

MDMA

(Ecstasy, E, X, XTC, the Hug Drug)

By Trinka Porrata

They look so innocent--like Flintstone vitamins or sugar pills. Your five-year-old would pick them up and eat them, thinking them to be just candy. They come in all shapes and colors. MDMA (3, 4 methylenedioxymethamphetamine), also called Ecstasy, XTC, X, Versace, the hug drug, the love pill, and numerous other names reflecting the various imprints on the pills, is clearly out there in far greater volume than traditional law enforcement seizures have indicated. U.S. Customs had seized only 1,000 MDMA pills in 1995, then 400,000 in 1998 and this exploded into 9.3 million in 2000.

Widespread use of this drug is of serious concern due to the risks of immediate and long-term issues from abusing MDMA—This despite the plethora of information on the net swearing that it's totally safe and just to drink lots of water and stay cool, etc. Our concern is that young people know the truth about all drugs and at least have the opportunity not to fall victim to the drugs and the lies told about them being “safe.”

MDMA is extremely popular with groups not so often encountered by law enforcement, especially narcotics officers. Thus, the problem has been growing rapidly during recent years, especially in the rave, techno music crowd, club scene, etc. Without a law enforcement presence on the scene party after party, many young people have lost the distinction between legal herbal ecstasy and illicit ecstasy, for example. Literally—“Everyone is doing it, and no one seems to care (parents or cops)”, they say. We need to care.

MDMA was first synthesized in 1912, not as an appetite suppressant or an analog to anything, but as a precursor agent—an intermediate structural compound—possessing properties deemed to contain primary constituents for therapeutically active compounds (as per Cohen's *The Love Drug: Marching to the Beat of ECSTASY*). MDMA (which is an analog of MDA; there are numerous related drugs, including MDMA, MDEA, etc.) is commonly, though incorrectly, referred to as a “mixture” of mescaline and amphetamine or commonly as hallucinogenic speed. It is a federal Schedule I drug because it has no approved medical use. It induces a five to seven hour euphoric effect (impairment may last 12 hours), characterized by increased activity, mood alteration and altered perception.

MDMA is not a mixture of anything, but is a substance with its own chemical makeup. Though commonly called a “designer drug,” one created as a variation of an already existing and controlled drug to circumvent the controls, it wasn't created in that fashion. As per Cohen, both MDA and MDMA were identified at about the same time; MDMA is a derivative of MDA and they are structurally

similar. MDA wasn't controlled until the early 70's. MDMA was federally deemed a Schedule I substance in 1986. An element of the psychiatric world wanted to use it in their practice to open the minds of their patients, claiming that it reduced fear thresholds, opened the door to repressed memories and enable them to develop a bond with their doctors. In fact, in some cases it was given only to the patient; in other practices, the experience was "shared" by the doctor and patient.

The product and the statistics

The pills or capsules are expensive, commonly \$15 to \$25 a hit in many areas and \$35 to \$45 in some more remote areas. When the supply is low, suspects may mix meth with LSD or ketamine or the cough suppressant dextromethorphan (DXM) even GHB powder (anything that gives the hallucinogenic aspect) and represent it to be MDMA. Or, it may be mostly bunk (filler) or dangerous random chemicals or just caffeine and/or ephedrine mixtures (which would actually qualify as "herbal ecstasy" which is also sold at the raves as an extension of or addition to the MDMA). The average weight of an MDMA tablet is 300 milligrams but the actual content of MDMA ranges from 75 to 125 mg per tablet. There is no way to know the quantitative content of a particular pill from the little test kits being sold, leading to really dangerous jumps in dosage when pills come from different sources.

In recent years, Israeli organized crime syndicates, some composed of Russian immigrants associated with Russian organized crime syndicates, have established relationships with the Western European traffickers and have gained control over a significant share of the European market. The Israeli syndicates are the primary sources to U.S. distribution groups. This is consistent with large seizures in Los Angeles, for example. This represents a "professionalization" of the MDMA market. Syndicates from other countries are moving into the field too. By the end of 2000, MDMA had made it clear that this is not "kiddy dope." Bodies in trunks and drive-bys of MDMA dealers who went out on their own or cheated bosses sent a message; dope is dope and bad guys are bad guys. Meanwhile, the federal sentencing guidelines on MDMA were finally upgraded in early 2001. Now 800 pills can get you five years in federal prison (it took 11,000 before).

