

# ECSTASY

## COMMON & BRAND NAMES

Ecstasy; E; X; XTC

## EFFECTS CLASSIFICATION

Euphoric Empathogen; Stimulant;  
Phenethylamine

## CHEMISTRY

3,4-  
methylenedioxymethamphetamine

## DESCRIPTION

MDMA is one of the most popular recreational psychoactives, most commonly sold in the form of "ecstasy" tablets. It is known for its empathogenic, euphoric, and stimulant effects, and has also been used in psychotherapy.

## CAUTION

Ecstasy tablets are notoriously impure, often containing chemicals other than MDMA.

## DESCRIPTION

MDMA or 'ecstasy' is a 'psychedelic amphetamine' that has gained popularity over the past 20 years because of its ability to produce strong feelings of comfort, empathy, and connection to others. It most frequently comes in tablet form, although it is occasionally sold in capsules or as powder. It is most frequently used orally and rarely snorted. MDMA use is closely tied to the rave and dance club scene throughout the world, but has also been widely used by therapists as an adjunct to psychotherapy.

Because MDMA is so popular and because it goes well with dance parties, the demand for it usually exceeds supply--especially at any given location on any given night. This creates an opening for unscrupulous individuals to sell virtually anything as 'ecstasy'. While 'ecstasy' is the popular name for MDMA, the functional definition of ecstasy is any pill represented as MDMA on the street. Ecstasy pills are notoriously unreliable in content, more so than most other street drugs, and may commonly contain caffeine, ephedrine, amphetamines, MDA, MDE, DXM and not necessarily MDMA or any psychoactive. This problem has led to the development of simple MDMA testing kits that may help give the user a general sense of the content of a pill.

## HISTORY

MDMA was first synthesized in the 1890s and later patented by Merck pharmaceuticals on December 24, 1912, but it wasn't until the mid 1970s that articles related to its psycho activity began showing up in scholarly journals. In the late '70s and early '80s MDMA was used as a psychotherapeutic tool and also started to become available on the street.

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## EFFECTS

### Onset

Depending on how much and how recently one has eaten, MDMA generally takes 30-60 minutes (although sometimes as long as 2 hours) to take effect. Unlike with many other psychoactives, the onset of MDMA is very quick. Often at the point one realizes that perhaps they are starting to notice effects, they are already 'launching' quickly towards the peak. This quick and extremely sharp 'launch' can be unnerving, feeling a bit like it's too quick and hard to know when it's going to end, but the feeling generally only lasts a few minutes until the full effects are reached.

### Duration

The primary effects of MDMA last approximately 3-4 hours when taken orally. For many people there is an additional period of time (2-6 hrs) where it is difficult to go to sleep and there is definitely a noticeable difference from everyday reality, but which is not strong enough to be considered 'tripping'.

Many people also experience a noticeable shift in mood for several days after use; for some this is a period of depression while others experience lifted mood.

## DOSE

A standard oral dose of MDMA is between 80 - 150 mg. Most good quality pills contain somewhere in this range, generally 80-120 mg. A large percentage of users find that, unlike with many other psychoactives such as LSD or mushrooms, there is a 'sweet spot' in MDMA dosage. Once this spot is found, higher dosages are not particularly desirable as they don't increase the sought after effects or duration.

## LAW

MDMA is illegal in Australia and in most other countries. It is also listed as Schedule I in the International Convention on Psychotropic Substances; an international drug control treaty.

## PROBLEMS

One of the primary problems with MDMA is the low quality of street ecstasy. Street ecstasy, especially pressed pills, is often mixed with a wide variety of adulterants that can cause a variety of negative side effects both unpleasant and dangerous. MDMA is a known neurotoxin, but how damaging it is to use is very controversial and quite complex.

