**Profile, effects and toxicity of novel psychoactive substances: A systematic review of quantitative studies**

Sulaf Assi\*1, Nargilya Gulyamova1, Kinda Ibrahim2, Paul Kneller1 and David Osselton1

Department of Archaeology, Anthropology and Forensic Science, Bournemouth University, Fern Barrow, Poole, UK.

NIHR CLAHRC Wessex, Faculty of Health science, University of Southampton, Highfield, Southampton, SO17 1BJ, UK

\*Correspondence to:

Dr Sulaf Assi

Department of Archaeology, Anthropology and Forensic Science,

Bournemouth University,

Christchurch House, Fern Barrow, Poole

BH12 5BB (UK)

Tel: + 44 (1) 202961264

Email: sassi@bournemouth.ac.uk

**Running head**: Profile, effects and toxicity of novel psychoactive substances

**Keywords** Novel psychoactive substances, legal highs, cathinones, profile, effects, toxicity

**Abstract**

**Objective** To investigate the profile, effects and toxicity of novel psychoactive substances (NPS).

**Methods** A systematic literature review was conducted between May 2015 and February 2016 and included 19 databases. Search terms included: ‘novel psychoactive substance(s)’, ‘effect(s)’ and ‘toxicity’ and their synonyms. Studies included were those from any country, in any language and between January 2007 and April 2015. Studies published before 2007 and those regarding the synthesis of NPS were excluded. Data was extracted by evaluating the titles, abstract and full text respectively. Consequently, the extraction yielded 20 studies.

**Results** A total of 43 NPS derivatives of eight main pharmacological classes were identified. NPS were mostly used among young adults and adults within the age range of 16-64 years old. Cathinones and synthetic cannabinoids were the most prevalent amongst the aforementioned classes. The main desired effects of NPS use were empathy and increased ability to socialise. Reported toxicity associated with the use of NPS included cardiovascular, neurological and psychoactive adverse reactions.

**Conclusions** Despite the unique subjective effects associated with the use of NPS, harmful effects could be severe and/or lethal. Therefore, there is a need to develop research in the area of NPS and promote awareness among healthcare professionals.

**Keywords** Novel psychoactive substances, legal highs, cathinones, profile, effects, toxicity

**Introduction**

Novel psychoactive substances (NPS) have emerged over the last decade as alternatives to classical drugs of abuse in order to surpass the regulations surrounding them (EMCDDA, 2016a). These drugs have been continuously emerging at a rate of approximately twice a week (EMCDDA, 2016b). The European Monitoring Centre for Drugs and Drug Addiction EMCDDA reported more than 500 NPS derivatives available on the market in 2015 (EMCDDA, 2016b).

The increased number and diversity of NPS products imposed a burden on regulatory authorities and policy makers. With limited evidence on NPS health risks, it was difficult to introduce controls and new laws. Yet, once a law regarding an NPS derivative was introduced, another derivative was ready on the market. Hence, the UK introduced the New Psychoactive Substances Act (2016) which did not require the name of the NPS derivative in order to control it.

NPS represent a major challenge in relation to their chemistry, pharmacology and toxicity. Though the general pharmacological classes of NPS were known; information regarding specific associated effects and toxicity is still limited (Patterson, Young & Vaccarino, 2017). This is mainly associated with the fact that most NPS were modifications of famous drugs that were not subject to clinical trials and/or drugs which failed clinical trials and withdrawn from the market. Other types of NPS included were medicines licenced in few countries only. For instance, phenazepam is licenced in Russia but not in the UK where it is sold (Corkery et al., 2012).

The general effects reported from the use of NPS were stimulant (euphoria), hallucinogen (dissociative or psychedelics) and depressant effects (CNS inhibition) (Tracey, Wood & Baumeister, 2017). Yet, many specific effects were still underreported and this is partly due to the diversity of NPS users. NPS use is not limited to party scenes but could be encountered in users’ homes, individuals in custody and among psychonauts.

Likewise, toxic effects associated with the use of NPS are underrepresented with only symptoms reported relating to agitation, aggression, cardiovascular toxicity, hyperthermia, palpitations, paranoia, psychotic symptoms and seizures (Tracey, Wood & Baumeister, 2017). Some specific symptoms are underreported. For instance, bladder toxicity associated with the use of methoxetamine (an NPS hallucinogen) was only identified in 2012 from users’ reports (Corazza et al. 2013). There is a growing concern over the harm associated with the use of NPS with increased emergency department admissions and demands for drug treatment (EMCDDA, 2016b).