Indicators of use and the paraphernalia

Indicators of MDMA use or possession (and the pills themselves with their candy-like façade) appear totally innocent and are simply not recognized by police officers or parents in general. Common paraphernalia:

--Tootsie roll pops (any lollipops on a stick) and baby pacifiers --because MDMA causes teeth grinding. The pacifiers are often one of the numerous beaded necklaces worn around their neck or arms. Now some are switching to "mouthguards" which are less noticeable (as cops are starting to zero in on the pacifier issue) and also because some are made to hold the tiny mouth glow

sticks (that otherwise could be swallowed or bitten too easily).

--Butterfly “wings” and emblems are the universal symbol of MDMA. Dealers often wear hats (which may have a hidden velcro pocket behind the emblem) or shirts with butterfly emblems or “E” or “X” displayed.

--Vicks inhalants & Vicks w/face masks (or even cough drops)---fumes (from eucalyptus & menthol) are intensified by the high, resulting in a pleasurable sensation. Light shows and lights wands (hand held or mouth size) are common because visual images are also enhanced by MDMA.

--Bags of small Tootsie Rolls. Dealers warm the Tootsie Rolls in hand, or in the microwave, or in the sun, unwrap them, push an MDMA pill into the roll and re-wrap it. This is to elude detection by police. Thus the phrase in reference to taking MDMA—“Doing rolls.”

--Open bag of candy such as Skittles (MDMA pills floating loose, mixed with the candy). Again, to avoid detection. May be in a Pez container or mini-M&M canister.

--Because of the muscle rigidity/spasms caused by using MDMA and because every touch and rub feels good while under the influence, users may carry Tiger Balm or other lotions for rubbing each other down. Rave parties typically have massage rooms and misting areas (to cool users off).

--Be alert for other creative efforts, such as Tylenol capsules that have been emptied and refilled with MDMA powder. Tylenol (or other conventional capsules) in a plastic baggie or appearing damaged in any way would be an indicator.

--Be aware of “candy flipping,” the simultaneous ingestion of MDMA and LSD. Other “flips” refer to polydrug use of MDMA and other drugs. Kitty flipping is MDMA and ketamine. Hippy flipping is MDMA and mushrooms, etc.

Users start with just one pill, but may increase the number taken at one time due to its reduced impact per usage after the first few experiences. Some may build up tolerance to take as many as ten pills or more at one time with follow up doses during the night.

Why MDMA is so popular today and its effects

MDMA is not “the usual suspect.” It is a mind-expander, more than it is an “intoxicant.” Take a room full of total strangers, give each one an Ecstasy tablet and Voila!!! Each person now has 50 best friends. To parents (and many officers) the users may not appear “drunk” or drugged in the conventional way, and therefore it isn’t easy to notice. Or, perhaps more accurately, it is easy NOT to notice.

As one user (Duke University Medical Center publication) put it, “You feel open, clear, loving. I can’t imagine being angry under its influence, or feeling selfish or mean or even defensive. You have a lot of insights into yourself, real insights, that stay with you after the experience is over. It doesn’t give you anything that isn’t already there. It is not a trip. You don’t lose touch with the world. You could pick up the phone, call your mother, and she’d never know.” As another one put it

(on a 20/20 Show re raves), “I could give you (20/20 interviewer) one, and you’d like it. I could give one to the high school principal, and he’d like it. I don’t know anyone who wouldn’t like it.”

But not everyone has such a wonderful experience on MDMA. Sadly these young people are often afraid to speak out and think there must be something “wrong” with them that they didn’t enjoy it or simply that they got a “bad drug.” Peer pressure is intense and peer pressure can be deadly.

MDMA is not an extremely potent stimulant, though it gives energy and sustains the user through a long session of dancing and gyrating. And, true hallucinations, except with other drugs perhaps, are not characteristic of MDMA.

In research, unknown drugs are given to an animal that is trained to recognize a certain class of drugs to see if the animal recognizes the drug being tested. This is a “drug discrimination test.” According to Duke University Medical Center, amphetamine-like drugs are almost never confused with hallucinogens. Confusion between classes doesn’t generally occur.....except in the case of MDMA. Some of the animals trained to recognize amphetamines will also recognize MDMA, while some of the animals trained to recognize hallucinogens will recognize MDMA.

The psychological effects of MDMA include:

Entactogenesis (touching within)—Generalized feeling of peace and happiness and goodness. Common items or sensations may be abnormally beautiful or fascinating.

