 31 deaths associated with 4,4'-DMAR were reported by Hungary (8 deaths), Poland (1 death) and the United Kingdom (22 deaths) ⁽⁴⁰⁾. The deaths in Hungary occurred

⁽³⁸⁾ www.ukchemicalresearch.org/Thread-Serotoni-Powder-Serotonin-Syndrome-and-Stimulant-Psychosis [August 2014]

⁽³⁹⁾ Serious adverse event means any adverse event associated with the consumption of a new psychoactive substance in a human that: results in death; is life-threatening; requires hospitalisation; results in persistent or significant disability or incapacity; consists of a congenital anomaly or birth defect; or is an important medical event that may not be immediately life-threatening or result in death or hospitalisation but may jeopardise the patient or may require intervention to prevent one of the other outcomes listed above should also be considered serious. Examples of such events are intensive treatment in an emergency room; convulsions that do not result in hospitalisation; or development of substance dependency or substance abuse. This definition was adapted from the guidelines of ICH (1994).

⁽⁴⁰⁾ Eighteen of the deaths from the United Kingdom have been formally published as a case series to alert the scientific community about the presence of 4,4'-DMAR on the illicit drug market (Cosbey, et al., 2014).

between June and October 2013, the Polish death in July 2013 and those in the United Kingdom between June 2013 and June 2014. The cause of death has not yet been reported for most of the cases. Table 5 provides the available details on these cases.

Data on gender and age were available for 30 of the decedents. Twenty-two were males aged between 18 and 41 (four from Hungary; the deceased from Poland; 17 from the United Kingdom) and eight were females aged between 16 and 43 years (four from Hungary; four from the United Kingdom).

4,4'-DMAR was detected in post-mortem biological samples in all 31 deaths. 4,4'-DMAR was quantified in 26 of the deaths, with concentrations ranging from less than 0.02 mg/L to 18.68 mg/L in blood, and from 5.93 mg/L to 43.49 mg/L in urine. In all apart from one case, the presence of other stimulants (including cocaine, amphetamines and new psychoactive substances such as synthetic cathinones) were found (Table 5).

In an attempt to evaluate the toxicological significance of 4,4'-DMAR in the deaths reported, an assessment of the following evidence was considered in each case: presence and concentration (and pharmacological nature) of 4,4'-DMAR; presence and concentration (and pharmacological nature) of other drugs present (including alcohol); circumstances of death; pathological findings at post-mortem, and cited cause of death. This allowed categorisation of the significance of 4,4'-DMAR in the deaths as being of low significance (i.e. alternative cause of death), medium significance (i.e. 4,4'-DMAR may have contributed to toxicity/death but other drugs present may have been more toxicologically significant) or high significance (i.e. 4,4'-DMAR was cited as the cause of death or was assessed to have been likely to contribute to toxicity/death even in the presence of other drugs). In order to highlight potential interactions or contributing toxicology the other substances found in the cases were characterised.

The results of this assessment concluded that in 23 deaths, 4,4'-DMAR was either the cause of death (3 cases) or is likely to have contributed to death (20 cases) even in the presence of other substances; in 1 of these deaths 4,4'-DMAR was the sole drug present. In 8 deaths, 4,4'-DMAR may have contributed to toxicity but other substances were present that may have been more toxicologically significant. In 27 cases other stimulants (including cocaine, amphetamines and new psychoactive substances such as synthetic cathinones) were found.