Subsequently, we have conducted a comprehensive systematic review of the profile, effects and toxicity of NPS from the literature. We have provided analysis of studies which met the inclusion criteria. We then critically discussed our findings and summarised the evidence for the effects and toxicity of NPS.

**Methods**

**Search strategy**

We searched the following 19 databases between May 2015 and February 2016: British Nursing Index, CINAHL, Cochrane Library, EBSCO, Embase, Global Health, Google, Google Scholar, International Pharmaceutical Abstracts, ISI Web of Science, JSTOR, Medline, National Electronic Library for Medicine (NeLM), PsychExtra, PsychInfo, PubMed, ScienceDirect and Scopus. The search strategy evaluated articles retrieved predominantly through databases. We also retrieved bibliographic lists from published reviews where relevant.

We used the following search terms: ‘novel psychoactive substances’, ‘effects’ and ‘toxicity’. The search strategy involved use of the three terms in each database as follows: ‘novel psychoactive substance(s)’ OR ‘legal high(s)’ OR ‘designer drug(s)’ OR ‘bath salt(s)’ OR ‘herbal high(s)’ OR ‘novel recreational drugs’ OR ‘party drugs’ AND ‘effect(s)’ OR ‘effectiveness’ OR ‘efficacy’ AND ‘toxicity’ OR ‘harm’ OR ‘side effect(s)’ OR ‘adverse effect(s)’ OR ‘adverse reaction(s)’ OR ‘overdose’ OR ‘drug interaction(s)’.

**Inclusion criteria**

Studies were included in the systematic review if they investigated the effects and toxicity associated with NPS, published from 2007 onwards and had explicit data on young adult- and/or adult-population (above 15 years).

**Exclusion criteria**

Three types of studies were excluded from the review. The first type were studies that encompassed information regarding the synthesis and analytical characterisation of NPS. The second type were studies that investigated NPS among children < 15 years old. The third type were studies that investigated receptor pharmacology through animal models.

**List of definitions**

An adverse drug reaction (ADR) is defined as “ any noxious, undesired and unintended drug effect that occurs at doses used in human for therapy, diagnosis or prophylaxis” (WHO, 1972). Oral intake of a drug involves direct swallowing of the formulation as a tablet, powder dissolved in a liquid, or powder wrapped in a cigarette paper (bombing). Intravenous (IV) and intramuscular (IM) intake of a drug comprises the injection of the drug solution into a vein or muscle respectively. Nasal insufflation involves the snorting of the NPS powder.

**Data extraction**

Data extraction was conducted by the authors and included the following information: study type (case report, user report, interview, survey), country, study settings, population age, study aim, duration and sample size. Articles were scanned independently and systematically by two reviewers (SA and NG), and the screening process included titles, abstracts and full articles. Disagreement among reviewers was resolved by discussion. When the inclusion and exclusion criteria were applied, a third reviewer (DO) verified the data.

**Results**

In total, 11,550 studies were retrieved (Figure 1) before applying the limitation of time (beyond 2007) and age (≥ 15 years old) limits. When applying inclusion/exclusion criteria and removing duplicates, 648 studies were obtained. Upon inspection of titles 386 studies remained. Out of the 386, 333 were excluded because they did not consider NPS. The abstracts of the remaining 53 studies were evaluated and 33 were found not relevant. The search resulted in 20 studies which investigated effects and toxicities associated with NPS.