Negative effects can include overheating, nausea, vomiting, jaw-clenching, eye-twitching, and dizziness, as well as depression and fatigue in following days. After frequent or heavy use, some users report bouts of dizziness or vertigo which gradually subside after cessation of use. There have been problems with MDMA users experiencing dehydration, hyperthermia, hyponatremia, exhaustion, blackouts, and a few cases of death generally while using MDMA at clubs or raves. MDMA users would be wise to drink water and take occasional breaks.

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## The Experience

Apart from uncommon negative reaction, the effects of MDMA are that everything is right in the world. The primary effects sought by those using MDMA recreationally are the emotional openness, euphoria, stimulation, reduction of critical and cynical thoughts, and decrease of inhibitions that can accompany its use. MDMA is used by some individuals in a therapeutic setting to attempt to work through difficult interpersonal issues. Although MDMA can cause nystagmus (eye wiggles), most individuals experience few prominent open or closed eye visuals. A small percentage of users report significant visual distortions.

## THE CRASH

Some users of MDMA experience a dramatic worsening of mood as the peak effects wear off, which is often called the "crash". This is the result of coming down from a wonderful experience, not wanting the feelings to go away, and being sad, scared, or annoyed afterwards. Crashes do not always happen and some users never experience them.

## DEPENDENCE POTENTIAL

MDMA has the potential to be psychologically dependent. Individuals who use it regularly may find they have an increased desire to continue using it. There is a short period of tolerance after MDMA use. Using MDMA two days in a row is likely to lead to a greatly diminished experience the second day, though spaced 7 or more days apart, this effect is lessened. Some users report noticing reduced effects for up to 2 or 3 weeks after initial use.

## "LOSS OF MAGIC"

Some users report that their enjoyment of MDMA seems to decrease as total lifetime usage increases. Some users report that E 'loses its magic' with as few as 10 experiences, while others have reported hundreds of uses before the empathic qualities fades or disappears.

## NEUROTOXICITY

There is an ongoing debate about the possible neurotoxicity of MDMA. Most experts now agree that MDMA is neurotoxic, but there is little agreement on what the consequences of this toxicity are. Alcohol is also a neurotoxin, for instance, as are many other medications. There is some evidence of changes to the brain in those who use MDMA heavily and/or frequently and a few studies have shown reductions in memory & increases in depression and anxiety, but these studies have not been completely verified and debate continues. This is a very complicated issue.

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## HANGOVER AND THE WEEK LATER

Many users report feeling extremely drained the day after MDMA use. This 'day after' effect means for many MDMA users that they need to plan 2 days for the experience: one for the peak experience and one recovery day, with very little planned. Many users also experience some level of post-MDMA depression, often starting on the second day after the experience and lasting for up to 5 days. A small percentage of users report depressive symptoms for weeks afterwards, whilst others report feeling better than normal for a week or so after taking MDMA.

The negative after-effects of taking MDMA appear to be worse with higher frequencies of use, higher dosages, and perhaps total lifetime usage.

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## CONTRAINDICATIONS

- Do not take MDMA if you are currently taking an MAOI. MAOIs are most commonly found in the prescription anti-depressants MDMA and MAOIs are a potentially dangerous combination. Check with your doctor if you are not sure whether your prescription medication is an MAOI.
- Avoid taking MDMA if you are currently using the protease inhibitor Ritonavir. This may be a life-threatening combination.
- Individuals with a history of heart ailments, high blood pressure, aneurysm or stroke, glaucoma, hepatic (liver) or renal (kidney) disorders, or hypoglycemias may be at higher risk. Avoid strong stimulants in combination with MDMA.
- Avoid high doses and frequent use. Recent studies suggest that the heavier and more frequent the use, the more concerning the long term after-effects may be.
- A small percentage (1-10% depending on race & family history) are "slow metabolizers", who have low levels of a liver enzyme (P450 2D6) which metabolizes many drugs, including MDMA (as well as Prozac, DXM, and many other pharmaceuticals). These people may be more sensitive to MDMA, might require lower doses, and should be cautious.



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