Europol–EMCDDA Active Monitoring Report on a new psychoactive substance: 1-(3-chlorophenyl)piperazine (mCPP)

1. Background and justification

The detection of the new psychoactive substance, 1-(3-chlorophenyl)piperazine (mCPP) in the European Union was first notified to the EMCDDA and Europol via the EWS in February and March 2005 by France and Sweden respectively ([1]). In August 2005, the EMCDDA and Europol launched an information collection in order to produce a Joint Report as stipulated by Article 5.1 of Council Decision 2005/387/JHA (hereinafter the 'Decision'). The Joint Report was submitted to the Council, the European Medicines Agency (EMEA) and the Commission on 28 October 2005 (14409/05 CORDROGUE 73). The Horizontal Working Party on Drugs (HDG) examined the Joint Report at its meetings of 7 November 2005 and 8 December 2005. In a letter from the Secretary General, the Commission explained its decision that no risk assessment should be carried out since the substance falls under the provisions of Article 7.3 of the Decision (mCPP is used in some Member States to manufacture a medicinal product). Based on a room document presented by the Commission, the December HDG agreed that no risk assessment on mCPP should be carried out (15832/05 CORDROGUE 88).

However, given the concern mCPP is causing and taking into account the relatively large quantities of mCPP detected by the Member States, the Commission proposed at the May 2006 HDG meeting, that the EMCDDA and Europol 'carry out further work in accordance with their mandates and the resources available to assess the importance of mCPP in the European Union illicit drugs market'. Furthermore, the Commission suggested that the two organisations through their networks monitor and collect further data on mCPP and the risks it poses, and inform the Commission of their findings by the end of the first quarter of 2007. Such a report should include a 'scientific evaluation of the potential threat of mCPP and involve input from national experts, the Commission and the EMEA'. The report should ideally 'include the lessons learned from the experiences (preventive and law enforcement) of the Member States that already control mCPP'. The report is produced for information purpose and has no legal status under Council Decision 2005/387/JHA.

2. Information collection process

Between November 2005 and February 2007, the Europol and the EMCDDA, respecting their competences, continued to collect the available information on mCPP detections (seizures, collected and biological samples), intoxications and other health and/or social consequences; and changes in the legal status. The information was collected through the standard reporting tools – the EMCDDA-Europol Reporting form, the Reitox EWS progress and final reports (i.e. in July 2006 and January 2007) as well as on an *ad hoc* basis through the information exchange mechanism set up by the Decision. All collected data are being entered into the European Database on New Drugs (EDND) – access to which is currently provided to the Reitox NFPs, Europol, EMEA and the Commission. Furthermore, in January 2007, the Reitox National Focal Points (NFPs) and the Europol National Units (ENUs) were asked to update the information they have already provided on mCPP through the Joint Report questionnaire.

On 23 March 2007, the EMCDDA organised a technical expert meeting in order to evaluate the scientific evidence on the potential threat of mCPP. Pursuant to the Commission's request, the meeting examined two main issues: (a) the scientific evidence on the potential threat of mCPP, ideally including the lessons learned from

([1]) However, it emerged later the first identifications of mCPP in some Member States have occurred as early as February-March 2004.

the experiences (preventive and law enforcement) of the Member States that already control mCPP; and (b) the importance of mCPP in the European Union's illicit drugs market.

The meeting involved input from Dutch, Portuguese and British national experts, the Commission as well as a written contribution by Europol. As requested by the Commission, the EMCDDA and Europol hereby present the resulting report before the end of the first trimester of 2007.

The report is clearly divided into two parts relevant to the mandates of the two responsible organisations – Europol and the EMCDDA. The summary findings and conclusions, however, are presented together as the data collected by both organisations converge to identify the same trends and lead to the same conclusions. The report has been intentionally kept concise in order to provide to the recipients as clear and straightforward answers as possible, whereas all the relevant supporting information has been included in three annexes. Annex 1 presents technical information on mCPP. Annex 2 presents in a tabular form all reports to the EMCDDA of mCPP encounters in the Member States – it is divided into two separate tables: the encounters ([2]) reported before 28 October 2005 (i.e. those that have already been included in the Europol-EMCDDA Joint Report on mCPP); and the encounters reported after 28 October 2005 to early 2007. Annex 3 presents a table on the legal status of mCPP.

3. Information provided to Europol

3.1 Information on the frequency, circumstances and/or quantities in which mCPP has been encountered, and information on the means and methods of its manufacture

The level of production, distribution and trafficking

In most Member States the piperazine 'mCPP' remains legally available via the chemical industry and there is no perceived need for production of the substance by organised crime. Therefore, the processing activity of mCPP by organised crime relates to the conversion from a liquid into a solid or from powder to tablets or encapsulation. During 2006 two combined production and tableting sites as well as a storage place with 400 litres of liquid mCPP (which equates 6.5 million tablets) were found in the Netherlands. Furthermore, seizures of mCPP in the European Union Member States have increased with reported seizures for the year 2006 ([3]) amounting to approximately 823,000 tablets in the European Union.

A total of 22 Member States reported continued seizures of mCPP in 2006 to Europol. Austria, Belgium, Bulgaria, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Luxembourg, Malta, the Netherlands, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden and the United Kingdom reported seizures, ranging from six tablets in Luxembourg in four incidents to approximately 313,371 tablets seized within 30 occasions in Germany.

Eight Member States reported large single seizures during 2006, Bulgaria with 12,000 tablets in one of eight cases, Estonia with 63,803 tablets in one of ten cases, France with 35,000 in one of two cases, Germany with 145,000 in one of 30 cases, Greece with 100,760 in one of three cases, Malta with 50,579 in one single case, the

([2]) 'Encounters' is an all encompassing term, which may include seizures and/or collected and/or biological samples.

([3]) According to reports received by Europol, seizures of mCPP tablets in 2005 amounted to approximately 123,364 tablets.

Netherlands with 40,862 in one of 52 cases and Spain with 31,000 in one of 79 cases.

Two Member States, Cyprus and Ireland reported no seizures of mCPP, whilst three Member States, Czech Republic, Lithuania and Romania did not report to Europol on possible seizures of mCPP.

Most seizures of mCPP have been in tablet form with logo imprints, with more than 25 different logo variations being reported to Europol. The increasing use of logos indicates that mCPP is sold in the user environment as ecstasy. Two Member States, Estonia and Finland reported on seizures of tablets with both mCPP and MDMA, whilst one Member State, Luxembourg reported on a seizure of tablets with mCPP, caffeine and amphetamine.

3.2 Information on the involvement of (international) organised crime in the manufacture or trafficking of the new psychoactive substance

During 2006 two combined production and tableting sites were seized in the Netherlands where the conversion of mCPP liquid into a solid or from ready available powder into tablets was discovered. An additional storage place was also found in the Netherlands where a total of 400 litres of mCPP in liquid form was identified.

The increased seizures of tablets with various logo imprints compared with seizures made in 2005 substantiate the involvement of organised crime in tableting and trafficking, with mCPP being sold as ecstasy in the user environment.

3.3 Money laundering aspects

No information was received on money laundering related to the production and/or trafficking of mCPP.

3.4 Violence in connection with production, wholesale and distribution

No information was received on incidents of violence in connection with production, wholesale and/or distribution of mCPP in 2006.

4. Information from the EMCDDA

4.1 Information on the frequency, quantities and forms in which mCPP has been encountered

At the time of the submission of the EMCDDA-Europol Joint Report in October 2005, 78 mCPP seizures were reported to the EMCDDA (for a period of 19 months), whereas, in the subsequent period, between November 2005 and March 2007 (a period of 17 months), approximately 800 seizures were reported. The corresponding total number of mCPP-containing dosage units (tablets) seized was 152,000 and 1,166,000 respectively. For the same periods, a corresponding increase in the number of collected samples ([4]) have been recorded – from 27 to 259. The vast majority of these samples were, however, collected in the Netherlands where a unique monitoring system based on samples submitted by users is in operation – the Drug Information Monitoring System (DIMS). Furthermore, in 2006 more than 13 kg of mCPP in powder form were seized in more than 30 seizures, most of which was in the Netherlands.

([4]) Samples collected for monitoring and research purposes.

To put the quantities of the seized mCPP tablets into perspective, it could be compared to the approximately 16 million ecstasy tablets seized in 2005 in the European Union. Furthermore, it should be noted, that mCPP seizures may be underreported and/or underrepresented since in most of the Member States it is a non-controlled substance.

At the time of the preparation of the Joint Report in October 2005, mCPP had been identified in 18 Member States (Austria, Belgium, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Latvia, Lithuania, Luxembourg, the Netherlands, Poland, Slovenia, Spain, Sweden and the United Kingdom) and Norway. In the subsequent period, mCPP seizures were reported by an additional 8 Member States (Bulgaria, Greece, Ireland, Italy, Malta, Portugal, Romania and Slovakia). However, some Member States such as the Czech Republic, Lithuania and Ireland as well as Norway did not report any seizures in 2006.

It is of importance to consider the dynamic of the development of the mCPP market, which may be related to the properties of the substance, its legality and wide availability from chemical suppliers.

In the first half of 2005, the vast majority of the mCPP-containing tablets had a rather distinctive appearance (off-white or beige with multicoloured flecks) and were marketed under quite a few street names often as a 'new type of ecstasy'. Later in 2005 and in 2006, however, mCPP was increasingly found in combination with MDMA. According to the Dutch DIMS, in 2006 about 9% of all 'ecstasy' tablets tested (app. n=2500) contained mCPP alone or in combination with MDMA. It may be assumed that after the initial period, when mCPP was tried as a new drug in its own right but had no particular appeal to users, it is now being used as a supplement to the MDMA-containing ecstasy tablets. Furthermore, most illicit products containing mCPP are tablets, usually marked with logos typical of ecstasy tablets while capsules and powders are less common. The amount of mCPP in illicit tablets was variable, and some contained other drugs as well. In illicit preparations, mCPP may be sometimes found mixed with other piperazine derivatives.

