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# Research Chemical Self-reports on Erowid.org

**With over 10 million visitors per year, Erowid.org's reputation for providing reliable, non-judgmental information places it at a crossroads between the users of novel psychoactive drugs and public health efforts. In the last decade, the Erowid Experience Vaults have become a popular source of data about an increasing range of psychoactives. Advantages and disadvantages of these self-reports are discussed, with a focus on the challenges posed by the use of new stimulants, empathogens, cannabinoids, and psychedelics that are hard to control, insufficiently researched, and often of uncertain identity.**

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### Introduction

The global research chemical phenomenon has only come to exist since the explosion of digital communication technologies. Today, anyone with full access to the Internet can feel like a participatory member of a drug culture which features a constant stream of new materials, new packaging, and new ways of grey marketing that seem to keep one step ahead of law enforcement. The long-term health effects of these substances are unknown, and some products have been associated with deaths or lasting neurological problems and highly addictive effects. Confusing and sometimes conflicting data create a challenging arena for researching health issues related to these compounds. In the last few decades, people have synthesized and ingested experimental chemicals to mimic controlled drugs, or to discover new ones. Mail-order sales of grey-market chemicals began in the early 1970s, and the term «research chemical» was adopted to describe these novel recreational substances in the late 1990s, when sales gained ground with the popularization of the Internet. Currently available products have effect profiles similar to stimulants, empathogens, psychedelics, and cannabis. Little or no formal research has been done on the toxicology or pharmacology of most of these drugs. Much more is known about cannabis, which has been used by billions of people over millennia, or LSD, which has been scientifically studied for the last 70 years, or MDMA (ecstasy), which has been ingested by millions of people over the last 30 years.

A new research chemical may have been used by a handful of people over a few months, or it may have quickly found its way into the bloodstreams of hundreds or thousands of people. Today, products are being distributed, no longer just as chemical powders, but in tablets and other forms; many are clearly marketed for recreational use, even when they are labeled «not for human consumption». As governments move to control those that become popular, others are synthesized or marketed to replace them, and the whole situation is compounded by the ease of product manufacturing in China and developing countries.

### Experience Reports on Erowid



Erowid<sup>1</sup> began publishing information about research chemicals in 2000, mostly in the form of self-reports submitted by visitors to the site.

In the early 2000s, research chemicals appearing in self-reports were mostly in the tryptamine<sup>2</sup> or phenethylamine<sup>3</sup>

class of drugs, having effects comparable to classic psychedelics or MDMA. By 2004, Internet-based vending had become prevalent. 2004 was notable as the year that the United States Drug Enforcement Administration's «Operation Web Tryp» arrested ten people associated with sales websites in the U.S. «Operation Ismene», its counterpart in the United Kingdom, arrested U.K. customers of these websites. Online vendors went underground for a while. Humans however are driven to consciousness altering, and entrepreneurial capitalism is natural in an unregulated market; points of sale began emerging again in earnest not too long after. In the second half of the 2000s, herbal smoking blends containing unidentified research chemicals made their debut, and a new wave of stimulants-piperazines<sup>4</sup> and synthetic cathinones<sup>5</sup> analogs-grew in popularity. The range of research chemicals mentioned in self-reports has followed suit, and we expect this trend will continue.

### A Foxy Dilemma

It can be challenging to decide when to start including data about a new substance on Erowid. In 1999, Erowid began publishing experience reports about 5-MeO-DiPT (also known by the street name «foxy»). By posting information about this substance before its use had spread to a large number of users, Erowid inadvertently advertised a chemical few people had previously been exposed to. The site was also accused of accelerating law enforcement interest and media attention on this new drug. That experience has informed editorial choices around when and how to begin publishing information related to novel compounds.

### Choosing Reports

Erowid considers reports for publication in two stages: «triaging» and «reviewing». Since 2004, about 170 people have engaged in the triage training process and 40% of them have triaged 500 reports or more. Because of the volunteer nature of this work, about 25 people are active at any given time. A smaller group of reviewers publishes the re-







ports that have been triaged. These volunteers are based in the United States, Canada, European Union countries, Australia and South Africa. To date, 86,000 experience reports have been submitted to Erowid, and 20,000 have been published.<sup>6</sup> The rest are in various stages of filtering, or have been considered too poor to publish. After being submitted by authors, reports are databased, and can be browsed by volunteers who have password-protected access. A report reviewer will typically choose from «fully triaged» reports (reports previously read and rated by the triage team) to find better-quality reports to publish. Or they might prefer to search on a keyword. While self-reports do not undergo the same level of editing and fact-checking as many other parts of Erowid, they do go through a thorough selection and categorization process.

