no. 2

Mental illness and Ecstasy – the story of 'Raving Mad' Martha

OUT of YOUR HEAD guides for people who use drugs and have experienced mental illness

Mental illness is a reaction to life
The journey between our birth and death is the story of our life. On this journey we will meet with desperation, delight, love and loneliness. Sometimes our minds respond to the events and the experiences in our lives in ways that can become extremely disturbing for us and those around us. Doctors call this reaction to life 'mental illness'.

Drugs have an effect on mental illness
We use drink and drugs to give us pleasure, to stop us feeling pain or because we have nothing better to do. If drugs are part of our life they will have an effect on our mental illness. What this effect will be depends on the person, the drug and how the drug is used.

These stories are based on talking to people in psychiatric treatment.

This story is about Martha and the role that ecstasy plays in her life and her illness.

David **Martha** Jason God

Brain chemistry

The brain works by using a sort of 'chemical e-mail' to communicate between its billions of cells. These chemicals are called *neurotransmitters* and play an important role in mental illness.

Ecstasy has both speedy and trippy effects. It raises the levels of three main neurotransmitters: *serotonin*; *dopamine* and *noradrenaline*.

Serotonin – (also known as *5HT*) which controls mood and memory etc. and is responsible for ecstasy's 'trippy' effects

Dopamine – which is the brain's main reward or pleasure chemical.

Noradrenaline – which governs the brain's energy levels including alertness, movement and anxiety, and is mainly responsible for ecstasy's 'speedy' effects.

Ecstasy chemistry

Methylenedioxymethamphetamine (MDMA for short) is the chemical name for ecstasy, but pills commonly contain a number of similar drugs that resemble MDMA.

We know that serotonin damage causes mood disorders (e.g. depression) and memory problems, while dopamine damage causes movement disorders (e.g. parkinsonism) and thought disorders (e.g. psychosis/paranoia). But the brain's connecting fibres may recover from this damage (unlike brain cells).

Young heavy ecstasy users are at risk of developing slower thought processes and disturbances of mood and personality.

Claims about ecstasy causing long lasting brain damage are not proven – but neither are they unproven. Some experts believe that ecstasy-related brain damage may show up 20 to 30 years after a period of 'caning' the pills.


I was like a butterfly opening its wings for the very first time.
I never knew it was possible to feel this beautiful. . . I guess that's why they call it ecstasy.

Martha on a mission

Every ecstasy user remembers their first pill – that feeling of intense delight; the trippy rush of the ecstasy 'buzz' as serotonin suddenly floods the brain. Martha was feeling isolated and desperately alone when she came out of psychiatric hospital until she fell in with a group of hard core clubbers. When the pills start working her mental illness is no longer important – everybody's equal when they're off their head! Martha feels like she belongs.

But there are of course risks involved in using drugs. Stimulant drugs raise your heart rate and blood pressure so should be avoided by those with relevant health problems or older people (you are more at risk from heart attacks/strokes as you get older).

Taking too much can lead to overdosing (toxic poisoning – see page 18). Double or treble doses of ecstasy can produce far more intense effects, but even higher doses mainly raise pulse-rate and temperature to uncomfortable levels, along with nausea (feeling or being sick), blurred vision, panting, muscular tension and headache.

Like speed, ecstasy produces '*stereotypy*' – a preference for repetitive actions like dancing. Stimulant drugs like ecstasy, speed and coke raise your body temperature. Dancing for long periods in steaming hot clubs makes you even hotter which has led to people collapsing and in a number of cases has led to deaths.

Things you can do:

- **Take regular breaks from dancing and sip water at regular intervals**
  (about a pint an hour is recommended, don't over do it as drinking too much is dangerous)
- **If somebody collapses, call security (door staff/bouncers).**
  Learn what to do in an emergency (pages 20–21)


You meet a guy, you're getting on great – but there's just that one little thing you haven't told him . . .
. . . you spend half your life in hospital, because you've got a serious mental illness!
I've had too many bad experiences to risk that. I just love 'em and leave 'em.

Looking after no 1

Ecstasy very rarely leads to hallucinations or bad 'trips' like LSD or ketamine can – instead, it intensifies your mood, opens up your feelings, and makes you more friendly and empathetic (more understanding of others' feelings). In rare cases, people may become anxious or emotionally disturbed – but this is usually to do with the 'releasing' of their feelings (ecstasy was used in therapy before it was banned in the USA). Some users say that it boosts feelings of love and/or sexual desire, though it's not really an aphrodisiac and can make it hard for men to get an erection (known as 'shrink dick').