**Study characteristics**

Studies extracted in this review were from 10 countries (Table 1) including Australia (Goggin, Gately & Bridle, 2015), France (Eiden et al., 2013), Italy (Gerace et al., 2014), Netherland (Hondebrink et al.,2015), Norway (Karinen et al., 2014), Poland (Kulhawik & Waleski, 2015; Rojek et al., 2012), Singapore (Winslow & Mahedran, 2014), Spain (Gonzalez et al., 2013; Papaseit et al., 2013), the UK (Arora, Kumar & Raza, 2013; Dargan & Wood, 2012; Winstock et al., 2011) and the USA (Antonowicz et al., 2011; Belton et al. 2012; Borek, Christopher & Holstege, 2012; Kelly, 2011; Spiller et al., 2011; Stogner & Miller, 2013; Lajoie & Rich, 2012). The majority of the studies were retrospective and fewer were prospective. Retrospective studies included audit (n = 2) (Hondebrink et al., 2015; Spiller et al., 2011) and case report (n = 11) (Antonowicz et al., 2011; Arora, Kumar & Raza, 2013; Belton et al. 2012; Borek, Christopher & Holstege, 2012; Eiden et al., 2013; Gerace et al., 2014; Karinen et al., 2014; Kulhawik and Walecki, 2015; Rojek et al., 2012; Lajoie & Rich, 2012; Winslow & Mahedran, 2014). Prospective studies included interview/telephone interview (n = 2) (Kelly, 2011; Winstock et al., 2011), observational (n = 1) (Papaseit et al., 2013) and survey (n = 4) (Goggin, Gately & Bridle, 2015; Gonzalez et al., 2013; Kelly et al., 2013; Stogner & Miller, 2013). The age groups reported in the 24 studies included mainly young adults and adults (range 15-64 years old). The sample size investigated had a minimum of 1-2 (for case reports) and a maximum of 42,243 (for retrospective audit). The duration of the studies ranged between few hours to few years.

**NPS class, formulation and modality of intake**

A total of 43 NPS derivatives were reported in the studies and were used as cognitive enhancers, empactogenic or euphoric agents, hallucinogens and/or stimulants (Table 2). The NPS derivatives were of the following pharmacological classes: cathinones (n=18) (Antonowicz et al., 2011; Belton et al., 2013; Eiden et al., 2013; Gerace et al., 2014; Gonzales et al., 2013; Hondebrink et al, 2015; Kelly et al., 2013; Papaseit et al., 2013; Stogner & Miller, 2013; Winslow & Mahedran, 2014), kratom (n = 1) (Karinen et al., 2014); opioids (n = 1) (Karinen et al., 2014), ketamines/phenethylamines/piperidine (n = 9) (Gonzales et al., 2013; Hondebrink et al., 2015), Salvia (n = 2) (Kelly, 2011; Winslow & Mahedran, 2014), synthetic cannabinoids (n = 6) (Antonowicz et al., 2011; Arora, Kumar & Raza, 2013; Goggin, Gately & Bridle, 2015; Hondenbrink et al., 2015; Kelly et al., 2013) and tryptamines (n = 2) (Hondebrink et al., 2015).

For the formulation of NPS used, 15 (62.5%) studies described the use of powder NPS products, six (25%) reported tablets, four (16.7%) reported herbal material and one (4.16%) reported liquids. Regarding the modality of intake of NPS, oral route was reported by 12 (50%) of studies and comprised both direct swallowing or bombing of the substance. Other routes used for intake of NPS were smoking, nasal insufflation, IV, IM and rectal and were reported by 10 (41.6%), eight (3.33%), seven (2.92%), two (8.33%) and one (4.16%) study respectively. The frequency of intake was mainly acute (among 14 studies) and only six studies reported chronic use.

Most of the NPS products were used in conjunction with alcohol (n = 10), energy drinks/caffeine (n = 2), tobacco (n = 1) and or classical drugs (n = 11). The aforementioned classical drugs were: amphetamines, barbiturates, benzodiazepines, cannabis, cocaine, ecstasy, lysergic acid diethylamide (LSD), marijuana, methylenedioxymethamphetamine (MDMA), magic mushrooms, methadone, oxazepam, opiates, oxycodone and oxymorphone.

**NPS effects**

Users from seven (29.1%) studies reported achieving the desired effects as a result of the recreational use of NPS. The aforementioned desired effects encompassed four categories: empathogenic, hallucinogen or stimulant effects. Empathogenic effects included “being compassionate” and “feeling of social intimacy”. Hallucinogen effects were extracampine hallucinations, vivid auditory and visual hallucinations, and a change of time perception. Stimulant effects included euphoria, increased alertness, increased sexual desire, enhanced cognitive skills and prosocial effects.