Finally, it is important to recall that beside mCPP there are two more chemical forms (isomers) of CPP (1-(4-chlorophenyl)piperazine or pCPP and 1-(2-chlorophenyl)piperazine or oCPP). Bearing in mind the capacity of Member States to identify piperazine derivates, and mCPP in particular, it may be assumed that most of the reported seizures refer to mCPP. On a few occasions, however, the Member States reported pCPP or did not specify which CPP isomer was found. pCCP and oCPP also have certain psychoactive effects but are much less studied than mCPP in terms of effects and health risks. Unlike many common drugs of misuse, no simple colour tests (field tests) exist for mCPP.

4.2 Heath risks associated with mCPP

No serious intoxications or fatal cases related to mCPP have been reported by the Reitox early warning system in 2006 and 2007. The knowledge of the health risks related to mCPP is, therefore, predominantly based on the published scientific literature. mCPP has been widely used in experimental human pharmacology and there is little evidence that it is a particularly dangerous substance in terms of acute toxicity. The adverse effects that have been reported resemble the so-called 'serotonin syndrome'. Unlike MDMA, no evidence has so far been found that mCPP is neurotoxic. However, the chronic (prolonged use) toxicity of mCPP has not been established. Based on the data available it seems that mCPP (like MDMA) has

limited dependence-producing potential. There are no studies or published scientific literature on the possible interactions between mCPP and MDMA and on the health risks this combination may pose to users. However, mCPP is known to cause more adverse effects in alcoholics and certain other drug users. (For details, refer to Annex 1.)

There is little information on mCPP from the users' perspective and no mCPP-related studies have been carried out amongst users in the European Union. Such studies may be difficult to design and implement due to the low awareness of the fact that users are consuming mCPP-containing 'ecstasy' tablets.

4.2 Control measures

Since the production of the Joint Report in October 2005 ([5]), five more Member States have undertaken to schedule mCPP under drug control or equivalent legislation ([6]) as follows: Belgium, Denmark, Germany, Hungary and Lithuania. In Belgium, all three chemical forms (mCPP, pCPP and oCPP) are explicitly controlled, whereas in Greece the relevant law controls 'CPP' which presumably includes all three isomers. In three Member States (Finland, the Netherlands and Spain), mCPP is controlled under medicines-related laws (see Annex 3). No Member State reported to the EMCDDA on the effectiveness of the control measures or about mCPP-specific prevention programmes.

5. Summary

5.1 mCPP is commercially available from retail chemical suppliers; illicit synthesis has neither been reported nor is necessary.

5.2 A total of 22 Member States reported to Europol on seizures of mCPP in 2006, mainly in tablet form, ranging from six tablets up to 145,000 tablets. One Member State reported a total of 313,371 tablets seized in 30 seizures.

5.3 Eight Member States reported relatively large single seizures of mCPP ranging from 12,000 to 145,000 tablets.

5.4 The amount of mCPP seizures has increased substantially in 2006.

5.5 The seizures of two large scale production/tableting sites and a storage site in one Member State plus several substantial seizures indicate the involvement of organised crime in the conversion, tableting, trafficking and wholesale distribution of mCPP, as does the fact that mCPP is increasingly being used as a supplement to MDMA containing tablets.

5.6 The increase in logo imprint variations indicates that mCPP is sold in the user environment as ecstasy.

5.7 Most seizures were reported as mCPP, but at least one of the other isomers (pCPP) was reported by several Member States.

5.8 Unlike many common drugs of misuse, no simple colour tests (field tests) exist for mCPP.

5.9 No serious intoxications or fatal cases related to mCPP have been reported in the European Union. There is little evidence that it is a particularly dangerous substance in terms of acute toxicity. However, the chronic (prolonged use) toxicity has not been established. Based on the data available it seems that mCPP (like MDMA) have limited dependence producing potential. The adverse

([5]) Greece controls CPP since 20 January 2005.
([6]) I.e. under the terms of the 1961 or 1971 UN Conventions.

effects that have been reported resemble the so-called 'serotonin syndrome'. Unlike MDMA, no evidence has so far been found that mCPP is neurotoxic.

5.10 mCPP is being increasingly found in combination with MDMA but the health risks of the combination of mCPP-MDMA are not known. However, mCPP is known to cause more adverse effects in alcoholics and certain other drug users.

5.11 Six Member States schedule mCPP under drug control or equivalent legislation; in three Member States mCPP is controlled under medicines-related laws.

5.12 No Member State reported to the EMCDDA on the effectiveness of the control measures or about mCPP-specific prevention programmes.

6. Conclusion

mCPP seems unlikely to establish itself as a recreational drug in its own right. However, the Member States face a key question on how to deal with a substance, which based on the available scientific evidence, appears not to pose a substantial threat to individual health, but is being largely distributed via the illegal drugs market, thus creating certain risks related to manufacture, trafficking, organised crime, etc.

In 2006-2007 mCPP seems to be more widely available on the illicit drugs market than in 2004-2005. This is evidenced by the significant increase both in the number of seizures and the amount of seized material reported to the Europol and the EMCDDA. mCPP has been encountered in 26 Member States (all but Cyprus) and Norway. Geographically and quantity-wise, mCPP is the most widely encountered new psychoactive substance ever since the monitoring of new drugs started through the establishment of the European early warning system in 1997. This is all the more noteworthy since mCPP seizures may be underreported as in most of the Member States it is a non-controlled substance. Since mCPP seems to have no particular appeal to users, it seems that the mCPP market in the European Union is driven by a supply push rather than a demand pull.

Annexes

Annex 1 – Technical information on mCPP

Annex 2 – Reports to the EMCDDA of mCPP encounters in the Member States (A&B)

Annex 3 – Legal status of mCPP in the Member States

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m-Chlorophenylpiperazine (mCPP)[1]

Introduction

A substantial amount of scientific literature exists on the pharmacological properties of m-chlorophenylpiperazine (mCPP). The following review focuses on those studies that are most relevant to its risk assessment as a drug of misuse. Although reports from Member States usually referred to mCPP (and this was confirmed in some cases by NMR spectroscopy), some illicit tablets contained the isomeric pCPP and, occasionally, other substituted piperazines. Much less information has been published on the properties of the positional isomers (i.e. oCPP and pCPP). Apart from these, mCPP is one of a family of aryl-substituted piperazines that includes, *inter alia*, benzylpiperazine (BZP), 1-(4-methoxyphenyl)-piperazine (MeOPP) and m-trifluoromethyl phenylpiperazine (TFMPP). Like mCPP itself (see later), many of them are metabolites of licensed medicines. Some piperazine derivatives were originally evaluated as potential anthelminthic agents for the treatment of roundworm infestations in humans and animals, but were never developed. However, the parent compound piperazine is still licensed for this purpose. Neither mCPP nor other piperazines are "synthesised from the pepper plant" nor can they accurately be described as belonging to the "same class as Viagra" (http://www.benzylpiperazine.com/bzp.html).

A: Review of the pharmacotoxicological data on mCPP

1. Chemical and pharmaceutical information

1.1 Chemical description

The chemical structure of mCPP is shown in Figure 1. The molecular formula is $C_{10}H_{13}ClN_2$ and the molecular weight of the free base is 196.68 Daltons. The Chemical Abstracts Service (CAS) registry number of the free base is 6640-24-0; the CAS number of the hydrochloride is 65369-76-8. Because mCPP is dibasic, it can form both mono- and dihydrochloride salts. The base and the hydrochloride salts are white powders. Other chemical names include meta-chlorophenylpiperazine, 1-(3-chlorophenyl)piperazine, 3CPP and 3Cl-PP. These abbreviations should be treated with caution since the term 'CPP' is also used for the unrelated herbicide 2-(4-chlorophenoxy)propionic acid. The mCPP molecule does not contain an asymmetric carbon atom, and therefore, unlike almost all of the more familiar substituted tryptamines and phenethylamines, it has no stereoisomers.

[1] This report was commissioned by the EMCDDA and written by L. A. King. No formal risk assessment of mCPP had been authorised within the terms of Article 6 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances, nevertheless, this report follows the structure of Annexes A and B of the risk assessment guidelines (1999).

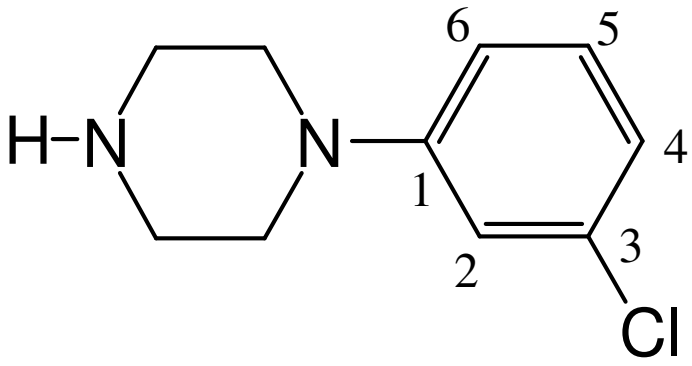

Figure 1. Structure of 1-(3-chlorophenyl) piperazine (mCPP) showing the numbering system in the phenyl ring.