Table 5. Deaths associated with 4,4'-DMAR reported to the EU Early Warning System.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
1	HU	June 2013	25	M	Blood ^d	1.158 mg/L	7-Amino-clonazepam 0.1405 mg/L alpha-PVP 0.0058 mg/L Pentredone 0.0274 mg/L	High body temperature, huge bleeding in the muscles.	No information on route of administration, however 'there was no pin-prick'.
					Urine	43.493 mg/L	7-Amino-clonazepam 0.0961 mg/L alpha-PVP 0.0908 mg/L Clonazepam 0.0137 mg/L 4-MEC 6.522 mg/L Pentredone 15.276 mg/L		
2	HU	June 2013	25	F	Blood ^d	0.0427 mg/L	Amphetamine 0.4918 mg/L alpha-PVP 0.2357 mg/L Midazolam 0.2374 mg/L	High body temperature, huge bleeding in the muscles, and organs. Confusion, disorientation, unconsciousness, perspiration.	Injected, use about 3pm, 12 hours later died in the hospital.
3	HU	June 2013	18	M	Blood ^d	+ (no quantitation)	Mephedrone (no quantitation) MDMA (no quantitation) Pentredone (no quantitation)	Myoclonus, unconsciousness, body temperature: 42.9°C, internal bleeding (oral, intestinal), cardiac and respiratorical arrest. Autopsy: large brain oedema, diffuse internal bleeding, bleeding in lungs, dilatation of the right ventricle and atrium.	Went out, did not go home. His parents found him on the street, in poor condition. Ambulance took him to the hospital, next morning died.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
4	HU	Aug 2013	43	F	Blood ^d	2.055 mg/L	Mephedrone 0.5723 mg/L alpha-PVP 0.014 mg/L Alprazolam 0.1124 mg/L	–	She was found at home, died 2-3 days before. No information on route of administration, however there was no pin-prick.
					Urine	5.928 mg/L	Mephedrone 0.3215 mg/L alpha-PVP 0.0058 mg/L Alprazolam 0.0534 mg/L OH-Alprazolam 0.027 mg/L		
5	HU	Sept 2013	20	F	Blood ^d	3.565 mg/L	Alprazolam 0.0951 mg/L alpha-PVP 0.0296 mg/L Pentidrone 0.1730 mg/L THC-COOH 0.0127 mg/L	–	She died after a party. No information on route of administration, however there was no pin-prick.
					Urine	32.945 mg/L	Pentidrone 44.544 mg/L Amphetamine 0.353 mg/L alpha-PVP 0.0844 mg/L Alprazolam 0.0167 mg/L		
6	HU	Oct 2013	18	F	Blood ^d	+ (no quantitation)	MDA 0.0251 mg/L MDMA 0.1989 mg/L	Agitation, sweat, pale, 41.2°C temperature, glucose 1.7 mmol/L. Autopsy: brain oedema, bleeding and oedema in the lungs, 'shock' kidneys.	She consumed drugs with her friend in the afternoon. Parents took her to the hospital, after 1 hour she died. (arrived 23.05, died. 00.04.)

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Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
7	HU	Oct 2013	27	M	Blood*	+ (no quantitation)	MDA 0.04 mg/L MDMA 0.8863 mg/L Mephedrone 0.0363 mg/L	Mild brain oedema, shock, in the heart right atrial and ventricular dilatation, intestinal bleeding.	He consumed drugs with his friends at 18:30, died next morning.
					Urine	+ (no quantitation)	MDA (no quantitation) MDMA (no quantitation) Mephedrone (no quantitation)		
8	HU	Oct 2013	37	M	Blood*	+ (concentration to be confirmed)	MDA (concentration to be confirmed) MDMA (concentration to be confirmed)	Autopsy: cardiomyopathy, brain edema, pulmonary edema, tonsillar herniation, emollient brain tissue	-