**NPS toxicity**

Toxicity of NPS derivatives included two main categories: ADR and drug overdose. ADRs were reported in 14 studies and were associated with newer amfetamine analogues, cathinones, ketamine derivatives and herbal highs. Newer amfetamine analogues and cathinones were associated with cardiovascular, neurological, psychotic, renal and respiratory effects (Antonowicz et al., 2011; Borek, Christopher & Holstege, 2012; Eiden et al. 2013; Gonzalez et al. 2013; Hondebrink et al., 2015; Lajoie & Rich, 2012; Papaseit et al. 2013; Spiller, 2011; Winstock et al., 2011). Reported cardiovascular ADRs associated with cathinones included cardiac arrest, chest pain, hypertension, palpitations, tachycardia and vasoconstriction. Nervous system ADRs included coma, confusion, drowsiness, fatigue, headache, hyperthermia, hypothermia, increased muscle tone, insomnia, loss of appetite, loss of concentration, mydriasis, nausea, numbness, seizures, tremors, vertigo, vomiting and weakness. Psychotic ADRs included agitation, anxiety, confusion, depression, irritability, paranoia, psychosis, psychotic breakdown, self-harming and suicidal thoughts. Only two ADRs were reported for each of the renal and respiratory systems and were urinary tract infection and pulmonary edema respectively. Novel ketamine analogues (methoxetamine) and herbal highs (artificial hashish, Kratom, Salvia) were associated mainly with psychotic ADRs such as vivid, visual and auditory hallucinations (Hondebrink et al. 2015; Kelly, 2011; Winslow & Mahedran, 2014). Additionally, a case of hypoxemic respiratory insufficiency due to artificial hashish was reported (Kulhawik & Waleski, 2015).

Only three studies reported lethal overdose associated with the use of NPS, and included both accidental (Gerace et al., 2014; Karinen et al., 2014) and deliberate overdose (Rojek et al., 2012). The above mentioned three cases involved the use of kratom, butylone and mephedrone respectively.

**Discussion**

To our knowledge, this is the first systematic review to investigate the profile, effects and toxicity involving NPS within an adult population. Three other reviews were reported in the literature in relation to NPS. A recent systematic review investigated the prevalence of NPS in non-clinical population (Khaled et al. 2016). Yet, it did not examine in depth the toxicities associated with NPS. A second review investigated the effects of NPS but was limited to population with severe mental illness (Gray et al. 2016). Another systematic review has been published regarding the effects and risks associated with NPS (Hohmann, Mikus & Czock, 2014). However, the scope of the latter review was limited to publications between 2010 and 2012 years. Our review considered all studies since 2007 (marked as the year of emergence of NPS) up to 2015.

Our findings suggested that NPS were highly prevalent among young adults and adult populations. Cathinones were the most prevalent NPS derivatives followed by synthetic cannabinoids. This result confirmed the outcomes of other studies which showed that cathinones and synthetic cannabinoids were the most reported substances to the EMCDDA (Hohmann, Mikus & Czock, 2014; Martinotti et al. 2015; Stephenson and Richardson 2014).

Powdered NPS-formulations were preferred over tablet/capsules. This could be attributed to the increased availability of powder formulations, ease of use and ability to be used in multiple routes (either directly or via mixing with a liquid). The main routes for NPS intake were oral (by swallowing) and IV (by injecting) routes. This finding was supported by Schmidt et al. (2011) who identified that around 60% of NPS derivatives were designed to be swallowed. NPS were often mixed with alcohol and classical drugs of abuse (such as cocaine). This finding confirmed previous studies where poly drug use was witnessed among NPS and other psychoactive substances/alcohol (Davey et al., 2012; Corbo et al. 2015). Poly drug use could attribute to unpredictable drug interactions that depend to a degree on the purity of the NPS present.

Little information regarding the effects of NPS was extracted in this review. This could be attributed to the fact that the majority of the included studies were case reports of toxicity. Where reported, users were interested in the unique subjective experience achieved upon intake of NPS. Among other effects, users experienced empathy and increased socialising ability when taking stimulants (Newcombe, 2009). Likewise, users taking phencyclidine derivatives had vivid/auditory hallucinations and near-death experience (Corazza et al., 2012; Corazza, Assi & Schifano, 2013).

Despite achieving the desired effects, numerous ADRs were associated with the use of NPS and included both physical and neuropsychiatric symptoms. Common cases involved psychotic breakdown. In severe cases, ADRs led to respiratory depression, cardiac arrest or multiple organ failure. Lethal effects were also seen with both accidental and deliberate overdose of NPS. This could be critical in the current changing scenario of drug abuse where multiple factors play a role in the efficacy/safety of drugs. These factors include polydrug use, different routes of intake and different dosing intervals of drugs (Corazza et al., 2013). Henceforth, further research and healthcare education is needed in order to tackle issues associated with NPS.

