

## *Educate Yourself*

# FACTS about DRUGS: ECSTASY

## WHAT IS IT?

Ecstasy, chemically known as MDMA (3,4-methylenedioxyamphetamine), is a pill taken orally. The pills are available in different colors and imprints, or “brands.” In some cases, MDMA is sold in powder form. Synthesized in a laboratory, Ecstasy is a stimulant that is closely related to methamphetamine and MDA (methylenedioxyamphetamine).

Because Ecstasy is illegal and, therefore, unregulated, it is impossible for the average user to know what is contained in a “dose.” In fact, not all Ecstasy pills are MDMA. In addition to MDMA, Ecstasy pills may contain varying levels of MDA, stimulants such as speed or caffeine, or anesthetics such as Ketamine or dextromethorphan (DXM) (Henry 2001).

Testing kits are available (<http://www.dancesafe.org>) that can determine whether pills contain MDMA or other Ecstasy-like substances, but not the actual dosage or the presence of other contaminants (Holland 2001).

## SLANG

E, X, XTC, Adam, rolls, candy, enhancements, vitamin E. Ecstasy may also be referred to by its “brand” — the color or imprint on the pill, such as doves, blue dolphins and yellow gators.

## AVAILABILITY & USE

In the annual Monitoring the Future survey (<http://www.monitoringthefuture.org>), 59 percent of twelfth graders reported that Ecstasy is “fairly easy” or “very easy” to get. Particularly popular within the club and rave scenes, Ecstasy tablets sell for approximately \$20 on the West Coast and \$25 on the East Coast. A typical dosage of 100 mg to 125 mg lasts four to six hours.

## RATES OF USE

In 2002, 4 percent of eighth graders, 7 percent of tenth graders and 11 percent of twelfth graders used Ecstasy at least once in their lifetime (Johnston 2003).

## THE RISKS

Some users report feeling depressed up to forty-eight hours after the experience. With prolonged use, the perceived benefits of use can be harder to attain. Though not physically addictive, there can be a desire to “chase the high,” resulting in increasing dosages and frequency of use. With increased use, users often feel tired, have an achy jaw, and report less euphoria (Jansen 2001). Those who want to avoid depression and burn-out practice moderation in both frequency of use and dose level (Beck and Rosenbaum 1994).

Although few adverse effects have been reported, hyperthermia—a dangerously high increase in body temperature—is the most common problem related to Ecstasy. Hyperthermic reactions result from dancing long and hard in an overheated room without replenishing fluids, which is why users take breaks and consume fluids such as water or Gatorade (Holland 2001). Overdose cases are extremely rare and, like hyperthermia, are linked to dehydration or mixing drugs, rather than as a direct result of using Ecstasy.

The long-term effects of Ecstasy are still under investigation. Some researchers believe that permanent brain changes may result from overuse, but the evidence is not conclusive (Grob 2000). Some studies suggest that Ecstasy affects serotonin and dopamine levels, but it is unclear what impact this will have in the long term (Baggott and Mendelson 2001). Ecstasy can cause arrhythmia of the heart and those experiencing hypertension and heart disease should avoid using it (Goode 1999).

To eliminate risks associated with Ecstasy use, the drug should be avoided.

## THE HIGH

Users describe themselves as feeling open, accepting, wholesome, beautiful, unafraid, and connected to the people around them. Typically used in social settings, Ecstasy is considered a sensuous (though not necessarily sexual) drug. Its effects are stimulated by visuals, sounds, smells, and touch. About forty-five minutes after taking Ecstasy, or “dropping,” users feel relaxation and clarity when they start to “roll.” Some users experience nausea at the outset.

## SIGNS OF USE

Ecstasy users’ pupils dilate, often making them very sensitive to light. Jaw-clenching and tooth-grinding are also observable effects. Senses are heightened, and Ecstasy users often want to intensify the feeling by dancing, talking, and touching. Users often display overt signs of affection, which explains its nickname, the “hug drug.”

## RECOMMENDED READING

Beck, Jerome, and Marsha Rosenbaum. 1994. *Pursuit of Ecstasy: The MDMA Experience*. Stony Brook, NY: State University of New York Press. ISBN: 0791418189.

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Jansen, Karl L.R. MD, PhD.. 2001. Mental Health Problems Associated with MDMA Use. In *Ecstasy: The Complete Guide*, edited by Julie Holland, MD. Vermont: Park Street Press.

Johnston, L.D, P.M. O’Malley and J.G. Bachman. 2003. *Monitoring the Future national survey results on drug use, 1975-2002. Volume 1: Secondary school students*. Bethesda, MD: National Institute on Drug Abuse.  
<http://www.monitoringthefuture.org>.

## ABOUT SAFETY FIRST

Safety First, a project of the Drug Policy Alliance, is dedicated to providing parents of adolescents with honest, science-based information about drugs and drug education. For more information, visit [www.safety1st.org](http://www.safety1st.org).

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