

ECSTASY: THE HIGH AND THE LOWDOWN

CHEMICAL NAME:

3,4-Methylenedioxyamphetamine (MDMA)

STREET NAMES:

Ecstasy, Adam, love speed, the love drug, E, X, XTC

CLASSIFICATIONS/TYPES OF EFFECTS:

- Entactogenic, meaning “touching within” (Other entactogens include MDA, MDE, and MBDB)
- Mood Enhancing
- Stimulant
- Chemically, MDMA is an amphetamine with a structure like that of mescaline (which may account for mild psychedelic properties reported by users).
- Affects users by triggering a massive release of serotonin in the brain resulting in feelings of well-being, euphoria, empathy, and connectedness. This release of serotonin is then followed by a period of serotonin depletion that can cause short-term depression.

THE CONTROVERSY OF MDMA: FRIEND OR FOE???

The phenomenon of Ecstasy use is on the rise - especially among adolescents - and it has become highly controversial as law enforcement, educators, parents, and medical professionals

become alarmed at its use and abuse (Baggott et. al, 2000; Grob, 2000; Rosenbaum, 2001). Their concerns are warranted given its prevalence and the dangers associated with its use—these include the possibility of overheating and dehydrating at dangerous levels while under the influence (especially in high-temperature, high-activity settings such as dance clubs), dangers associated with impure pills purchased on the street, and the possibility that MDMA causes brain damage after years of heavy use.

However, MDMA is not considered to be physically addictive, and does not appear to be psychologically addictive in the long term (though use can become quite compulsive at times). On the contrary, the typical pattern of Ecstasy use has been described as a “pattern of diminishing returns” in which experiences with the drug become less and less positive while side effects become more and more negative with prolonged use. This typically leads to a reduction and often a complete stoppage of use as time goes on (Bogt et. al, 2002; MAPS, 2003; Rosenbaum, 2001; Rosenbaum and Doblin, 1991).

Also noted in the literature is that the current political climate and inherent difficulties in conducting scientific research utilizing human subjects has inhibited and skewed research activities regarding its effects (Grob, 2000; Rosenbaum and Doblin, 1991). An unbiased approach to the social problems associated with ecstasy use is needed before true risks or benefits will be known.

THERAPEUTIC INDICATIONS:

Before MDMA was placed on the DEA's list of Schedule I drugs, psychotherapists were using it with clients suffering from a variety of psychological problems. Some researchers found MDMA to be effective in increasing patients' ability to communicate, enhancing empathy, and reducing fear response when confronting difficult emotions. Therapists and their clients reported that MDMA allowed self insight and provided a "healing catharsis" for past traumas that resulted in improved functioning for many who used it in a clinical setting (Bogt et. al, 2002; Rosenbaum, 2001; Rosenbaum and Doblin, 1991). MDMA has even been called "penicillin for the wounded soul" (Rosenbaum, 2001).

In response to growing street use of ecstasy in the mid-1980's, the DEA banned MDMA by making it a Schedule I drug. Despite its illegal status, a growing number of professionals have continued to advocate its use and have pushed for testing of its effectiveness in clinical settings. In 1996 and 2002, the FDA approved the first studies of the safety and effectiveness of MDMA for patients suffering from Post Traumatic Stress Disorder (Grob et. al, 1996; MAPS, 2003). This research may eventually lead to a change in scheduling status of MDMA.

PLEASANT EFFECTS:

As its name implies, the high of ecstasy is said by users to be quite pleasant indeed. Described as "the peak of human experience," MDMA has many enthusiasts. Its entactogenic effects make

users feel open and sociable, accepting of themselves and others, and able to connect with people in a more open and sincere way than they may have ever experienced before.

The mood enhancing effects of ecstasy make it popular in conjunction with dancing for long hours, tend to make users feel affectionate and to crave human contact (though it is not usually described as an aphrodisiac), and embellish other experiences while under its influence. Finally, it is a stimulant in the same family of drugs as cocaine and ephedrine, so it allows long hours of activity such as dancing without feeling the effects of fatigue.