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
9	PL	July 2013	34	M	Blood*	0.679 mg/L	4-Ethylbuphedrone 0.341 mg/L Midazolam 0.052 mg/L alpha-hydroxymidazolam 0.035 mg/L	Admitted to hospital deeply unconscious, breathing on his own, with no reaction to sensory stimulation, fixed dilated pupils, increased muscle tonus, muscle tremor, spasm of the jaw muscles, bruising around lips and ears, BP 70/30 and pulse 140. Patient was intubated and gastric lavage was performed. Patient died of cardiac arrest. Resuscitation was ineffective.	Male was found unconscious and with seizures in his room at 3.00 p.m. He had been seen the previous evening. In his room, a number of empty packages were found with the following labels: NEB (5 packages), 3,4 DMMC (2 packages), pentedrone (6 packages), MDAI (1 package), 5-APB (1 package), butedrone (3 packages), Eth-Cat (4 packages), MDEC (1 package), 3-MMC (1 package), IGNITE (10 packages), 4-FA (1 package), MXE (1 package), ethylphenidate (2 packages), alpha-PVP (1 package) and 4,4 DMAR (1 package).
10	UK	Jun 2013	36	M	Blood*	0.66 mg/L	Benzoylceogonine 0.97 mg/L Cocaine <0.05 mg/L Codeine <0.02 mg/L Tetralevamisole (unconfirmed)	-	-
11	UK	Jun 2013	25	M	Blood*	0.9 mg/L	4-MEC 0.05 mg/L MDMA 0.82 mg/L MDA PMMA 0.11 mg/L PMA THC-COOH	-	Drinking heavily, took 'methadone', continued drinking, took 2 'Ecstasy' tabs immediately felt unwell, agitated. Unresponsive 1 hr later.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
12	UK	Jun 2013	33	M	Blood	0.28 mg/L	Benzoylcocaine 0.04 mg/L	–	Believed to have taken 'cocaine and ecstasy'. Deceased had taken 'speckled cherries tablets' orally. Cerebral oedema at post mortem, suspected to have taken drugs at 14.30, found unconscious the following day at 07.30, died in hospital the day after at 10.30.
13	UK	Jun 2013	27	M	Blood	0.7 mg/L	Benzoylcocaine 0.36 mg/L MDMA 0.19 mg/L MDA Mirtazapine (a low level) Indications of low level of cocaine	–	4,4'-DMAR detected on nasal swabs with cocaine. Found dead on arrival of ambulance service, tablets and powder found when house searched.
14	UK	Jul 2013	29	M	Blood	<0.02 mg/L	PMA 0.09 mg/L Diazepam plus metabolite 0.14 mg/L THC-COOH Indications of lidocaine	He appeared 'wiped out' was agitated and overheating, began foaming at mouth.	Friend purchased 10 x 'speckled cherries' for £50, two weeks prior from an unknown male in a bar. Socialising with friends at his flat drinking alcohol, taking 'E' 'speckled cherry', witness describes him taking 3 x 'speckled cherry' E tabs over the course of the evening.
15	UK	Jul 2013	40	M	Blood	1.25 mg/L	MDMA 0.02 mg/L Diazepam 0.05 mg/L THC-COOH	–	Consumed alcohol, ecstasy and cannabis, found dead the next day, nothing at post mortem.

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Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
16	UK	Aug 2013	41	M	Blood ^d	3.13 mg/L	MDMA 0.3 mg/L MDA Citalopram 0.42 mg/L	Epileptic type seizure prior to death.	Deceased had taken 'speckled cherries tablets'. Alcoholic, heavy intake prior to death, epileptic type seizure prior to death, tablets at scene.
17	UK	Aug 2013	18	F	Blood ^d	2.1 mg/L	bk-MDMA 0.84 mg/L 4-MEC 0.72 mg/L FMC THC-COOH (low level)	–	Deceased had taken 'speckled cherries tablets'. Died at home following a house party (same location) after consuming an unknown quantity of ecstasy tablets and 'meth', tablets described as grey with cherry logo, witnesses speculate she consumed 2–3 tablets.
18	UK	Aug 2013	19	F	Blood ^d (ante mortem)	~0.85 mg/L 1.8 mg/L	4-MMC ~0.045 mg/L 4-MMC <0.01 mg/L 4-MEC <0.01 mg/L bk-MDMA <0.01 mg/L	–	Collapsed at a party suspected over dose, taken to hospital unconscious and later died. Witnesses described her 'consuming ecstasy and snorting 'meth'.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
19	UK	Aug 2013	20	M	Blood	1.6 mg/L	4-MEC 1.68 mg/L bk-MDMA 0.26 mg/L 4-MMC (low level) Diazepam (low level) THC-COOH Indications FMC	Suffered seizure.	Deceased had taken 'speckled cross tablet'. Suffered seizure and died. unidentified tablets and 9.36 g of powder was seized at the scene. Powder contained 4-MEC, bk-MDMA, fmc? (no quantification). Unclear if this powder was linked to the deceased as more than one person was present in the house. 4,4'-DMAR and 4-MMC detected on nasal swabs taken post-mortem.
20	UK	Sep 2013	21	M	Blood	0.21 mg/L	4-MMC 0.02 mg/L 4-MEC 0.1 mg/L bk-MDMA 0.07 mg/L Diazepam 0.03 mg/L THC-COOH Amiodarone	Agitated state, sweating profusely, and had problems breathing.	Alcohol, one or two ecstasy tablets, speckled cherry possibly green, 'methadone' had been consumed. Taken to hospital (arrived 18.57), after taking ill at a house party. Agitated state, sweating profusely, and had problems breathing, deteriorated rapidly, pronounced dead 23.10. Had been partying for the previous two/three days.