1.2 Methods of synthesis and commercial availability

There are several routes to the synthesis of mCPP, the most common of which appears to be reaction of diethanolamine with 3-chloroaniline. Other methods involve the reaction of *m*-chloroaniline with bis(2-chloroethyl)amine or the reaction of piperazine with *m*-dichlorobenzene. The other two isomers of CPP could be made in a similar way. However, it is unlikely that the mCPP used in the various illicit products found in many EU countries has been synthesised in clandestine laboratories. The solid substance is available commercially as the base or as the hydrochloride at purities of 95% to 98%. Solutions of mCPP are also sold. Suppliers include Sigma-Aldrich (UK), LLB Chem (Germany), Maybridge (UK), Acros Organics (UK), Apollo Scientific Ltd (UK) Oakwood Products, Inc. (USA) and AB Chem Technologies LLC (Germany). Maybridge, for example, sell 50g of the free base for approximately €135.

1.3 Identification

There are no readily-available screening tests for mCPP; it does not react with Marquis, Nitroprusside or Scott's reagents. Analytical data (gas chromatography-mass spectrometry and infra red absorption) have been published by Aunan and Ely (1999) and Maurer (2004). In the mass spectrum, the principal ions (m/z) are 154 (base peak), 196, 156, 56 and 138. However, mass spectrometry does not distinguish mCPP from its isomers (oCPP and pCPP). Although studies on other substituted piperazines have shown that they react only weakly or not at all with amphetamine immunoassays (de Boer et al., 2001), no comparable results are available specifically for mCPP. However, it might be assumed that mCPP is unlikely to be detected in urine samples by common drug immunoassay screening systems. The quantification of mCPP and other piperazines in blood was described by Peters et al. (2003). They used solid-phase extraction, derivatisation with heptafluorobutyric anhydride and analysis by gas chromatography-mass spectrometry. The limit of detection was 5 micrograms per litre.

1.4 Legitimate uses of mCPP

A major use of mCPP is as an intermediate in the production of Trazodone[2] (Figure 2) and three related substances (Nefazodone[3], Etoperidone[4] and Mepiprazole[5]), which differ only in the substituent attached to the piperazinylpropyl moiety. The synthesis of Trazodone was also described by Baiocchi and Giannangeli (1974). As the most widely used of the four drugs, Trazodone is licensed in a number of Member States, e.g. as Trazolan® in Belgium, as Thombran® and Tombran® in Germany, as Pragmarel® and Pragmazone® in France, as Trittico® in Austria, the Czech Republic, Italy and Slovakia, as Tramensan® and Azona® in Finland, as Desyrel® in Italy and as Molipaxin® in the UK. Trazodone is thought to act by serotonin (5HT) reuptake inhibition. It is often prescribed with other antidepressants as a sleep-inducing agent because of its sedative side-effects, and is used in the treatment of depression and other disorders. Trazodone and related drugs are metabolised in the liver to form the active metabolite mCPP by *N*-dealkylation at the piperazinyl nitrogen (Odagaki et al., 2005; Maurer et al., 2004; Rotzinger et al., 1998a, 1998b). It has been suggested that mCPP may contribute to the antidepressant efficacy of Trazodone. As discussed later, a further use of mCPP is as a model reference compound in neurochemical studies of 5HT receptors.

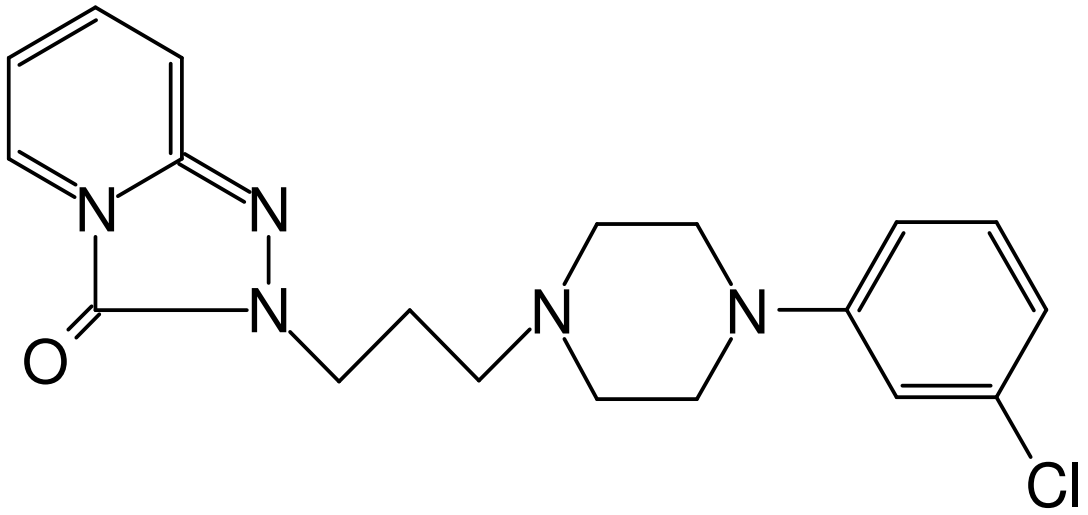

Figure 2. Structure of Trazodone: (2-[3-[4-(3-chlorophenyl)-1-piperazinyl]propyl]-1,2,4-triazolo[4,3-a]pyridine-3(2H)-one)

[2] US patent no. 3,381,009 of 30 April 1968.
[3] US patent no.4,338,317 of 6 July 1982.
[4] US patent no. 3,857,845 of 31 December 1974.
[5] US patent no. 3,491,097 of 20 January 1970.

1.5 Pharmaceutical form

There are no licensed medicinal uses of mCPP in the EU; it is not listed in the European Pharmacopoeia (2005). Apart from the less common powders and capsules, illicit tablets were often white/beige, either plain or marked with a logo and/or contain multi-coloured inclusions. Typical illicit dosage forms found in Member States in 2004 - 2005 are shown in Figure 3 (See Annex 2 for all mCPP encounters in 2006). Tablets have been known by a number of street names, e.g. 'X4' (Netherlands, Sweden), 'duhovka' (Hungary, Czech Republic), 'regenboogies' and 'arc-en-ciel' (Belgium), 'arlequin' (France), and 'rainbow' (Slovenia), many of which refer to the multi-coloured appearance of one of the tablets in Figure 1. Similar tablets were reported in Switzerland (http://www.eve-rave.net/abfahrer/download/eve-rave/dc117.pdf) where they are also known as 'Rolls Royce' and 'smarties'.

Figure 3. Illicit dosage forms containing mCPP

1.6 Routes of administration and dosage

In challenge tests of the serotonin system in psychiatry, mCPP is almost always used orally with doses typically up to 0.75 mg/kg, i.e. up to about 50mg for a 70kg person (Tancer and Johanson, 2001, 2003; Gijsman et al., 1998). Illicit mCPP is normally consumed orally, but some was seen in powdered form, so there is the possibility that it could also be snorted or injected. The amount of mCPP in illicit tablets was variable, and some contained other drugs as well. Nevertheless, the amounts of mCPP found in illicit tablets were broadly comparable to those used in clinical investigations. For example, of 16 samples quantified by the Dutch DIMS in 2004 and 2005, two contained 8mg mCPP or less and the remainder contained 22–46mg. Later samples examined by the DIMS in 2005 contained substantially higher amounts of mCPP (62, 72 and 80mg). The majority of the samples were tablets bought as 'Ecstasy', but two samples were powders sold as cocaine.

2. Pharmacology and toxicology in animals and humans

2.1 Metabolism and pharmacokinetics

Following oral administration of mCPP to healthy human male volunteers, the elimination half-life ranged from 2.6 to 6.1 hours (Feuchtl et al., 2004) with a wide range in peak blood levels and bioavailability. In rats, Staack and Maurer (2003) reported that mCPP was extensively metabolised by hydroxlation of the aromatic ring and, to a lesser extent, by degradation of the piperazine ring to produce hydroxy-mCPP (two isomers), *N*-(3-chlorophenyl)ethylenediamine, 3-chloroaniline and hydroxy-3-chloroaniline (two isomers). The hydroxy metabolites were partly excreted as the corresponding glucuronides and/or sulphates and the chloroanilines were partly excreted as the acetylated derivatives. Physiological and subjective effects reach their peak 1 to 2 hours after oral administration and can last 4 to 8 hours (Gijsman et al., 1998; Tancer and Johanson, 2001, 2003).

2.2 Toxicology

The negative effects of mCPP, often typical of a serotonin syndrome, include anxiety, dizziness, confusion, shivering, sensitivity to light and noise, fear of losing control, migraine and panic attacks (Gijsman et al., 1998; Tancer and Johanson, 2001, 2003; Feuchtl et al., 2004). A serotonin syndrome was found to occur in some psychiatric patients following oral dosing with mCPP (0.5mg/kg), but did not occur in normal volunteers at the same plasma concentrations (Klaassen et al., 1998). Unlike MDMA, mCPP lacks neurotoxic potential (Gobbi et al., 2002) and mCPP releases 5HT without causing long-term depletion (Ulrichsen et al., 1992; Baumann et al., 2001). This difference between MDMA and mCPP may be related to the ability of mCPP to release cytoplasmatic 5HT, whereas MDMA induces the release of both cytoplasmatic and vesicular 5HT (Gobbi et al., 2002). The main enzyme involved in hydroxylation of mCPP is CYP2D6, the activity of which is subject to considerable genetic variability (Bertilsson et al., 2002). Since this enzyme is involved with the metabolism of many other drugs, ‘slow-metabolisers’ are most at risk of drug interactions (Pritzker et al., 2002). Variability in CYP2D6 phenotype may partly explain the wide variation in the pharmacokinetics of mCPP as noted above.