**Strength and limitations**

This systematic review involved investigating data from previous studies by two independent reviewers. The studies included in the review were further verified by a third independent reviewer in order to avoid bias. For each study, the inclusion/exclusion criteria were applied to achieve the research objectives, to identify the profile, effects and toxicity associated with the use of NPS. Nonetheless, the systematic review had some limitations. Due to the limited number of studies available, it was not possible to get the profile of NPS per country. Moreover, information extracted from this review was restricted mainly to case reports/emergency department admissions. Major information was missing regarding demography of participants, first time exposure to drug, time of intake of drugs and scene where the drug was taken. This influenced the understanding of the effects and toxicity associated with drugs. It was not possible to identify drug interactions associated with polydrug use. Furthermore, it was not possible to correlate the exact effects associated per specific NPS derivative. This was because when subjects were reported to the emergency department no confirmatory testing was undertaken on blood or urine to correlate the signs and symptoms with what was actually consumed. Instead, physicians treat the symptoms and then discharge patients when the symptoms have worn off. Moreover, it was not possible to obtain conclusive data regarding severity and preventability, which were not reported in any of the studies. The heterogeneity of the data in this review was mainly attributed to differences between countries, study settings, sample size and duration. Hence, it was not possible to make a conclusive judgement for all countries.

**CONFLICT OF INTEREST**

The authors declare no conflict of interest.

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**Figure legend**

Figure 1. Data extraction and the study selection process

**List of tables**

Table 1. Characteristics of the studies that investigated novel psychoactive substances

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Year** | **Country** | **Study type** | **Study settings** | **Age** | **Aim** | **Duration** | **Sample size** |
| **Prospective studies** |
| Goggin et al 2015 | 2013 | Australia | Questionnairesurvey | Young Adults participated in the survey | 18-35 years old | To obtain data on prevalenceof NPS and other drug use by young Western Australians. | 6 months | 682 |
| Gonzalez et al 2013 | 2010-2011 | Spain | Questionnairesurvey | Music festivals and online drug forums | adultsaverage age 27 years old | To know the pattern of use of NPS in a Spanish sample of RC users and to deepen the RC user profile and risk reduction strategies | 10 months | 230 |
| Kelly, 2011 | 2008-2009 | USA | Interview | Users' homes, parks,bars and parties. | 19-29 years old | To present data froman ethnographic projectto provide a qualitative profile of Salvia use among young adults. | 1 year | 25 |
| Kelly et al 2013 | 2012 | USA | Questionnairesurvey | Nightclub venues inNew York City  | 18-40 years old | To gain an indication of the prevalence and understanding of demographic factors associated with mephedrone and synthetic cannabinoid use | 6 months | 1740 |
| Papaseit et al 2013 | 2013 | Spain | Observational | outpatient clinic | NR | To obtain preliminary data regarding mephedrone effects | 3 days | 9 |
| Stogner et al 2013 | 2012 | USA | Questionnairesurvey | Southeastern US university | adults of mean age 20.06 years old | Gain understanding about the prevalence of synthetic cathinones | 3 months | 2349 |
| Winstock et al 2011 | 2009 | UK | Telephone interview | Telephone questionnaires 20-25 minutes each | adults of mean age of 25.1 for malesand 23 for females | To describe initiation to mephedrone and patterns of use, assess acute and withdrawal effects, and assess the prevalence of dependence symptoms | 3 months | 100 |
|  |  |  |  |  |  |  |  |  |
| **Retrospective studies** |
| Antonowicz et al 2011 | 2011 | USA | Case report | General hospital | 27 years old and 32 years old | To investigate two cases of a paranoid psychosisin individuals consumingMDPV | 4 days | 2 |
| Arora et al 2013 | 2013 | UK | Case report | A 56-year-old male attending A&E after inhaling unknown quantity of synthetic cannabinoid called 'herbal haze' few hours before. | 56 years old male | To present the first described case of a ‘legal high’ intake linked to a posterior circulation stroke. | 4 days | 1 |
| Belton et al 2013 | 2012 | USA | Case report | Hospital | 34 , 39 and 38 years old | To report three different cases regarding MRSAsecondary to intravenousbath salts use. | 55, 42 and 14 days | 3 |
| Borek & Holstege 2012 | 2011 | USA | Case report | Hospital emergency department | 25 years old | Toxicity resulting from injecting bath salts. | 1 month | 1 |
| Eiden et al 2013 | 2012 | France | Case report | Hospital | 32 and 21years old | To investigate death associated with 2-PVP | 30 minutes and 1 day | 2 |
| Gerace et al 2014 | 2014 | Italy | Case report | Apartment | 25 years old | To investigate the cause of death | 2 days | 1 |
| Hondebrink et al 2015 | 2007-2013 | Nertherlands | Audit | DIMS drug testing facilities | 15-41 years old | To obtain data regardingNPS-related intoxications from drug users in Netherlands | 6 years | 42,243 |
| Karinen et al 2014 | 2013 | Norway | Case report | Home | Middle aged | To investigate the cause of death | 3 days | 1 |
| Kulhawik & Waleski 2015 | 2014 | Poland | Case report | Hospital lung disease department | 20 years old | To investigate the lung injury associated with the use of artificial hashish | 5 weeks | 1 |
| Lajoie & Rich 2012 | 2011 | USA | Case report | Hospital | 50 years old | To investigate MDPV intoxication | 15 days | 1 |
| Rojek et al 2012 | 2012 | Poland | Case report | Hospital | 21 years old | to investigate methylone deliberate overdose | 4 hours | 1 |
| Spiller et al 2011 | 2010-2011  | USA | Audit | Two poison centres | 16-64 years old | To report the experienceof synthetic cathinones in two regional poison centers | 13 months | 236 |
| Winslow &Mahedran 2014 | 2014 | Singapore | Case report | Home | 30 years old | To investigate acuteSalvia intoxication | 45 minutes | 1 |