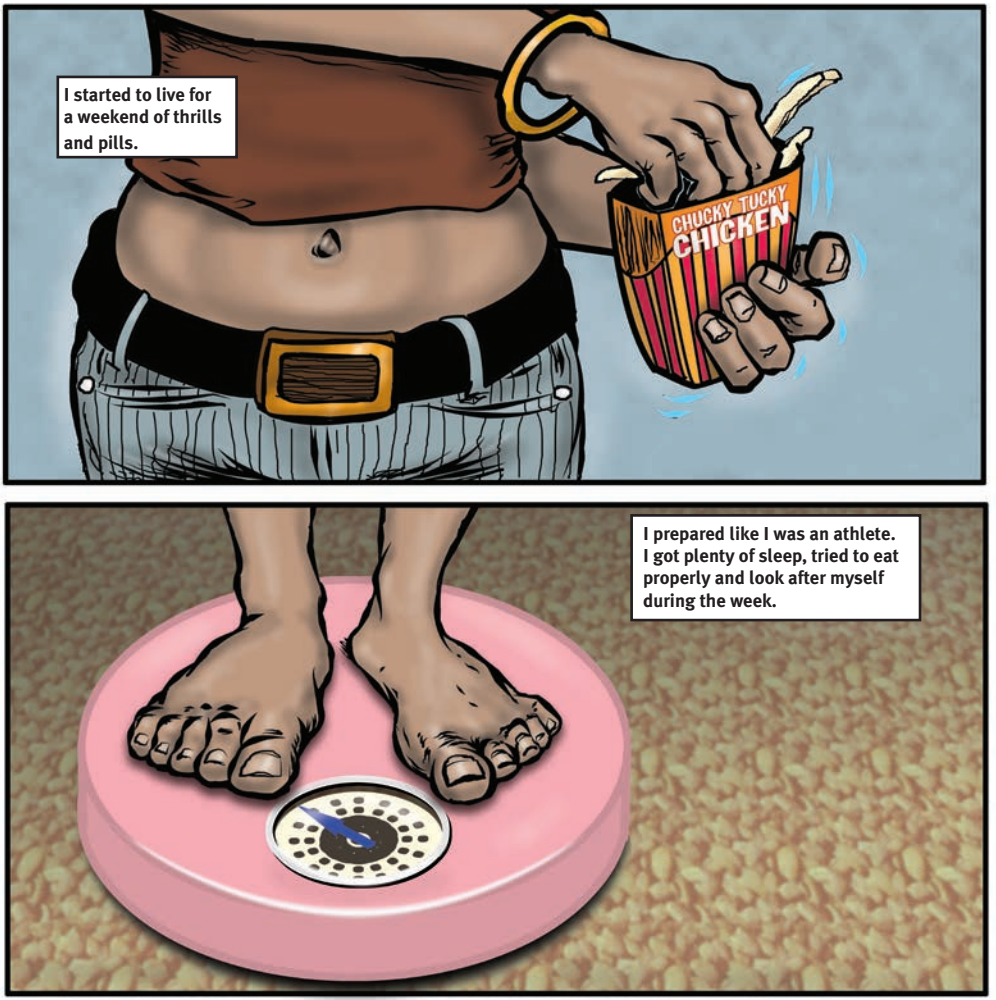
It is sad (but true) that there are some men who look to exploit women coming out of clubs when they are still on drugs or have been drinking. If you go off with somebody, let a friend know where you are going or at least send them a text.

Trust your instincts: don't do anything you don't want to or let anybody take advantage of your drugged up state or mental illness.

There is a stigma associated with mental illness, which can make it difficult starting relationships because you fear the way people will react to you if you tell them about your illness. It is a good idea to talk this through with someone you trust, rather than let your feelings pour out when you are all 'luv'd up'.

Things you can do:

- **Use condoms and practice safer sex**
  to avoid unwanted pregnancy and sexually transmitted infection.
- **If you go off with strangers somewhere – let friends know where you are going**
- **Trust your instincts – if it feels dodgy, it probably is!**


I started to live for a weekend of thrills and pills.
CHUCKY TUCKY CHICKEN
I prepared like I was an athlete. I got plenty of sleep, tried to eat properly and look after myself during the week.

Waiting for the weekend

The effects of an ecstasy pill can last up to 6 hours or longer if you are 'stacking' (taking them at regular intervals). Stimulant drugs like ecstasy stop you feeling hungry, which can last all of the next day as you physically recover from dancing and lack of sleep, so regular users tend to lose weight. Although many people welcome losing a bit of weight this can become a problem and has been known to trigger off eating disorders like anorexia and bulimia.

Some people discover the ecstasy and dance music scene and fall in love with it. This is known as the 'honeymoon period' when nothing in their life seems as important as a weekend of dancing on ecstasy. Involvement in ecstasy use and dance culture can become excessive for some people, leading to neglect of work, a strain on relationships with family and friends and poor health and financial problems.

If you are starting to become involved in a weekend dance scene, get plenty of sleep and eat properly during the week (eat at least 3 hours before you take any pills). It is simply not possible to 'Ave'it Large' with a full on clubbing and pills life style all the time without burning out or triggering another episode of your illness – a once a month treat is plenty.

Things you can do:

- **Look after yourself during the week**
  Get plenty to eat and get plenty of sleep.
- **Try to avoid burning out**
  A once a month treat is plenty.


I could never quite reach that first high...but that didn't stop me trying.
I don't like Wednesdays!