No fatal poisonings from mCPP have been reported. Although Goeringer et al. (2000) and Martinez et al. (2005) gave details of a number of fatalities due to Trazodone, it is unclear what part the metabolite mCPP played in these deaths. Little is known about the mutagenic and carcinogenic potential of mCPP or its effects on other organ systems.

2.3 Neuropharmacology

As an agonist at the $5HT_{2C}$ receptor, and an antagonist at the $5HT_{2B}$ receptor, mCPP has been widely used as a probe of serotonin function in psychiatric research (Hamik and Peroutka, 1989; Thomas et al., 1996; Gijsman et al., 1998; Kahn and Wetzler, 1991). It has both pre- and postsynaptic effects on the serotonin system. It also induces a release of serotonin (5HT) dependent on the serotonin transporter (SERT) (Pettibone and Williams, 1984; Baumann et al., 1993, 2001; Eriksson et al., 1999; Gobbi et al., 2002). In this respect, mCPP is, to a certain extent, similar to MDMA, which also releases 5HT via a SERT-mediated process (Cole and Sumnall, 2003). As a consequence, the subjective effects of mCPP and MDMA are comparable (Tancer and Johanson, 2001, 2003). An important difference between mCPP and

MDMA and other substituted phenethylamines is that mCPP has little effect on the dopamine system (Baumann et al., 2001; Gobbi et al., 2002). As a consequence, mCPP does not display reinforcing effects (Tancer and Johanson, 2003), and is unlike the closely related piperazine BZP, which shows amphetamine-like (sympathomimetic) activity. This difference in receptor affinity was recently confirmed by Johanson et al., (2006), where it was found that humans could be trained to distinguish mCPP from d-amphetamine. However, half of the participants reported that MDMA was like amphetamine and half reported that it was like mCPP.

In alcoholics, mCPP causes a more intense 'high' feeling than in normal subjects (Buydens-Branchey et al., 1997a; Benkelfat et al., 1991). Similar results were found with cocaine addicts (Buydens-Branchey et al., 1997b) and with MDMA users (McCann et al., 1999). In a preliminary study of obsessive-compulsive patients, Erzegovesi et al. (2001) reported that low doses of mCPP (0.25mg/kg) induced a significant worsening of symptoms.

In addition to its serotonergic activity, mCPP also increases the levels of certain hormones (ACTH, cortisol and prolactin). Ghaziuddin et al. (2003) found gender differences in the neuro-endocrinal effects of mCPP, but noted that systolic and diastolic blood pressure, pulse rate and temperature were only mildly elevated. Using positron emission tomography, Hommer et al. (1997) found that mCPP significantly increased brain glucose metabolism. In rats, mCPP depressed spontaneous ambulatory activity (Lucki et al., 1989) and was associated with activation of certain 5HT receptors.

Squires et al., (1993) showed that, in rats, mCPP and other *N*-arylpiperazines also act as antagonists at γ-aminobutyric acid (GABA-A) receptors, but the implications of this do not appear to have been widely explored in more recent work.

There is no evidence to indicate that mCPP has the potential to produce dependence in humans, and as far as is known, it has no major effects on cognitive functions (Silverstone et al., 1994).

3. Clinical experience

3.1 Studies on street users

In Belgium, one of the CPP isomers (probably mCPP) was identified in urine samples taken from two intoxicated individuals. However, cocaine, MDMA, cannabinoids and GHB were also found, and the role of CPP is therefore unclear. Limited users' reports from Austria and the Netherlands reported negative or unpleasant effects. In France, users described the disorders that occurred following the ingestion of mCPP as ranging from 'light to severe'. These included nausea, vomiting, headaches and, occasionally, 'psychological discomfort' such as anxiety, depressive symptoms, feeling of being persecuted and aggressiveness. The French NFP reported that at the Dour music festival in Belgium near the French border some users suffered from hot flushes and a feeling of suffocation. Several users reported a 'quite long stimulation effect'. Two people who injected the substance reported face swelling, hot flushes and breathing difficulties.

4. Related substances

Apart from the large number of variously substituted piperazines, there are two positional isomers of mCPP, namely 1-(4-chlorophenyl)piperazine (also known as pCPP, para-CPP, 4CPP and 4Cl-PP) and 1-(2-chlorophenyl piperazine, (also known as oCPP, ortho-CPP, 2CPP and 2Cl-PP). Both are commercially available; their structures are shown in Figures 4 and 5 respectively.

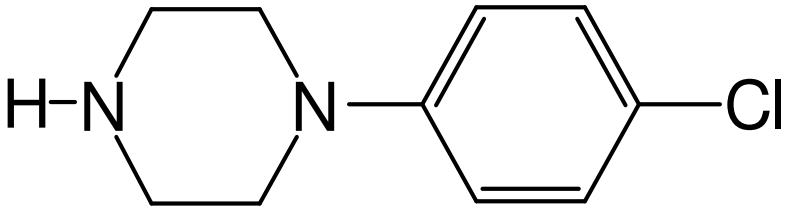

Figure 4. Structure of 1-(4-chlorophenyl)piperazine (pCPP)

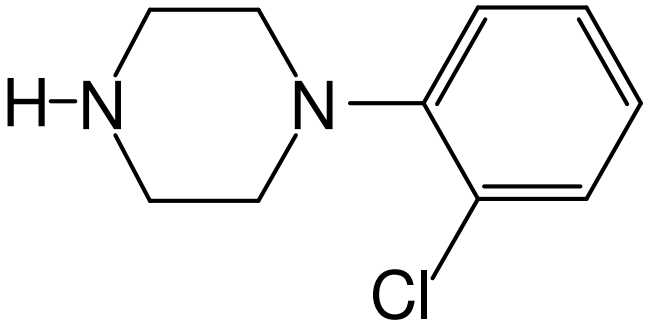

Figure 5. Structure of 1-(2-chlorophenyl)piperazine (oCPP)

As noted earlier, some illicit tablets contained pCPP. Compared to mCPP, neither pCPP nor oCPP have found significant use as probes of 5HT receptors. According to Fuller and Snoddy (1980), pCPP increases serotonin levels in rat brains but, unlike p-chloroamphetamine, caused no long-term depletion of 5-hydroxyindoleacetic acid. Verdonk et al., (1997) performed molecular mechanics calculations on several piperazines and showed that for optimum binding at the $5HT_{2C}$ receptor, the piperazine and phenyl rings should be co-planar. Furthermore, it was predicted that the ortho-isomer, unlike mCPP, would be an antagonist at this receptor. This was subsequently confirmed in both *in vitro* and *in vivo* tests. A structure search of the Merck Index (1996) shows that there are no medicinal products containing the pCPP or oCPP fragments in their structures.

B: Sociological and criminological evidence and public health risks of mCPP

Information in this section of the report is drawn largely from English language Internet searches, notifications to Europol by Europol National Units and to EMCDDA by Reitox National Focal Points in the 25 Member States and Norway, and the Europol–EMCDDA Joint Report (2005) on mCPP made in accordance with Article 5 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances.

1. Sociological and criminological evidence

1.1 Legal status of mCPP

Control measures in the Member States under drug control or equivalent legislation[6]
In Greece, as of 20 January 2005, mCPP (shown as 'CPP') is listed under the terms of Law 1729/87 in Table A (13) and is, therefore, subject to the same control measures that apply to other psychotropic substances such as MDMA. In December 2005, Denmark decided to control mCPP along with four other piperazines. Furthermore, in 2006-2007 control measures were introduced in Belgium (22 October 2006), Hungary (1 January 2006), Lithuania (1 July 2006) and Germany (1 March 2007). At least two other Member States – Slovakia and Latvia – have informed EMCDDA that they are considering control measures.

Control measures in the Member States under medicines legislation
In Finland, mCPP is included in Annex 1 of the list of medicinal products covered by the Medicines Act (395/1987). Furthermore, in both the Netherlands and Spain, such possibility for control exists under medicines related laws.

Apart from the above nine Member States, mCPP is commercially available elsewhere without legal restriction.

According to the World Health Organisation mCPP is not currently under assessment for potential control by the United Nations 1971 Convention. In the USA, BZP was placed into Schedule I of the Controlled Substances Act in 2003, but mCPP remains uncontrolled.

1.2 Social consequences for the user

No crimes or violence have been directly linked to the use of mCPP. However, a Turkish Kurd was arrested on arrival in Finland from the Netherlands in possession of 25,300 tablets containing mCPP. As the substance is not under control in Finland, the courier was released shortly afterwards and subsequently seriously assaulted on returning to the Netherlands. No information was received on money laundering related to the production and/or trafficking of mCPP.

1.3 Wholesale production and distribution

[6] I.e. under the terms of the 1961 or 1971 UN drug control Conventions.

Because mCPP is legally available in most countries, there is no need, and indeed no evidence, for the involvement of organised crime in its manufacture. Most illicit tablets are thought to have been produced in Europe. Tabletting facilities were discovered in the Netherlands that had been involved in producing various tablets since early 2005; some of the mCPP had been sourced in India. It is clear that tablets and capsules are also being obtained via Internet sales. Some of these originated in New Zealand, where the use of piperazine-related drugs has been well described, e.g. http://www.benzylpiperazine.com/bzp.html, http://www.mindfuel.co.nz/euphoria.html and https://erowid.org/chemicals/bzp/bzp_info1.shtml. Although most countries reported seizures or other occurrences of mCPP, a few were particularly large.

