

April 2024

ALPHA-METHYLTRYPTAMINE (Street Name: Spirals)

Introduction:

alpha-Methyltryptamine (AMT) is a tryptamine derivative and shares pharmacological similarities with schedule I hallucinogens such as alpha-ethyltryptamine, *N,N*-dimethyltryptamine, psilocybin, and LSD. Since 1999, AMT has become popular among drug abusers for its hallucinogenic-like effects. In the 1960s, following extensive clinical studies on AMT as a possible antidepressant drug, the Upjohn Company concluded that AMT was a toxic substance and produces psychosis.

Licit Uses:

AMT has no currently accepted medical uses in treatment in the United States.

Chemistry:

AMT has the molecular formula $C_{11}H_{14}N_2$ and a molecular weight of 174.24 g/mol. The hydrochloride salt of AMT is a white crystalline powder.

Pharmacology:

AMT, similar to several other schedule I hallucinogens, binds with moderate affinities to serotonin (5-HT) receptors (5-HT₁ and 5-HT₂). AMT inhibits the uptake of monoamines especially 5-HT and is a potent inhibitor of monoamine oxidase (MAO) (especially MAO-A), an enzyme critical for the metabolic degradation of monoamines, the brain chemicals important for sensory, emotional and other behavioral functions. AMT has been shown to produce locomotor stimulant effects in animals. It has been hypothesized that both 5-HT and dopamine systems mediate the stimulant effects of AMT. In animals, AMT produces behavioral effects that are substantially similar to those of 4-methyl-2,5-dimethoxyamphetamine (DOM) and methylene-dioxymethamphetamine (MDMA), both schedule I hallucinogens, in animals.

In humans, AMT elicits subjective effects including hallucinations. It has an onset of action of about 3 to 4 hours and duration of about 12 to 24 hours, but may produce an extended duration of 2 days in some subjects. Subjects report uncomfortable feelings, muscular tension, nervous tension, irritability, restlessness, unsettled feeling in stomach, and the inability to relax and sleep. AMT can alter sensory perception and judgment and can pose serious health risks to the user and the general public. Abuse of AMT led to two emergency department admissions and one death. AMT increases blood pressure and heart rate, dilates pupils, and causes deep tendon reflexes and impairs coordination.

Illicit Uses:

AMT is abused for its hallucinogenic effects and is used as substitute for MDMA. It is often administered orally as either a powder or capsules at doses ranging from 15-40 mg. Other routes of administration include smoking and snorting.

User Population:

Youth and young adults are the main abusers of AMT. Internet websites are a source that high school students and United States soldiers have used to obtain and abuse AMT.

Illicit Distribution:

The DEA's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by participating federal, state, and local forensic laboratories. NFLIS-Drug data indicate that AMT was first reported in 1999. Reports of AMT increased from 10 in 2002 to 31 in 2003. In the years after temporary scheduling of AMT in 2003, the number of reports declined. Reports of AMT to NFLIS-Drug increased for a period between 2012 and 2014, peaking with 49 reports in 2013, before declining again. Recently, the number of reports of AMT to NFLIS-Drug have totaled only three in 2019, none in 2020, one in 2021, two in 2022, and none since then.

AMT has been illicitly available from United States, foreign chemical companies, and from Internet websites. Additionally, there is evidence of attempted clandestine production of AMT.

Control Status:

AMT is controlled as a schedule I substance under the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section, Fax 571-362-4250, Telephone 571-362-3249, or Email DPE@dea.gov.