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Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
21	UK	Sep 2013	31	M	Blood	1.72 mg/L	Benzoyllecognine 0.55 mg/L Indications of low levels of cocaine and desmethyldiazepam	Cardiac arrest.	Drinking and taking drugs (ecstasy and cocaine, 4 x 'blues') in his home with two friends in the morning, became unwell at 11.00, unresponsive when paramedics attended, taken to hospital, suffered cardiac arrest, and died at 12.24. Two witnesses also admitted to hospital, one said they had all taken drugs and deceased had taken 4 'blues' in one go.
22	UK	Nov 2013	21	M	Blood	1.75 mg/L	bk-MDMA 0.14 mg/L 4-MEC 0.06 mg/L 4-MMC 0.04 mg/L THC-COOH	18.00: sweating, paranoid thoughts; midnight: sweating profusely, convulsion, cardiac arrest.	No previous history of drug abuse. Thought to have taken e tabs. Mirtazapine prescribed, atropine and adrenaline administered.
23	UK	Nov 2013	16	F	Blood	1.1 mg/L	Indications of diazepam (low level) Lidocaine Amiodarone Methylprednisolone?	Cardiac arrest.	Cardiac arrest while out with friends. PMH Asthma.
24	UK	Dec 2013	30	M	Blood	<0.02 mg/L	Olanzapine 0.66 mg/L Diazepam plus metabolite 0.41 mg/L Codeine 0.13 mg/L Paracetamol 11.1 mg/L Indications pregabalin	-	History of drug misuse, overdoses and mental illness.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
25	UK	Dec 2013	33	M	Blood ^d	1.01 mg/L	4-MEC (low level) bk-MDMA 0.22 mg/L Diazepam plus metabolite (low level) THC-COOH	–	Thought to have taken 'plant food'.
26	UK	Dec 2013	–	–	Blood ^d	1.72 mg/L	THC-COOH BAC 53 mg% UAC 87 mg%	–	Found dead in bed, had been drinking heavily, history of drug abuse including ecstasy.
27	UK	Dec 2013	41	M	Blood ^d	3.75 mg/L	4-MEC 0.53 mg/L MDMA 0.72 mg/L MDA THC-COOH Quetiapine (a low level)	Shaking all over, sweating, having a fit, hands stuck open with fingers squeezing together like claws.	Call to ambulance service reported a male taking ecstasy and going into cardiac arrest. At the time of his death he was hosting a party, a large quantity of drugs were allegedly available 'cocaine, speckled Rolex ecstasy tablets, magic and cannabis' and alcohol. Severe heart disease at post mortem.
28	UK	Feb 2014	35	M	Blood ^d	3.5 mg/L	bk-MDMA 0.33 mg/L 4-MEC 0.16 mg/L FMC 0.11 mg/L Procydine 0.11 mg/L Diazepam 0.06 mg/L Desmethyldiazepam 0.09 mg/L THC-COOH	Fitting, unconscious and breathing.	Taking ecstasy tablets and legal highs, 'taking cocaine and ecstasy' fitting, unconscious and breathing' when ambulance called at approx. 03.13, police and ambulance arrived 03.21, deceased. Other person present taken to hospital described as critical.