However, there is no evidence yet that supply for mCPP is in decline. Evidence for this comes from the tenfold increase in the number of seizures in 2006 compared to 2005, as well as corresponding increases in the number of dosage units seized. (See Annex 2 for all mCPP encounters in 2006). Furthermore, as of October 2005 mCPP was identified in 18 Member States and Norway, whereas by the end of 2006 it had been identified in 26 Member states (all except Cyprus) and Norway.

2. Public health risks: epidemiological evidence

2.1 Availability and quality of product on the market

Tablets called X4 can be purchased from an Internet site (http://www.naturensdroger.nu/enter.html). They allegedly contain a total of 150mg of four different piperazines: mCPP, pCPP, MeOPP and TFMPP. However, the chemical name listed against mCPP is erroneously shown as 2-(2-Methyl-4-chlorophenoxy)propionic acid. Other Internet sites selling piperazines (mostly BZP and TFMPP) include http://www.mindfuel.co.nz/euphoria.html. As noted earlier, the amount of mCPP in tablets varied from 8 to 80mg. In 2 out of the 12 Hungarian seizures, tablets contained both mCPP and MDMA. In the UK, MDMA was also found mixed with mCPP in tablets, where it was estimated that the two substances were present in almost equal amounts. In the Netherlands, one sample of mCPP contained 1% cocaine. An analysis of the tablets sold by http://www.spiritualhigh.co.uk/ (Ramsey, 2006) showed that they did not contain mCPP. Apart from mixtures with other piperazines, mCPP was often found in illicit products in combination with MDMA. Since mCPP and MDMA are chemically unrelated compounds, their occurrence together is unlikely to represent accidental contamination; the deliberate addition of mCPP could be intended to potentiate or modify the effects of MDMA or vice versa.

2.2 Knowledge, perceptions and availability of information

Over the last year, in the majority of the Member States, mCPP-containing tablets, often designed to look like ecstasy, have increasingly been found in the context of various recreational activities (open-air dance/music festivals, dance clubs etc.), where they are almost always sold/bought as the popular drug ‘Ecstasy’. There seems to be little specific demand or market for mCPP in the European Union. Given the physical forms in which mCPP is available and the intended users, in the great majority of the cases the substance is taken orally. However, since mCPP in powder form is also available, it cannot be excluded that the substance is sometimes injected. So far, two cases of mCPP injection have been reported by the French

NFP, both involving users who normally inject ecstasy. In France, the tablets collected were bought as 'Ecstasy' or 'MDMA' (six cases), 'artisanal Ecstasy' (one case), one case involving MDMA mixed with either LSD or ketamine, and 'MDEA' (one case). Where reported, the price of mCPP-containing 'ecstasy' tablets varies considerably over time and across the Member States. The French NFP reported that at the end of 2004 the price of a tablet in Bayonne, South-West France, was €15, whereas in Hungary in the last three months the price of a mCPP-containing tablet was €5 (i.e. a little more expensive than an ordinary 'Ecstasy' tablet). In Lithuania, the price is reported to be €2.30 at wholesale and €3.20 at retail level. Very recent information from Slovenia mentions that the price is €6.25 per tablet. A 150-mg X4 tablet in Sweden is reportedly sold on the Internet for approximately €10 (99 SEK). In Austria, in 2006 and 2007 mCPP has been purchased as ecstasy for €10.

2.3 Prevalence and patterns of use

Tablets containing mCPP are usually bought and sold as 'Ecstasy'. Although mCPP was available in most countries in Europe, in comparison to illicit amphetamine and MDMA, the number of seizures and the amounts seized in the Member States are both relatively low.

2.4 Characteristics and behaviours of users

There have been no formal studies of the characteristics of mCPP users. However, it can be assumed that they are the same as those of the well-studied population of 'Ecstasy' users. This is typically associated with 15-to 24-year-olds, who frequent clubs, discos and dance events, with rates of drug use higher in males than in females and who are predominantly drawn from urban areas. For those users who are aware of the fact that they are consuming mCPP, it seems that this drug has no particular advantages over other drugs such as MDMA.

In a symposium devoted to 'club drugs', Tancer (http://www.aaap.org/meetings/2004am/symposia2004.pdf) noted that users of mCPP claimed that it acted as a stimulant at high doses and that it had similar spectrum to MDMA of both negative (dysphoria, anxiety) and positive (euphoria) effects. Some users' reports on the Internet, confirmed by information received from the French NFP, describe mCPP as a product of little recreational interest and a source of unpleasant effects such as anxiety, panic reactions, nausea, headaches and long-lasting hangover. A more positive reaction was described following ingestion of one 'rainbow' tablet, where the effect was claimed to be similar to MDMA (http://www.erowid.org/experiences/exp.php?ID=44771). Other accounts of mCPP are difficult to evaluate because it was ingested along with other drugs such as cannabis (http://www.erowid.org/experiences/exp.php?ID=44075) or other piperazines (http://www.erowid.org/experiences/exp.php?ID=2394).

Summary

- mCPP is a synthetic substance used in at least three Member States as an intermediate in the manufacture of Trazodone and several related antidepressant drugs. It also occurs as a metabolite of those drugs and is commercially available. There is no marketing authorisation for mCPP in the EU.

- Most illicit products containing mCPP were tablets, usually marked with logos typical of 'ecstasy' tablets; capsules and powders were less common. In illicit preparations, mCPP was sometimes mixed with other piperazines (e.g. TFMPP) or other drugs (e.g. MDMA), but the purpose of this is unclear.

- There was a tenfold increase in the number of seizures in 2006 compared to 2005, as well as a corresponding increase in the number of dosage units seized. Furthermore, by the end of 2006 mCPP had been identified in 26 Member states (all except Cyprus) and Norway.

- mCPP is widely used in experimental human pharmacology as a neurochemical probe of the serotonergic (5HT) system. It acts both as an agonist and antagonist at different 5HT receptors.

- Although mCPP may show weak amphetamine-like effects in some users (stimulation, loss of appetite), it does not interact with the dopaminergic system and has little impact on blood pressure or pulse rate. Unlike MDMA, it is not considered to be neurotoxic and would appear to have limited potential for producing dependence.

- The adverse effects of mCPP are more often seen in alcoholics, cocaine addicts and those who use drugs that also interact with 5HT receptors, such as MDMA. These side effects resemble those of the so-called serotonin syndrome, and include anxiety, panic attacks, dizziness, confusion, shivering, sensitivity to light and noise, and fear of losing control.

- No fatal poisonings with mCPP have been reported.

- There is no evidence to indicate that mCPP has the potential to produce dependence in humans, and as far as is known, it has no major effects on cognitive functions.

- The positional isomer, pCPP has also been reported in some illicit products, but only limited investigations have been made on the properties of pCPP and oCPP. Since the latter is an antagonist of the $5HT_{2C}$ receptor, then it is unlikely to produce similar effects to mCPP.

- It would appear that there is only a limited demand from users for mCPP. For many, it compares unfavourably with MDMA.

- Five Member States control mCPP as an illicit substance and three control it under medicinal legislation.

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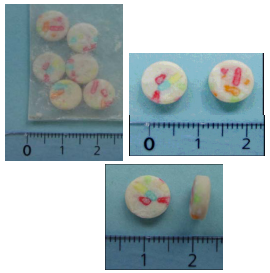
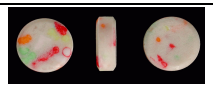
Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Austria	tablet; white; Versace logo	1 seizure; 2 units		September 2005			
	tablets; white or coloured flecks	4 seizures; 2.603 units (3)		Feb - March 2005			The frequency of identifications and the availability of mCPP was
Belgium	tablets; round; multi-flecked	1 seizure; 6 units		July 2005	Courtrai		
	tablets;beige with green, yellow, red, blue and orange spots	1 seizure; 36 units		July 2005	Ninove		CPP, probably 1-(3-chlorophenyl)piperazine (4)
	urine	biological sample		July 2005	Rock festival Werchter	cocaïne, XTC (MDMA), cannabis, GHB	CPP, probably 1-(3-chlorophenyl)piperazine
Bulgaria							
Cyprus							
Czech Republic	tablet; white (dappled)	1 seizure; 549 units		August 2005	Prague	glucose, lactose	used by dance parties visitors, offered as ecstasy under the name of Duhovka (Iris).
	tablet; white (dappled)	1 seizure; 2 units		June 2005	Prague	lactose, saccharose	
Denmark	tablets; white; no logo	1 seizure; 3 units; 319 mg,		July 2005	Aarhus	TFMPP and MeOPP	
	tablets; light blue; Versace logo	1 seizure; 46 units; 18 g,		August 2005	Aabenraa	TFMPP and MeOPP	
Estonia	tablet; grayish white with blue, red and green flecks	1 crumbled unit; 0,23 g		August 2005	Tartu		
	tablet; grayish white with blue, red and green flecks	3 crumbled units; 1,22 g		August 2005	Tallin		
Finland	tablets; white; round; no logo	1 seizure; 7 ubits		2005			
	tablets; white; Versace logo	1 seizure; 25.344 units (380mg/each)		August 2005	Helsinki-Vantaa airport		

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In green reported as pCPP or CPP

