Mephedrone: still available and twice the price

In April, 2010, the β-ketoamfetamine stimulant mephedrine (4-methylmethcathinone) and several similar compounds were classified as Class B substances in the UK under the Misuse of Drugs Act. Legislation was prompted by public health concerns, with the expectation that these controls would limit availability and use.

As part of our group’s ongoing research into new synthetic drugs, we did an online survey of 150 mephedrone users (average age 24 years) in June, 2010. We have compared our findings with those from a previous online survey we did in November, 2009, and a telephone interview of users in 2010 before the legislation.

Our key objective in this comparison was to assess whether the new legislative control of mephedrone had affected its availability and use. Of the 150 respondents to the 2010 survey, 95 (63%) reported that they had continued to use mephedrone since the law had changed. 52 of these respondents (55%) said that they intended to continue using the same amount of mephedrone, and 38 (40%) reported that they would now use less. 85 respondents (57%) had bought mephedrone from a dealer, an increase of almost 40% from the 41% who had reported purchasing from a dealer in the telephone study of users done before legislation. In the current 2010 survey, the mean price per gram paid for mephedrone was £16 (mode, £20), compared with a mean price of £10 when the drug was obtainable online before legislation.

These findings suggest that classification of mephedrone has had a limited effect on controlling its availability and use. Before the introduction of the legislation, users generally obtained mephedrone via the internet. Now they buy it from street dealers, on average at double the price. We suspect that, in time, there are likely to be reductions in purity, and increases in health harms.

We declare that we have no conflicts of interest.

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The twilight of dementia

Daniel George (Aug 21, p 586) is correct about the importance of semantic choice in adapting to the challenge posed by ageing populations. His dissatisfaction with the term “dementia” is obvious. Its use by the medical profession arouses great anxiety in patients, evoking images of extreme disability and dependence. The diagnosis has serious consequences in terms of a person’s competence in employment, legal transactions, driving, and even the conduct of ordinary activities of living, far beyond what might be immediately suggested by the level of cognitive impairment.

The term has many limitations, the most important of which is the lack of an operationalised definition. There is no consensus on what constitutes “impairment” in a particular cognitive domain or “significant impairment in social or cognitive functioning”, thereby compromising the reliability of the diagnosis between raters and across sets of criteria. The consequences of the term conspire against an early diagnosis, which is of concern as the promise of preventive strategies comes closer. The equation of dementia with Alzheimer’s disease in the public mind does a disservice to the multiple causes of cognitive impairment, with only one in two cases of dementia being due to Alzheimer’s disease.

The time has come to slowly retire this term, with the recognition that cognitive dysfunction is on a continuum, and that it is important to recognise it early and identify its cause, with no need for an individual to bear the cross of a dementia diagnosis.

I declare that I have no conflicts of interest.

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We agree with Daniel George that more respect for and a more positive view of ageing is needed and that different medical terminology might be a powerful linguistic instrument to achieve this.

However, we are worried that by using a term that is too weak with respect to dementia, the problems and pain these patients and their families suffer from might disappear into the background. These problems are severe and place huge pressure on the caregiver (eg, spouse, relatives, etc.). Of course, George is right that it is also possible to share positive emotions with these patients, but the negative emotions related to the disorder have a more prominent role for this group than for older people without dementia.