Case	MS	Date of death	Age	Sex	Matrix	4,4'-DMAR concentration	Other substances detected and concentration (where available)	Adverse events/Autopsy findings	Additional information reported
29	UK	April 2014	19	F	Blood	~1mg/L (cis-isomer confirmed) (No certified reference material so not reported quantitatively)	None detected	Became agitated and collapsed, high temperature (39.9°C)	Deceased believed she had taken 'MCAT' (mephedrone). CFR performed by friends at the scene until paramedics took over. Witnesses uncooperative with police regarding drug use. cis-4,4'-DMAR was stated as the cause of death.
30	UK	June 2014	29	M	Blood ^f	1.68 mg/L	MDMA 0.69 mg/L Ethylphenidate (low conc.), Cocaine (low conc.)	Significant body stiffness was observed.	Collapsed in garden and believed to have taken "Miaow" (note: name often associated with mephedrone) Cause of death was reported as MDMA and 4,4'-DMAR toxicity
31	UK	June 2014	27	M	Blood ^f	18.68 mg/L	Mephedrone 15.73 mg/L Cocaine 0.46 mg/L Benzoyllecognine > 2mg/L Levamisole (low conc.) Hydroxyzine (low conc.)	Reported to be twitchy and sweating. Significant body rigidity was observed.	Collapsed and believed to have taken cocaine. Cause of death reported as cocaine, mephedrone and 4,4'-DMAR toxicity.

Key: MS: Member State; HU: Hungary; UK: United Kingdom; M: male; F: female; Blood^f: femoral blood sample; Blood^d: site of blood sample unspecified; -: not reported.

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D2. Chronic health effects

D2.1. Animal data

There are no published studies investigating the chronic health effects of 4,4'-DMAR in animals.

D2.2. Human data

There are no published studies investigating the chronic health effects of 4,4'-DMAR in humans.

D3. Factors affecting public health risks

D3.1. Availability and quality of the new psychoactive substance on the market

4,4'-DMAR is sold as a drug in its own right and offered for sale by Internet retailers and for sale in both retail and wholesale quantities. It has been sold as a 'research chemical' and in octagonal tablets with markings 'ST 60' called 'Serotoni'. In comparison to many other more commonly advertised new psychoactive substances or 'research chemicals', it also appears that the extent of Internet retailers that offer this particular substance is limited (Section C).

Information from seizures and deaths associated with 4,4'-DMAR reported by the Member States note that 4,4'-DMAR has also been sold as ecstasy and other illicit drugs. Seized street tablets found to contain 4,4'-DMAR showed a range of markings and logos⁽⁴¹⁾, thus, raising the likelihood that these particular products were designed to be sold as 'ecstasy' tablets on the illicit drug market.

D3.2. Availability of the information, degree of knowledge and perceptions amongst users concerning the psychoactive substance and its effects

Relative to other more commonly advertised new psychoactive substances or 'research chemicals', there appears to be limited information on popular user websites regarding the effects and potential health / adverse effects related to the use of 4,4'-DMAR (Section D1.2.1). At the time of writing⁽⁴²⁾, no entry in the 'Erowid Experience Vaults'⁽⁴³⁾ could be identified. The users and forum discussion participants appear to be generally aware of the stimulant-type (wanted and unwanted) effects of this substance.