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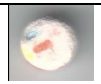
Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
France	tablets; white; Versace logo	collected sample		September 2005	Bretagne		under the name "Méduse"
	tablets; white; Versace logo	collected sample		August 2005	Bordeaux		the user reports low availability
	tablets; white or white with green spots; Versace logo	1 seizure; 5.115 units	 	August 2005	Calais channel		
	tablets; stained white; no logo	collected sample; 1 unit		July 2005	Bretagne		the substance appeared in north of France (Lille). Availability was mentioned to be locally high. Tablets probably came from Belgium because the substance was found few days ago in tablets and capsules in the Dour (Belgium) festival, near the French border. Tablet was collected in north-west (Bretagne, sample 11) at the same period. In this case, availability was mentioned to be locally low.
	tablets; stained white; no logo	collected sample; 1 unit		July 2005	Lille		
	tablets; beige; no logo	1 seizure		July 2005	Haute Savoie border near Switzerland		
	tablet; stained white; no logo	collected sample		May 2005	Bordeaux		availability mentioned to be high
	tablet; stained white; no logo	collected sample		May 2005	Bordeaux		availability mentioned to be high
	capsule; white and blue	1 seizure; 142 units		April 2005	Marigny; French spring teknival		
	tablets; stained pink; no logo	same as above		April 2005	Marigny; French spring teknival		
	tablet; stained pink; no logo	1 collected sample		February 2005	Parisian nightclub		under the name of "Arlequin"; 15€/tablet
	pieces of stained coloured tablets	1seizure; pieces of tablet		Januray 2005	Marmande	traces of the acetyl derivate	the substance appeared in a gendarmery's seizure. The seizure was realized on a drug user
	tablet; stained white; no logo	collected sample		December 2004	South-west of France		mCPP was found for the first time in south-west of France. Pills had been sold in a Spanish nightclub, where young people living in the area are usually going out for week-end. This type of tablet was easily available in the end of 2004 in this place.
	tablet; stained pink; no logo	collected sample		December 2004	South-west of France		

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In green reported as pCPP or CPP

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Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA							
Substance : 1-(3-chlorophenyl)piperazine (mCPP)							
Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)							
COUNTRY	**Physical description**	**Sample type, amount**	**Images**	**Date (2)**	**Location**	**Other ingredients in the same dosage unit**	**Comments**
Germany							In Octocber 2005 info(mCPP reply): Police sources have reported a relevant number of seizures which indicates the availability of mCPP in some segments of the German drug market. Eve+Rave, a self-help group based in Berlin reported on August on their website that mCPP was found in the area of Cologne, Stuttgart and Berlin. Some of these drugs might have entered through Switzerland where all the drug tests to these substances were conducted.
	tablets; no logo	several seizures; (street name: “Jenaer smarties”)		2005	Jena		Analyses conducted by the police identified m-CPP as active substance of these tablets. Shortly after that, smaller amounts of similar tablets were seized in nearly all regions of Germany. Due to close co-operation with Dutch authorities, the manufacturer of these tablets could be arrested in the Netherlands
Greece							

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In green reported as pCPP or CPP

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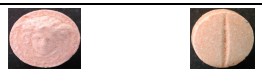
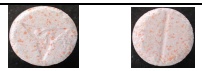
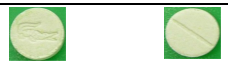
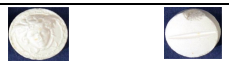
Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Hungary	tablets; stained on a white and pink base	1 seizure; 38.948,5 units		2005			
	tablets; white	1 seizure; 18.568,5 units		2005			
	tablets; brown stained on a white base	1 seizure; 21.084 units		2005			
	tablets; light green; Versace logo	1 seizure; 25 units		2005			
	tablets;orange; Versace logo	1 seizure; 693,5 units		2005		MDMA	
	tablets; orange; triple chained	1 seizure; 1 unit		2005			
	tablets; light blue; Versace logo	1 seizure; 5 units		2005			
	tablets; light blue; Versace logo	1 seizure; 50 units		2005			
	tablets; lighte green; Lacoste logo	1 seizure; 2 units		2005			
	tablets; light blue; Versace logo	1 seizure; 300 units		2005			
	tablets; pink; triple chained	1 seizure; 795 units		2005			
	tablets; light green; RR-4 logo	1 seizure; 297 units		2005			
	tablets; light blue; Versace logo	1 seizure;79 units		2005			
	tablets; pink; Versace logo	1 seizure; 2 units		2005			
	tablets; pink; Versace logo	1 seizure; 102 units		2005		m-CPP + MDMA (nyom)	
	tablets;white; Versace logo	1 seizure; 13,25 units		2005			
	tablets; pink; triple chained	1 seizure; 75 units		2005			
	tablets; light green; Versace logo	1 seizure; 1 unit		2005			

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In green reported as pCPP or CPP

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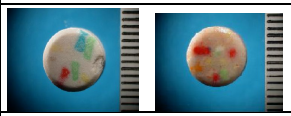
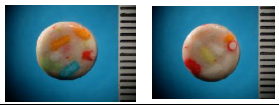
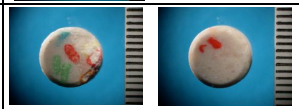
Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Ireland							
Italy							
Latvia	tablet	1 seizure; 1 unit		December 2004			
	tablet	1 seizure; 8 units		March 2005	Riga		
	tablets	1 seizure; 4.796 units; 1506,4326 g		May 2005	border of Latvia and Lithuania		
	tablets			July 2005	seized by State Police		Reported as either mCPP or pCPP
Lithuania	tablets; multi-flecked	1 seizure; 2 units		September 2005			
	tablets; multi-flecked	1 seizure; 75 units		August 2005			
	tablets	1 seizure; 40 units		January 2005			
	tablets; multi-flecked	1 seizure; 15 units		January 2005	Vilnius		
	tablets; multi-flecked	1 seizure; 1 tablet		January 2005	Panevėžys		
	tablets; multi-flecked	1 seizure; 5 tablets		February 2005	Klaipėda		
	tablets; multi-flecked	1 seizure; 21 units		February 2004	Vilnius		
	tablets; multi-flecked	1 seizure; 11 units		March 2004	Vilnius		
Luxembourg	unspecified encounter of mCPP						
Malta							

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In green reported as pCPP or CPP

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Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Netherlands	tablets	collected samples; 13 units		2004		1 unit contained also cocaine	2 units 7 - 8% mCPP 2 units 8 mg mCPP others between 22-46 mg mCPP
	tablets; beige-coloured; round-shaped	collected samples; 5 units		2005		24 times in combination with MDMA (average concentration 30,4 mg SEM □ 4,7 range 1 – 76 mg)	Consumer samples
	tablets; white, coloured flecks	collected samples; 24 units		2005			The average concentration mCPP was 28,6mg SEM ± 2,4 (range 5 mg – 82mg). 29 times in combination with co-product mCPP
	tablet; white	collected sample; 1 unit		2005			
	tablet; blue	collected sample; 10 units		2005			
	tablet; light beige; white coloured	collected sample; 3 units		2005			
	tablets; Nike logo	collected sample; 3 units		2005			
	tablets	collected samples; 41 units		2005			
	tablet	collected sample; small chunk		2005			Consumer samples 6% mCPP + mCPP co-product
	powder	collected sample; 1 unit		2005		1% cocaïne + 7% mCPP	Consumer samples
	powder	collected sample; 1 unit		2005			Consumer samples 8% mCPP
	powder	collected sample; 1 unit		2005			Consumer samples 5% mCPP
	powder	collected sample; 1 unit		2005			Consumer samples
	tablets	collected sample; 2 units		2005			Security samples 24 and 35 mg mCPP, respectively (both in combination with co-product of mCPP).
	tablets	collected sample; 1 unit		2005			Security samples
	tablets	collected sample; 1 unit		2005		mCPP and 44 mg MDMA	Security samples
Norway	tablets	1 seizure; 194 units		March 2005			
	tablets	1 seizure; 46 units		March 2005			
	tablets	1 seizure; 3,5 units		May 2005			
	tablets; white with coloured spots	2 seizures; 10.000 units		February 2005	Oslo		
Poland	tablet; colour elements	1 seizure; 2 units		June 2005			tablets similar to those seized in Norway, Switzerland and Latvia
Portugal							
Romania							
Spain	tablet; multi coloured; or white	8 seizures; 73 units		Summer 2005	Ibiza		reported as pCPP

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

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(4) In green reported as pCPP or CPP

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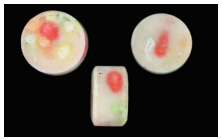
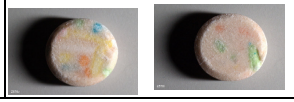
Annex 2 A
Reports to the EMCDDA of mCPP encounters: February 2004 - October 2005

ENCOUNTERS (1) REPORTED TO EMCDDA							
Substance : 1-(3-chlorophenyl)piperazine (mCPP)							
Reported before the Europol–EMCDDA Joint Report on mCPP (27 October 2005)							
COUNTRY	**Physical description**	**Sample type, amount**	**Images**	**Date (2)**	**Location**	**Other ingredients in the same dosage unit**	**Comments**
Sweden	body fluid	biological sample		1st half 2004			
	tablet	1 seizure, 2 tablets		1st half 2004		mainly TFMPP, but also 1,4-methoxyphenylpiperazine	body fluid/specimen
	tablet X4	4 requests of analysis		2004		mCPP and pCPP	
	tablets	3 requests of analysis		2005			
	tablets	3 seizures		July 2005	Stockholm		
Slovakia							
Slovenia	tablet; white multi coloured	1 seizure; 1 unit		September 2005	Ptuj	palmitat, stearat, laktoza	
UK	Tablets; off-white with green flecks;Lacoste logo	1 seizure; 10 units		August 2005	unspecified night club	MDMA in similar amounts	
Switzerland	tablets; light pink with flecks; Rolls Royce logo	collected sample; 46.7 mg of m-CPP		August 2005	Zürich		encountered in the party scene of Zurich ('street parade')
	tablets; white with coloured spots	collected sample; 27.3 mg of m-CPP		August 2005	Zürich		encountered in the party scene of Zurich ('street parade') bought as 'XTC' under the street name 'smarties'