Empathogenesis—a feeling of emotional closeness to other and to one’s self. There is a breakdown in communication barriers, enabling the user to open up to others. This quality gets today’s lonely kids past any potentially awkward or uncomfortable social situations. MDMA is a better socializer than getting drunk with alcohol.

Sensory enhancement—Touch, vision, taste, smell, etc., are significantly enhanced or distorted. Textured objects or skin (their own or someone else’s) may be captivating. Tasting and smelling may be greatly enhanced.

Calling MDMA the “Love Drug” is a bit of a misnomer as it tends to decrease sexual behavior in both human and animals; it results in “limp noodle syndrome” for men and may restrict orgasm in females as well. The “Hug Drug” is perhaps a better name. It’s more about that loving feeling than it is about sexual activity. Many in today’s scene “hang out” together rather than pair off as “dates.” But unplanned, undesired and unprotected casual sex can take place during recreational drug use and sexual predators may lurk around the rave and party

venues looking for females out of control and easily victimized because of their use. And, Viagra is becoming more common in the scene. This is to counter the limp-noodle problem and because even some girls claim to be energized by taking Viagra.

While users claim to find self esteem, acceptance of negative experiences, increased self-awareness, open-mindedness, immediate closeness in relationships, etc., the side effects include peripheral vasoconstrictions, tachycardia, pupil dilation, bruxism (teeth grinding), trismus (jaw muscle spasms), other muscle spasms, blurred vision, headaches, eyelid twitches, increase pulse and blood pressure, agitation, nystagmus, nausea, possible exhaustion, dehydration and death. Psychologically, it may cause anxiety, panic attacks, disorientation, depression, delusions, mood swings, lapses in memory and insomnia. Medically, it may cause acute renal (kidney) failure, liver damage, convulsions and seizures, coma, stroke, hyperthermia, cerebral edema, and incontinence.

As for MDMA in therapeutic use: The claims are that it opens doors in the mind enabling people to release feelings and accept others and be more open, etc. The flip side of that (seldom discussed) is the possibility that it will open doors in the mind that shouldn't be opened, at least not without proper counseling supervision. Given the vulnerable age of MDMA users, this could present a mental health danger in its own right. Proponents of MDMA don't like to talk about the reports of confusion, anxiety, amnesia, panic attacks, depression, mania (excessive excitement), suicide, insomnia, nightmares, depersonalisation (the person feels that they are not real), derealisation (feeling that the surroundings are unreal), hallucinations, flashbacks, post-hallucinogen perceptual disorder, paranoia and other persistent false beliefs, other types of psychosis, automatic or repetitive behavior, dissociative disorders, irritability and aggression with mood swings, tolerance, dependence and increased risk of problems with other drugs (as discussed by Dr. Karl Jansen). Ecstasy could potentially upset the balance of the mind by releasing disturbing material from the unconscious. Psychodynamics maintains that anxiety provoking material "unacceptable" to the waking consciousness is repressed into the unconscious and that defenses are erected against this material. Some psychotherapies may involve bringing such material to the surface so that it can be "worked through" and discharged.It is also possible that some of the "liberated" material cannot be easily squashed back in. There may be little chance of 'working through" the material.especially in the middle of an all-night dance fest or local fraternity party, etc.

MDMA related deaths---Don't hug this drug!

Cohen's book refers to numerous MDMA related deaths and notes that they may be the direct result of the effects of MDMA in and of itself, or resulting from the intoxicating effects of MDMA that lead to altered perception and judgment. They

are commonly related to operation of a vehicle, or may involve sudden collapses, suicide or unusual activity such as climbing an electrical utility tower. He comments that the autopsies reveal striking changes to the liver, brain and heart. He cites several deaths from 1994 and 1995, including one of a young, first time user whose mother quotes him as saying he "hated drugs and called drug addicts and pushers the scum of the earth." He cites a teenage waterskiing champion who died from the effects of MDMA. He includes the April 1995 death of a male sophomore at UC Santa Cruz who died from just two MDMA tablets (taken half an hour apart) at a San Francisco area rave. His family was horrified by numerous email messages circulating after his death, saying that it either wasn't true or that his death was an aberration due to some carelessness on his own part.

A 1999 newspaper article discussing how raves originated in England and then moved to the US, cites over 100 British deaths from MDMA.

The following are representative of MDMA related deaths. An Asian female died, spring 1999, from MDMA ingestion in Santa Barbara. Alameda County has reported an MDMA related death this summer. Other deaths have occurred nationwide and are usually associated with "burning up" from the effects of MDMA. Users need to drink water continuously to stay hydrated. An 18-year-old Ojai female died on August 4, 1999, in Lake Nacimiento (San Luis Obispo County) while under the influence of a significant amount of MDMA and a small amount of alcohol. She was hanging on the back of the boat platform; she laid her head back and went underwater. She was found two days later; official cause of death was cardiac arrhythmia.