### Why Publish?

Aside from documenting acute adverse events, experience reports offer an opportunity for information sharing prior to someone becoming a casualty. People who ingest research chemicals are volunteering themselves as lab rats. By doing so, they are contributing to the state of knowledge about psychoactives. But they may also be risking their health. Much of what is known about the effects, both positive and negative, of these substances is based on written self-reports.

Other types of data do exist, of course. If a chemical grows in popularity, some users might develop complications and end up in the hospital. Doctors seeing such patients may decide to write up a clinical case report, or may conduct other research to analyze the health effects of the drug in a given population. There are few such publicly available articles in English involving research chemicals. Indeed, most cases of ingestion of research chemicals do not end up as hospitalizations or get published in peer-reviewed journals. Self-reports offer insight into contexts in which substance use takes place, as well as users' beliefs and expectations. And although one report gives us just a small window into a substance's effects, a multiplicity of reports begins to yield meaningful data comparable to survey research results.

### Multiple Audiences

While many people who submit experience reports primarily intend to write for their peers who either have experience with or are interested in trying novel psychoactive compounds, Erowid publishes reports with more diverse audiences in mind. We received a letter from an emergency room doctor who described how he discovered the self-reports on Erowid, and now uses them for his work; he has also recommended them to other physicians (see sidebar). If people end up at the hospital after ingesting research chemicals, some doctors may only be able to guess at how to treat them. The doctors may not have even heard of the substances that were taken. Erowid regularly gets feedback like this letter, saying that the reports we have published are useful to health care workers.

#### I'm Glad they Write... Feedback from an M.D.

*«I appreciate the Erowid site and the way it is run. I take no mind-altering substances. I am a doctor—specifically an emergency room physician in rural Illinois. I have to take care of people who take all kinds of substances: created chemicals, prescription and non-prescription medications, herbs and anything that will alter their experience of the universe. Unfortunately, of course, lots of them don't think, and don't read, and mix things that shouldn't be mixed. Most of the time they come in because they are too stoned to respond or are having a panic attack (or equivalent). Most of them can't even remember (or won't admit) what they took. But when they can, it's nice to be able to type it in to the search on Erowid and see if anyone else has had the same experience. [...] Having found your incredibly useful site, I have recommended it to other physicians and law-enforcement. They are all grateful. This sounds sarcastic, but I'm serious. Anyway, I'm sorry anybody takes mind-altering substances, because I consider it a preventable cause of a trip to the emergency room. But if they do, I'm glad they write about it.»*

### Privacy

Erowid differs from a discussion board or forum, a social networking site, or a publicly edited wiki. Today, more and more websites put content online that is then filtered after publication, via social means, with the use of tags, moderators, and ratings. In contrast, Erowid still works within the traditional model of publishing, which filters content before publication. Protecting privacy is an essential aspect of the design of the self-reports publishing process: Each self-report goes through a filtering process before appearing live on the site, report authors do not self-publish, site visitors cannot contact one another directly, and obvious identifying details are deleted from reports.

### Challenges of Self-Reports

There are several challenges in publishing (as well as reading) experience reports. First of all, a large number of self-reports are submitted to Erowid with a small group of volunteers to read them, and it is difficult to keep up with submissions. About 40% of reports are not good enough to enter public lists; they are too confusing or lack worthwhile data. Another 20% or so are not very well written or describe reckless behavior and self-destructive use, but also contain a short description of a drug interaction or an idiosyncratic effect that is worth documenting.

#### Lack of details

The reports that lack detail leave a lot of questions for the reader, including: Is the experimenter on any medication? Do they have any diagnosed health problems? Had they eaten? Were they well-rested or tired? What dose did they take? Did they measure the material? If so, how was it measured? And a big question: How sure were they of the material's identity? These sorts of unanswered questions help Erowid volunteers decide on ratings, but they are also just one part of the challenge of reading self-reports.