D3.3. Characteristics and behaviour of users

No studies were identified that have examined the characteristics and behaviours of users of 4,4'-DMAR. There are self-reported user experiences where individuals have posted their experiences with the drug on user websites. In cases where 4,4'-DMAR is sold

⁽⁴¹⁾ It is common to find markings on tablets sold as 'ecstasy' including those of popular cultural and iconic brands often having an association with quality

⁽⁴²⁾ 15.08.2014

⁽⁴³⁾ Users have the opportunity to submit their experiences and 'trip reports' to this drug information website: www.erowid.org/experiences/exp_front.shtml.

surreptitiously as part of 'ecstasy'-type tablet formulations or other illicit drugs, it appears likely that these may be taken within environments that may extend beyond home use, such as clubbing environments etc. Information from the United Kingdom relating to deaths associated with 4,4'-DMAR indicated a pattern of use to be 'house party type environment, in combination with other drugs, such as cocaine, 'ecstasy' type drugs, substituted cathinones, diazepam and cannabis'.

D3.4. Nature and extent of health consequence

The limited information on the acute health effects of 4,4'-DMAR have been discussed in section D1.2. There is insufficient information in the reported deaths where 4,4'-DMAR has been detected to discuss in detail the circumstances of these cases and the potential impact on road traffic accidents or psychological functioning.

D3.5. Long-term consequences of use

As noted in Sections D2.1 and D2.2, there are no animal or human data on the chronic health effects of 4,4'-DMAR use.

D3.6. Conditions under which the new psychoactive substance is obtained and used, including context-related effects and risks

As noted, it appears that the sourcing and use of 4,4'-DMAR can be related to either individuals attempting to source the drug itself from online sources, as, for example, as a 'research chemical'. In other cases it has been sold/provided surreptitiously as ecstasy or other illicit drugs. It is likely that 4,4'-DMAR is used in the same environments as other stimulant-type drugs. This would be typically (but not restricted to) home environments (Section D3.3), discotheques/nightclubs and outdoor music festivals.

Section E. Social Risks

E1. Individual social risks

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

E2. Possible effects on direct social environment

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

E3. Possible effects on society as a whole

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

E4. Economic costs

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

E5. Possible effects related to the cultural context, for example marginalisation

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

E6. Possible appeal of the new psychoactive substance to specific population groups within the general population

There are no data to be able to determine the possible appeal of 4,4'-DMAR to specific population groups within the general population.

Section F. Involvement of organised crime

F1. Evidence that criminal groups are systematically involved in production, trafficking and distribution for financial gain

Limited information is available from the Member States in relation to the involvement of organised crime in the manufacture or trafficking of 4,4'-DMAR.

According to the Hungarian authorities, organised crime groups are involved in the trafficking and distribution of 4,4'-DMAR; no other details were provided.

The information about the small-scale production of the related substance 4-MAR in the Netherlands in 2009 would suggest that the capability to manufacture 4,4'-DMAR may exist within illicit drug-producing criminal groups in the European Union.

F2. Impact on the production, trafficking and distribution of other substances, including existing psychoactive substances as well as new psychoactive substances

Based on the information available it does not appear that the production, trafficking and distribution of 4,4'-DMAR impacts on other existing psychoactive substances or new psychoactive substances.

F3. Evidence of the same groups of people being involved in different types of crime

No information has been received by Europol of evidence of the same groups of people being involved in different types of crime in connection with 4,4'-DMAR.

F4. Impact of violence from criminal groups on society as a whole or on social groups or local communities (public order and safety)

No information has been received by Europol on incidents of violence in connection with 4,4'-DMAR.

F5. Evidence of money laundering practices, or impact of organised crime on other socioeconomic factors in society

No information has been received by Europol on incidents of money laundering or impact of organised crime on other socioeconomic factors in society in connection with 4,4'-DMAR.

F6. Economic costs and consequences (evasion of taxes or duties, costs to the judicial system)

There are no data to be able to determine the impact of 4,4'-DMAR in this area.

F7. Use of violence between or within criminal groups

No information has been received by Europol on incidents of violence in connection with 4,4'-DMAR.

F8. Evidence of strategies to prevent prosecution, for example through corruption or intimidation

No information has been received by Europol on strategies to prevent prosecution in connection with 4,4'-DMAR.