An accident this spring involved four Asian female teens from the Walnut area of Los Angeles returning home from a rave. Two died and two were badly injured when the car suddenly just drove off the road. Survivors admitted using MDMA and the two dead females were positive for MDMA. The recent, highly publicized deaths of five teens returning from a rave in the mountains whose vehicle plunged off a 1,000-foot cliff "as though the road just continued" was indeed associated with drug use; all five came back positive for the related drug MDA and/or meth.

June 1999, Old Orchard Beach, Maine, a 20-year-old female died after taking MDMA. It was about the third time she had tried the drug. Demetrius DuBose, former professional football player, had alcohol, cocaine and MDMA in his blood at the time he was shot and killed by San Diego police on July 24, 1999. Buffalo, New York, June 1999, two overdoses on MDMA left a 17-year-old female recovering and a 20-year-old female dead after taking it in a nightclub. Former Dallas Cowboys offensive tackle Mark Tuinei had reportedly been taking MDMA heavily during the weeks before his death, which was caused by either MDMA or heroin, according to the coroner.

In early 2000 in Northern California, a young man ingested eight MDMA tablets at one time and became ill. He was taken out into the cold night air to cool down but died. Even after being on the cold sidewalk for a while and in the coroner's refrigerator for several hours, his body temperature was still 106 degrees. In Boulder, Colorado, an MDMA pill given as a 16th birthday present resulted in death from hyponatremia (drinking too much water, trying to cool off from the drug's effects, and flooding life-sustaining sodium from the system).

A 1998 Johns Hopkins University study found that MDMA causes permanent brain damage. MDMA causes lasting damage to the nerves that produce serotonin, an important chemical messenger in the human brain that is associated with mood and personality traits, according to the research. Some amount of the damage may regenerate within six or seven years, but the rest is permanent.

While risk of death is real, the real threat may be potential damage to long-term mental health. One in ten could be affected. Dr. Michael Morgan, Sussex University, has been researching the serotonin levels in the brains of MDMA users. In an article by BBC reporter Julie Etchingham, Morgan stated, "In the early nineties, it was thought of as a soft drug, analogous to cannabis, but we now know that ecstasy is one of the worst drugs in terms of its long-term harm potential. It is more neurotoxic to the serotonin system than any other drug we know, and this kind of permanent brain damage is something you don't see with other drugs. Ecstasy is one of the most pernicious and damaging drugs available—and at the same time the second most popular drug in use. It's a major issue."

One female who had taken ecstasy nearly every weekend for six years, starting at age 13, told Etchingham that she started to suffer panic attacks and severe depression, becoming a basket case for her mother to care for, on and off antidepressants, in and out of doctors' offices. She developed agoraphobia and couldn't do anything for over a year. Her serotonin levels were found to be two thirds below normal. Her doctors expect her to be on medication for the rest of her life.

Another British study, by Drs. Stephany Biello and Richard Dafters, found that MDMA use can damage the users' body clocks, giving them permanent jet lag. Their work suggests that MDMA disrupts the sensitive clock mechanism in the brain by damaging cells that contain serotonin. They say the research indicates that once a serotonin pathway is disrupted, it can never repair itself. The drug is linked to mood disorders, depression and sleep disruption and resulted in an inability to reset body clocks to certain stimuli.

MDMA abuse very widespread

MDMA is widely abused across the country, most commonly at rave parties,

college campuses and in the club scene. The nicknames for it are as varied as the shapes, colors and imprints you may see. MDMA may come in powder form or in capsules, but most commonly it is in pressed pills. The imprints are generally cartoon characters, business logos, animals, initials, or shapes such as mushrooms or hearts. The pills may be any shape and any color. They are often small white round pills, but may be pink or orange or blue or green, etc. They may be of fine milled texture or may have a more coarse texture with multi-shaded color.

The nicknames used generally describe the imprint or color and shape. Blue and white capsules may be called Smurfs, for example. Pills with the imprint of a crown are called Crowns or Royals. They are commonly hidden by mixing them with colorful candies. They are often "crotch packed" into clubs since most security guards are reluctant to do aggressive searches or carried in by females (often in their bras or panties) who are less likely to be searched.

This isn't a benign and safe drug.

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