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

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(4) In green reported as pCPP or CPP

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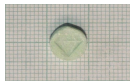
Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Austria	tablet; white or multicoloured flacked ; Ferrari horse logo	1 seizure; 3.300 units (3) 1 seizure; 150 units		January 2006	Salzburg Upper Austria		
	tablet; white or multicoloured flacked ;	few seizures; 170 units		March 2006	Upper Austria		
	tablet; light green; diamond logo	1 seizure; 2 units		February 2006	Tyrol		Tablets collected by Tyrol drug services from users after complaints about unexpected side effects due to use of tablets sold as MDMA under the street name “Mitsubishi” and “Diamont” in February 2006. The tablets were forwarded to and analysed by ChEckiT
	tablet; light green; Mitsubishi logo	1seizure; 2 units		February 2006	Tyrol		
	tablet; shark logo	1 collected sample; 1 unit		November 2006	Vienna (party)		Tablet analysed by ChEckiT! during “pill testing” in Vienna in November 2006

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

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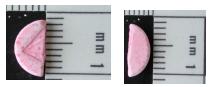
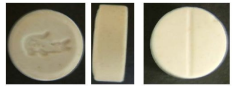
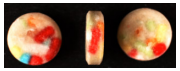
Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Belgium	tablet	10 collected samples		2006		mCPP was found in tablets with XTC-logos, alone or with MDMA, amphetamine or caffeine.	
	capsule	1 collected sample; 500 mg (12 mg mCPP)		October 2006	Brussels	50 mg MDMA, caffeine and lactose	
	tablet; round; pink-red	1 seizure; 0,5 unit 38,4mg mCPP (14,8%)		September 2006	Rumes		
	tablet; white; Mitsubishi logo	seizure contained between 37 mg (16%) and 42 mg (18%) mCPP		August 2006	Sint-Triuden		
	tablet; round; rose-red; petrol pump logo	collected sample; 1 unit		August 2006	Liège		
	tablet; round; white, rose or blue; Mitsubishi, heart or shark logo	collected sample		July 2006	Brussels (Festival)	mCPP alone or with MDMA	
	tablet; round; green; Mitsubishi logo	collected sample		June 2006	Brussels (Festival)		
	tablet; round; pink-fushia; heart logo	collected sample; 1 unit		February 2006	Brussels		
	tablet; round; white with brown-yellow stains; petrol pump logo	1 seizure		February 2006	Temse		
	tablet; white; Mitsubishi logo	collected sample; 1 unit		February 2006	Brussels	MDMA (1%) and cafeine	
	urine	6 biological samples		2006			
	tablets (CPP); white with beige spots, Lacoste logo	3 seizures; 13 units		2006	Antwerp	metoclopramide	One laboratory could not make a distinction between the different isomers of CPP due to the used methodoly (GC-MS)
	urine (CPP)	2 biological samples		2006			
	tablet; multi-flecked	1 seizure; 22 units		June 2005	Lille		28,3 mg mCPP/each occurred before the Joint Report bur reported after it (4)
	tablet; multi-flecked	1 seizure; 73 units		December 2005	Westerlo		38,2 mg mCPP/each

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In red reported after October 2005 but occured before

(5) In green reported as pCPP or CPP

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Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Bulgaria	tablets; white; Mitsubishi logo	1 seizure; 3 units		2006	Sofia	reported as pCPP	reported as pCPP (5)
	tablets; white; heart logo	1 seizure; 260 tablets		2006	Varna	reported as pCPP 1% MDMA	reported as pCPP
	tablets; white; Mitsubishi logo	1 seizure; 3,55 g		2006	Varna	reported as pCPP 27% MDMA	reported as pCPP
	tablets; white; Mitsubishi logo	1 seizure; 1 tablet		2006	Varna	reported as pCPP 1% MDMA; caffeine	reported as pCPP
	tablets; white; Rolls Royce logo	1 seizure; 1 tablet		2006	Sofia	reported as pCPP 6% MDMA	reported as pCPP
	tablets; white: crocodile logo	1 seizure; 64 units		2006	Kardzhali	reported as pCPP	reported as pCPP
	tablets; white; Rolls Royce logo	1 seizure; 49.385 g		2006	Asenovgrad	reported as pCPP 5% MDMA	reported as pCPP
Cyprus							
Czech Republic	tablet	1 collected sample; 1 unit		2006			
Denmark		8 seizures		2006			
Estonia	tablet	seizure; 60.000 units		September 2006	Centra Criminal Police, Police Board		reported as CPP
	tablet; white, light pink, beige or light blue;sun or hart shape logo	collected sample; 21 units; 17886 g		2006			11-23% of mCPP
	tablet	collected sample; 6 units; 7 g		2006		MDMA	
Finland	tablet	13 seizures; 1.035 units		2006			
	tablet	1 seizure; 2 units		2006			
	tablet; light green; heart logo	1 seizure; 43 units		November 2006	Vantaa	TFMPP	

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

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Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
France	tablets; green or pink; Mitsubishi logo	2 seizures; 35.000 units		January 2006	Hérault		(Sintes note)
	tablets; non identified logo	same seizure as above		January 2006	Hérault		(Sintes note)
	tablets; logo Rolls Royce	1 seizure		January 2006	Côte d'Or		(Sintes note)
	tablets	3 seizure; 1.871 units		1st half 2006			
	tablets	5 seizures; 1.032 units		1st half 2006			
	tablets	1 seizure; 679 units		1st half 2006		MDMA	
	tablets	6 seizures; unknown		1st half 2006			
	tablets	1 seizure; unknown		1st half 2006		MDMA	
	tablets	3 seizures; 4.439 units		2nd half 2006			
	tablets	5 seizures; unknown		2nd half 2006			
	tablets	2 seizures; unknown		2nd half 2006			
	tablets	3 seizures; 9.705 units		2nd half 2006			
	tablet	collected sample; 1 unit		2nd half 2006			
	powder	collected sample		September 2006	Lyon		reported as pCPP
Germany	tablets; “Mitsubishi”, “Heart”, “Chinese sign” logos	1 seizure; 145.000 units		December 2005	Emmerich		End of 2005 the situation changed: Accompanied by larger seizures in Germany offenders became more professional. Tablets, containing m-CPP were sold as ecstasy utilising well-known ecstasy logos like e.g. “Rolls-Royce”, “Versace”, “Lacoste” or “Mitsubishi”. Esp. tablets with the “Mitsubishi”-logo do still have a good reputation among users
	tablets; Mitsubishi logo	1 seizure; 9.860 units		March 2006	Wildeshausen		
	tablets; Lacoste and Diamond logos	1 seizure; 85.000 units		March 2006	Erlangen		
							Information from Frankfurt: within their local monitoring system no reports concerning m-CPP have been registered for 2006. As Frankfurt is an "important" city regarding (new) drugs, this might be a valuable additional piece of information.

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

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Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA							
Substance : 1-(3-chlorophenyl)piperazine (mCPP)							
Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)							
COUNTRY	**Physical description**	**Sample type, amount**	**Images**	**Date (2)**	**Location**	**Other ingredients in the same dosage unit**	**Comments**
Greece	tablet; white; dolphin logo	2 seizures; 100.760 units		June 2006	Attica	MDMA	
	tablet; pink; diamond logo	1 seizure; 7 units		June 2006	Rafina		
	tablet; pink; diamond logo	1 seizure; 3 units		June 2006	Mykonos		
	tablet of CPP	12 seizures; 12.988		2nd half 2006		MDMA	
Hungary	tablet	60 seizures; 17.285 units		2006			
	powder	10 seizures; 996 g		2006			
	liquid (solution)	1 seizure; 4 ml		2006			
Ireland	tablets; Pale blue/powder pink; Lacoste logo	1 seizure; 123.000 units		December 2005	Rosslare Europort, Dublin	traces of MDMA	
Italy	tablets; rainbow	92 units; 27 g		February 2006	South Italy		sold as XTC
Latvia	tablet	4 seizures; 25 tablets		2006			
Lithuania							
Luxembourg	tablets	4 seizures		2006			total/weight: Detected (not provided because of lack of reference substance)
Malta	tablets; white lacoste logo	1 seizure; 50.579 units		July 2006	Vallette - Marina Pinto		
Netherlands	powder	19 seizures; > 12 Kg		2006			Reported by NFI
	tablets	172 seizures; > 420.000 units		2006			Reported by NFI
	tablets	103 collected samples; unknown		2006		Both mCPP alone and in combination with MDMA (1 – 128 mg) and/or caffeine (1 – 22 mg).	Reported by DIMS
	tablets	130 collected samples; 26,7 mg, ± 1,6		2006		Both mCPP alone and in combination with MDMA (1 – 128 mg) and/or caffeine (1 – 22 mg).	Reported by DIMS
	tablets	8 seizures; unknown		2006		Both mCPP alone and in combination with MDMA (1 – 128 mg) and/or caffeine (1 – 22 mg).	Reported by DIMS
	tablets	6 seizures; 28,5mg, ± 5,2		2006		Both mCPP alone and in combination with MDMA (1 – 128 mg) and/or caffeine (1 – 22 mg).	Reported by DIMS
	powder	1 collected sample; 8%		2006			Reported by DIMS
	powder	1 collected sample; unknown		2006			Reported by DIMS
Norway							