DRAFT

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Annex 2. List of participants at the Risk Assessment meeting on 4,4'-DMAR
16 September 2014

A. Extended Scientific Committee

Scientific Committee Members

Dr. Henri BERGERON

Centre National de la Recherche Scientifique (CNRS), Institut d'Études Politiques de Paris (IEP), Paris

Dr. Anne-Line BRETTEVILLE JENSEN

Norwegian Institute for Alcohol and Drug Research, Oslo
Vice-Chair of the Scientific Committee

Prof. Dr. Gerhard BUEHRINGER

Addiction Research Unit, Dep. of Clinical Psychology and Psychotherapy, Technische Universität Dresden
Institut für Therapieforchung (IFT), Munich
Chair of the Scientific Committee

Dr. Paul DARGAN

Clinical Toxicology, St Thomas' Hospital, Guy's and St Thomas' NHS Foundation Trust, London

Prof. Dr. Matthew HICKMAN

Social Medicine, Bristol

Prof. Dr. Dirk J. KORF

Universiteit of Amsterdam, Law Faculty, Amsterdam

Prof. Dr. Krzysztof KRAJEWSKI

Department of Criminology, Jagiellonian University, Krakow

Prof. Letizia PAOLI

LINC, Leuven Institute of Criminology, University of Leuven Faculty of Law, Leuven

Dr. Fernando RODRIGUEZ de FONSECA

Fundación IMABIS, Hospital Carlos Haya, Málaga

Prof. Dr. Brice De RUYVER

Department of Criminal Law and Criminology, Faculty of Law, Universiteit Gent

Prof. Dr. Rainer SPANAGEL

Institute of Psychopharmacology, Central Institute of Mental Health, Mannheim

Additional Experts to the Scientific Committee

Dr. Wim BEST

Utrecht University, Faculty of Science, Department of Pharmaceutical Sciences, Utrecht

Dr. Simon BRANDT

School of Pharmacy & Biomolecular Sciences, Liverpool John Moores University, Liverpool

Prof. Gaetano DI CHIARA

Cagliari University, Biomedical Sciences Department, Cagliari

Dr. Kalervo KIIANMAA

Addiction Prevention Unit, Department of Alcohol, Drugs and Addiction, National Institute for Health and Welfare, Helsinki

Representatives of the institutions

European Commission

Elsa MAIA

Anti-Drugs Policy Unit, European Commission, Brussels

Fabiano RENIERO

Institute for Health and Consumer Protection (IHCP), Joint Research Centre, Ispra

European Medicines Agency (EMA)

Dr. Leon Van AERTS

Section Pharmacology, Toxicology and Biotechnology (FTBB), College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board, Utrecht

Europol

Daniel DUDEK

Project SYNERGY, Europol, The Hague

EMCDDA

Paul GRIFFITHS

Scientific Director, EMCDDA, Lisbon

Roumen SEDEFOV

Head of unit, Supply reduction and new drugs unit, EMCDDA, Lisbon

B. Invited Experts

Dr. Simon ELLIOTT

(ROAR) Forensics Ltd, Worcestershire

Dr. István UJVÁRY

Budapest University of Technology and Economics, Budapest

Dr. David WOOD

Clinical Toxicology, St Thomas' Hospital, Guy's and St Thomas' NHS Foundation Trust, London

C. EMCDDA Staff

Anabela ALMEIDA

Project assistant, Action on new drugs, Supply reduction and new drugs unit

Rachel CHRISTIE

Scientific analyst, Action on new drugs, Supply reduction and new drugs unit

Andrew CUNNINGHAM

Scientific analyst, Action on new drugs, Supply reduction and new drugs unit

Michael EVANS-BROWN

Scientific analyst, Action on new drugs, Supply reduction and new drugs unit

Ana GALLEGOS

Head of Sector, Action on new drugs, Supply reduction and new drugs unit

Brendan HUGHES

Senior Scientific analyst - national legislation ELDD Supply reduction and new drugs unit