UNPLEASANT EFFECTS:

Negative side effects of MDMA include nausea, dizziness, blurred vision, teeth grinding, jaw tightness, heavy depressing comedown, increased heart rate, dehydration, and overheating. Users acknowledge the depressive after-effects of MDMA that can last days or even weeks—"black Tuesday" refers to the crash that occurs due to depletion of serotonin levels in the brain after use.

Though uncommon, rare users do experience a negative psychological reaction to Ecstasy when taken in an uncontrolled setting. Experts warn that "set and setting" are key factors in the experience a person has on the drug—"set" refers to their personal disposition and state of being before ingesting MDMA, while "setting" refers to the context in which it is taken.

DURATION:

2-6 hours, diminishing with heavy/prolonged use

DANGERS:

- Overheating, dehydration, and increased heart rate while under the influence of Ecstasy CAN CAUSE DEATH! This can occur even after only one dose of MDMA (DanceSafe, 2003; Malberg and Seiden, 1998; Lester et. al, 2000).
- DO NOT USE MDMA if you are taking an MAO inhibitor antidepressant such as Nardil, Parnate, and Marplan—MAO inhibitors are contraindicated for use with MDMA and CAN CAUSE DEATH! There is

no contraindication for SSRI antidepressants such as Prozac, Paxil, and others.

- High doses of MDMA have been correlated with damage to the brain in laboratory animals (Bogt et. al, 2002; Grob, 2000; Reneman, 2002, 2001; Ricuarte and McCann, 2001; Ricuarte et. al, 2000).
- Diminished memory functions and learning ability were found in long-term heavy users of ecstasy, though most of those studied were also heavy users of other substances. This damage may or may not be reversible over time.
- MDMA is a controlled substance listed by the U.S. Drug Enforcement Agency as a Schedule I drug—this means it is ILLEGAL to possess or sell and carries stiff sentencing guidelines!!!

Many pills sold on the street as Ecstasy have been found to contain various other chemicals, and may or may not actually contain MDMA. MDMA substitutes can be more harmful than true MDMA.

OTHER COMMON SUBSTANCES FOUND IN PILLS SOLD AS MDMA:

Substitutes include: DXM, PMA, caffeine, ephedrine, pseudoephedrine, PCP, DOB, Ketamine, cocaine, atropine, 4-MTA, and many others. DXM, the active ingredient in commercial cough syrups, is very commonly sold in place of or in addition to MDMA, and it is very dangerous in that it can exacerbate the problem of overheating.



TALKING TO TEENS ABOUT ECSTASY:

- “Just say no” tactics have been largely unsuccessful in deterring teens from experimenting with MDMA and other drugs.
- Assist teens in building skills such as resistance, decision-making, and problem solving (Dennis and Ballard, 2002).
- Avoid hysterical reactions or judgmental statements—allow teens to reflect on their own real life experiences and make decisions that are right for them.
- Work as a team with teens to become as educated as possible about MDMA and other drugs.
- IT IS IMPORTANT THAT TEENS UNDERSTAND THAT TAKING MDMA OR ANY DRUG IS NEVER 100% SAFE AND IT IS 100% ILLEGAL!!!
- Avoid condemning dance music events and teen culture as a tactic to reduce drug use—teens are drawn to dancing and socializing for a variety of reasons, and not all “ravers” do drugs. Parties and dance events often provide a needed positive social environment that young people truly value—prohibiting participation in such events is unlikely to prevent drug abuse and likely to alienate adolescents who are craving positive contact with their peers.

ONLINE RESOURCES:

DanceSafe:

<http://www.dancesafe.org>

The National Institute on Drug Abuse:

<http://www.nida.nih.gov/drugpages/mdma.html>

The Oxfordshire Council on Alcohol and Drug Use (O.C.A.D.U):

<http://www.brookes.ac.uk/health/libra/ecstasy.html>

The Vaults of Erowid:

<http://www.erowid.org>

HOW DO I GET ADDITIONAL INFO?

Check out our web site at:

www.emt.org/prevention.html

or



The EMT Group, Inc.

391 S. Lexington Drive, Suite 110
Folsom, CA 95630

Phone: **(916) 983-9506**

Fax: **(916) 983-5738**

Email: info@emt.org