(1) Seizures, Collected samples, Biological samples

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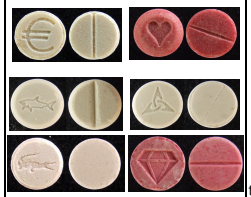
Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Poland	Tablet – with colour elements, no logo	9 seizures; n.a.		2006			
	Tablet – pink with logo crocodile, Lacoste, Cartier	1 seizure; n.a.		2006			
	Tablet – pink with logo in the shape of hart on avers	2 seizures; n.a.		2006			
	Powder - with colour elements	2 seizures; n.a.		2006			
	Powder	2 seizures; n.a.		2006			
	Tablet – white with „Mitsubishi" logo	1 seizure; 12 units		2006			
	Tablet – willow green with „crocodile" logo	1 seizure; 16 units		2006			
	Tablet - white , logo „Heart"	1 seizure; 1 unit		2006			
	Tablet logo „sun with a smile"	1 seizure; 1 unit		2006			
Portugal	tablets; powder	24 seizures, 531 tablets, 12.492 g		total 2006	Lisbon, Santarém, Setubal, Faro	mCPP + MDMA = 7 seizures (178 tablets) mCPP + MDMA + Caffeine = 1 seizure (3 tablets)	described below
	tablet; rose; Lacoste logo	1 seizure; 24 tablets		January 2006	Lisbon		
	tablets	seizure, 2 units		March 2006			
	tablets	seizures, 104 units		April 2006			
	tablets	seizures, 81 units		May 2006			
	tablets	seizures, 35 units		June 2006			
	tablets	seizures, 113 units		July 2006			
	tablets	seizures, 143 units		August 2006			
	tablets	seizures, 29 units		September 2006			

(1) Seizures, Collected samples, Biological samples

(2) The date of the encounter (if known)

(3) In blue above 1.000 dosage units

(4) In red reported after October 2005 but occured before

(5) In green reported as pCPP or CPP

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Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA							
Substance : 1-(3-chlorophenyl)piperazine (mCPP)							
Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)							
COUNTRY	**Physical description**	**Sample type, amount**	**Images**	**Date (2)**	**Location**	**Other ingredients in the same dosage unit**	**Comments**
Romania	tablets; Mitsubishi logo	2 seizures; 211 units		September 2005	Hargita	MDMA	occurred before the Joint Report bur reported after it
	tablets; heart logo	1 seizure; 150 units		September 2005	Hargita	MDMA	occurred before the Joint Report bur reported after it
	tablet; Rolls Royce logo	1 seizure; 1 unit		September 2005	Hargita		occurred before the Joint Report bur reported after it
	tablet; Versace logo	1seizure; 1 unit		October 2005	Brasov		occurred before the Joint Report bur reported after it
	tablets; "chinese-sign 02" logo	2 seizures; 288 units		December 2005	Hargita	caffeine and MDMA	
	tablet; pink; "chinese-sign 02"	1 seizure; 1 unit		January 2006	Brasov	caffeine	
Spain	tablets	14 seizures; 1,330 units		2006		MDMA	
	tablets	65 seizures; 25.820 units		2006			
	tablets	1 seizure; 31.000 units		April 2006	Madrid		
Sweden	tablet, white with Mitsubishi logo	1 seizure, 11 units		2006	Arlanda		Also reported on the same seizure: 5 blue tablets, containing MDMA, amphetamine and metamphetamine
	tablet, white with Euro logo	1 seizure, 9 units		2006	Arlanda		same as above
	tablet, white shaped as hearts	1 seizure, 6 units		2006	Stockholm		Also reported on the same seizure: yellow powder containing amphetamine
	tablet, pink with heart logo	1 seizure, 2 units		2006	Stockholm		Also reported on the same seizure: white powder containing amphetamine
	Tablet; pink with heart logo	10 seizures,119 units		2006	Linköping, Nyköping, Norrköping, Luleå, Kristianstad, Helsingborg,	Metoclopramide	Also reported on the same seizure: Amphetamine, Alprazolam, Buprenorphine, Caffeine
	Tablet; white with Lacoste logo	1 seizure, 2 units		2006	Göteborg	Metoclopramide	
	Tablet; mixed	4 seizures, 19,5 units		2006	Solna, Hägersten		Also reported on the same seizure: Amphetamine, Flunitrazepam, MDMA
	Tablet fragments; pink	3 seizures, 0,86 g		2006	Norrköping, Växjö, Ljunby	Metoclopramide	Alsoe reported on the same seizure: Alprazolam, Codeine, Hydroxyzine, Paracetamol, Pentobarbital, Sildenafil, Sulfisomidine, Tramadol
	Tablet fragments; orange	1 seizure, 0,20 g		2006	Norrköping		Also reported on the same seizure: Alprazolam
	Tablet cross; Light blue	1 seizure, 0,46 g		2006	Sollentuna	Sildenafil	Also reported on the same seizure: Amphetamine, 1-phenylethylamin
	Tablet cross; mixed	1 seizure, 0,97 g		2006	Stockholm		
	Powder; orange	1 seizure, 0,69 g		2006	Norrköping	Metoclopramide	Also reported on the same seizure: Alprazolam
	body fluid/specimen	1 biological sample		2006	Stockholm		
				2006		mCPP and pCPP (and other piperazines)	4 inquiries to the Poison Center concerning X4 tablet
				2006			1 inquiry to the Poison Center concerning powder

(1) Seizures, Collected samples, Biological samples

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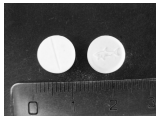
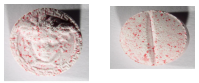
Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Slovakia	tablet; green; Lacoste logo	1 seizure; 4 units		November 2006	Nitra		14,7% mCPP
	tablet	6 seizures; 10.406,5 units		total of 2006			
	tablets + fragments; white; shark logo	1 seizure; 476 tablets; 42 fragments		March 2006	Slovakia-Hungary frontier		included in the above total
	tablets; turquoise with flecks; Versace logo	1 seizure; 24 units		October 2005	Trnava		occurred before the Joint Report bur reported after it
	tablet; beige with multicoloured flecks; no logo	1 seizure; 7 tablets		October 2005	Bratislava		occurred before the Joint Report bur reported after it
	tablets; orange with white flecks; Versace logo	1 seizure; 99 units		November 2005	Dunajská Streda	15 mg MDMA per tablet (4,7%)	
	tablets; pink with flecks; Versace logo	1 seizure; 2 units		August 2005	Bratislava		occurred before the Joint Report bur reported after it
	tablets; turquoise with flecks; Versace logo	1 seizure; 2 units		August 2005	Bratislava		occurred before the Joint Report bur reported after it

(1) Seizures, Collected samples, Biological samples

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Annex 2 B
Reports to the EMCDDA of mCPP encounters: November 2005 - March 2007

ENCOUNTERS (1) REPORTED TO EMCDDA

Substance : 1-(3-chlorophenyl)piperazine (mCPP)

Reported after the Europol–EMCDDA Joint Report on mCPP (27 October 2005)

COUNTRY	Physical description	Sample type, amount	Images	Date (2)	Location	Other ingredients in the same dosage unit	Comments
Slovenia	tablet	1 seizure; 355 units; 97,78 g		2006			
UK	tablets	173 seizures; 11.929 units		2006			Lab = FSS. Occasionally, mCPP was found as an adulterant in cocaine
	powder	6 seizures; 14,970mg		2006			same as above
	tablets some white; shark logo and half-score on reverse	72 seizures; >1.000 units		2006			Lab = LGC-F. In most cases, the isomer was specifically identified as mCPP. In a few cases it was undetermined. No specific identification of other CPP isomers was made. Common tablet logos included Lacoste and shark
	powder	1 seizure; 1,370 mg		2006			same as above
	tablet	1 seizure; 2 units		2006			Lab. = All Scotland
	powder	1 seizure; 400 mg		2006			same as above
	tablets; pink mottled; chinese symbol logo	1 seizure; 4 units		February 2006		traces of caffeine and MDMA	
	tablet; blue-grey mottled; chinese symbol logo	1 seizure; 82 units		February 2006		MDMA (8%)	
Switzerland	tablet; Rolex and Lacoste logos	3 collected samples		November 2006	Zürich	MDMA	
	tablet; heart and horseshoe logos	collected sample		September August 2006	Zürich		xtc pills with mCPP
	tablet; orange/white	collected sample		July 2006	Zürich		sold as XTC; 50 mg mCPP
	tablet; white; shark logo	collected sample		April 2006	Zürich	24,0 mg MDMA and 22,0 mg mCPP	

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LEGAL STATUS			
Substance : 1-(3-chlorophenyl)piperazine (mCPP)			
MEMBER STATE	**CONTROLLED UNDER DRUGS LAW**	**CONTROLLED UNDER MEDICINES LAW**	**NON CONTROLLED**
Austria			NON CONTROLLED
Belgium	as of 22 October 2006		
Bulgaria			NON CONTROLLED
Cyprus			NON CONTROLLED
Czech Republic			NON CONTROLLED
Denmark	as of 3 December 2005		
Estonia			NON CONTROLLED
Finland		Yes	
France			NON CONTROLLED
Germany	as of 1 March 2007		
Greece	as of 20 January 2005		
Hungary	as of 1 January 2006		
Ireland			NON CONTROLLED
Italy			NON CONTROLLED
Latvia	(1)		NON CONTROLLED
Lithuania	as of 1 July 2006		
Luxembourg			NON CONTROLLED
Malta			NON CONTROLLED
Netherlands		Yes	
Norway			NON CONTROLLED
Poland			NON CONTROLLED
Portugal			NON CONTROLLED
Romania			NON CONTROLLED
Spain		Yes	
Sweden			NON CONTROLLED
Slovakia	(1)		NON CONTROLLED
Slovenia			NON CONTROLLED
UK			NON CONTROLLED

(1) Control measures reportedly under consideration.