2-PVP: 2-pyrrolidinovalerophenone, A&E: accident and emergency, DIMS: Drug Information and Monitoring System, MDPV: methylenedioxypyrovalerone, MRSA: methicillin resistance staphylococcus aureus, NPS: novel psychoactive substances, NR: not reported, RC: research chemical

Table 2. Modalities of intake of novel psychoactive substances

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study** | **NPS(s) used** | **Formulation** | **Modality of intake** | **Combination of drugs** |
| Antonowicz et al 2011 | MDPV, herbal incense | solution, powder | oral and insufflation | energy drink; case and Suboxone |
| Arora et al 2013 | synthetic cannabinoids | plant | smoking | tobacco, alcohol and cannabis |
| Belton et al 2013 | mephedrone and methylone | liquid | IV | none |
| Borek &Holstege 2012 | MDPV | liquid | IV | none |
| Eiden et al 2013 | 2-PVP | powder | insufflation  | cannabis and alcohol |
| Gerace et al 2014 | mephedrone | powder | oral ingestion | alcohol and cocaine |
| Goggin et al 2015 | synthetic cannabinoids | plant | smoking | alcohol, energy drinks and tobacco |
| Gonzalez et al 2013 | mephedrone, methylone and PEA | powder | oral and insufflation | cannabis, alcohol and MDMA |
| Hendebrink et al 2015 | 2C-B, 4-FA, 6-APB, mephedrone and MXE | powderand tablet | insufflation, IV, oral and smoking  | MDMA, amphetamine, alcohol and cocaine |
| Karinen et al 2014 | kratom | powder | oral | none |
| Kelly et al 2013 | mephedrone and synthetic cannabinoids | powder andplant | smoking and insufflation | alcohol and other drugs |
| Kelly, C.B., 2011 | Salvia divinorum | plant | smoking | LSD, psilocybin |
| Kulhawik & Waleski 2015 | artificial hashish | plant | smoking | marijuana, alcohol and tobacco |
| Papseit et al 2013 | mephedrone | powder | oral | MDMA |
| Rojek et al 2012  | methylone | tablet | oral | none |
| Spiller et al 2011 | cathinones and MDPV | powder | insufflation, IV and oral  | amphetamines, barbiturates, benzodiazepines, caffeine, cannabinoids, cocaine, MDMA, methadone, opiates, oxycodone and oxymorphone |
| Stogner et al 2013 | cathinones and MDPV | powder | oral and insufflation | alcohol |
| Lajoie a& Rich 2012 | MDPV | powder | IV | none |
| Winslow &Mahedran 2014 | Salvia | plant | smoking | none |
| Winstock et al. 2011 | mephedrone | powder | oral and insufflation | alcohol, cannabis, cocaine and ecstasy |

2-CB: 2,5-dimethoxy-4-bromophenethylamine, 2-PVP: 2-pyrrolidinovalerophenone, 4-FA: 4-fluoroamphetamine, 6-APB: 6-2aminopropylbenzofuran, IV: intravenous injection, LSD: lysergic acid diethylamide, MDMA: methylenedioxymethamphetamine, MDPV: methylenedioxypyrovalerone, MXE: methoxetamine, PEA: phenethylamine.