#### Confusing denominations

Research chemical reports pose particular problems, because of the novelty of the compounds, and the chaotic, quickly changing territory in which they are sold. Naming conventions, for example, can be quite confusing. If someone presents to hospital having taken a psychoactive drug named methedrone or mephedrone or methylone, nurses can become confused. Those unfamiliar with the world of research chemicals may mishear any of the previous as «methadone», an opioid entirely different in chemistry and pharmacology than the three cathinone analogs named. In another example, «methylone» is also a trademarked name for an injectible corticosteroid hormone. Substance names in experience reports can be confusing, as well. A product's packaging could say little or nothing about the chemical it might contain (Figure 1). It might be described as «plant feeder», «room deodorizer», «bath salts» or «incense». Regardless of the packaging, we may not know what's in any particular batch of material even if one or multiple samples have been analyzed as the ingredients can be changed over time; it is difficult to evaluate a self-report when you don't know what the report's author ingested.

### Downsides of self-reports

Often lack important details.

- 1) Often lack important details.
- 2) Usually no way to verify data or follow-up with authors.
- 3) Difficult to appropriately weigh fatalities.
- 4) No toxicological data validating the identity of the substance(s) involved.

### Advantages of self-reports

- 1) Includes events that don't result in a medical emergency.
- 2) People can share their experience and still remain anonymous.
- 3) Greater number and variety of accounts offers valuable data to physicians, nurses, counselors, educators, and users.





Fig. 1: **This product starts out on the left as «party pills». Then in the packaging pictured center and on the right, it's become a plant feeder. But even as a plant feeder, it's apparently still «strong as hell!».**



Fig. 2: **Fairly benign example of mislabeling.**

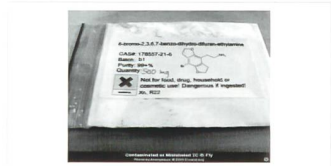


Fig. 3: **Fatal example of mislabeling.**

## Mislabeling

Another serious challenge is mislabeling or misidentification. The molecule displayed in Figure 2 is incorrectly representing ethylcathinone rather than 4-methylmethcathinone. In July 2010, Streetwork Zürich tested a street ecstasy tablet with a music note logo that contained an herbicide called «MCP». Did an ill-informed producer or laboratory confuse an herbicide (MCP) for the similarly named stimulant, m-CPP?

Misidentification can have extreme consequences. The material in Figure 3 was sold as 2C-B-fly and caused two deaths and several hospitalizations in 2009. Subsequent chemical analysis revealed that the material was bromo-dragonfly, a long-acting research chemical that is about ten times more potent than 2C-B-fly.

Not every incident is as tragic as the bromo-dragonfly-related deaths, but mislabeling, misidentification, mis-measuring, and inconsistency in synthesis or product formulations can create a confusing picture of a substance's dose, effects, and risk; this is all too evident from experience reports.

## Summary

Erowid strives to present comprehensive information and a diversity of perspectives to a wide audience, by featuring formal research findings as well as self-reports provided by users. Professional groups and the public can work together to collect and share knowledge about psychoactives, in ways that provide insight into this complex and difficult field. With this in mind, experience reports have intrinsic value for a wide spectrum of audiences. Ultimately, collecting and sharing these reports serves public health objectives as well as individual and societal understanding of the complex issues surrounding research chemicals.●

## Endnotes

- 1 Erowid Center is a non-profit organization. If you would like to discuss any aspect of experience reports on Erowid.org, please contact us; we are interested in connecting with researchers and risk reduction groups, to learn about your methods and results and to discuss possible collaborations.
- 2 Tryptamine is a monoamine alkaloid found in plants, fungi, and animals. Many biologically active compounds are tryptamines, including neurotransmitters and psychedelic drugs such as 5-MeO-DMT, DMT, LSD and psilocybin.
- 3 The phenethylamines share a phenethylamine (PEA) skeleton. In terms of physiological effects, they have stimulant, empathogenic or hallucinogenic properties. MDMA, 2C-B and mescaline are well-known phenethylamines.
- 4 Piperazines are a broad class of chemicals that include several stimulants (BZP, TFMPP, etc.) as well as motion sickness remedies (cyclizine, meclizine) and the erectile dysfunction drug sildenafil (Viagra).
- 5 Cathinone is a monoamine alkaloid found in the shrub *Catha edulis* (khat, qat). It is chemically similar to ephedrine, cathine, amphetamines, bk-MDMA («methyline») and 4-methylmethcathinone («mephedrone»).
- 6 In the last six months, Erowid has published over 700 experience reports. Reports are viewed 115 000 times per day.