What goes up must come down

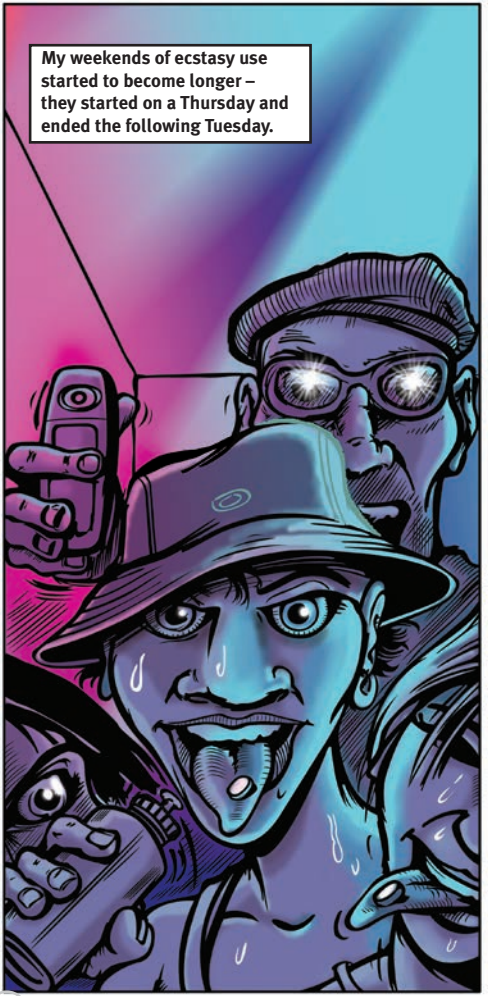
Ecstasy is unique in having a come-down two or three days after it was used (instead of the next day), depending on how long it takes the brain to recover. It is known as the 'mid-week ecstasy blues', because most pills are taken at weekends – resulting in comedowns kicking in around Tuesday or Wednesday. The ecstasy blues involve similar symptoms to speed comedowns – sadness, tiredness, headache, hunger, and irritability – but can often involve emotional over-sensitivity (bursting into tears, startling, feeling panicky, afraid of going out etc.).

The ecstasy blues are the norm rather than the exception. About 90% of users in surveys report getting them every time they use ecstasy. Some people use cannabis or alcohol to try and take the edge off the ecstasy comedown – but this can lead to you becoming reliant on drugs to control your mood, which means you become dependent on drugs.

The E comedown is rarely serious, and is usually over within a day, so if you can, 'take it neat', do so. Try to monitor the (good or bad) effects the ecstasy blues are having on your mental health. If the bad bits are outweighing the good bits, if you feel alone and paranoid, if you feel suicidal, it's time to think about changing.

Things you can do:

- **Be aware of the mid-week blues**
  Keep a record to monitor the effect it is having on your mental health
- **Try to take the comedown neat**
  Everybody comes down eventually


My weekends of ecstasy use started to become longer – they started on a Thursday and ended the following Tuesday.


Ecstasy made me feel better than my antidepressants. But then the GHOSTS came back to haunt me.

Martha gets mashed

Taking too much ecstasy in one go is dangerous (see page 18) and will just lead to more unwanted side effects. Using too often creates a different set of problems. The heaviest users tend to take ecstasy two or three days per week (i.e. all weekend) – daily or near-daily use is very rare. Though about half of ecstasy users report some signs of dependence – such as tolerance to the effects, craving and inability to stop using – most do not regard themselves as 'hooked', and there is no physical withdrawal syndrome as there would be for drugs like alcohol or heroin.

Ecstasy use can bring about what doctors call 'neurotic disorders' (anxiety, phobias, panic attacks) and 'mood disorders' (depression, mania). Nearly all such episodes are short-term and treatable by doctors. Although such cases are rare, and usually involve heavy poly-drug use (using more than one drug), they are more likely to occur in people with a history of mental illness. It might be that people who have experienced mental illness are more vulnerable to the unwanted side effects of ecstasy.

Persistent anxiety disorders may be treated with a short course of benzodiazepines e.g. Valium (diazepam); while continuing depression is typically treated with anti-depressants e.g. Prozac (fluoxetine). Ecstasy use has also been linked to cases of 'elevated impulsivity' and chocolate craving, although the medical profession has yet to find a cure for the 'mad for it chocoholic'.

Things you can do:

- **Learn to recognise your early signs of mental illness relapse.**
- **If you are frequently taking e's to lift a depressing feeling you could be suffering from a depression and need counselling or medication.**
  Talk to someone such as your G.P or nurse for advice.


Those pills have made you ill – these pills will make you better.
Yeah, but my pills made me glad to be alive.


NO DRUGS TO BE USED ON THIS WA
My partying was over . . . for a while.

Ecstasy Psychosis

Doctors are still a long way from understanding why some people develop serious mental illness and others don't. Martha had been admitted to psychiatric hospital on a number of occasions before she had ever used drugs. Her doctors have given her a different diagnosis every time she has been treated. They now think her psychosis is drug related, but it is difficult to be precise as the symptoms of general psychosis and drug related psychosis are almost identical.

Ecstasy psychosis is very rare among drug users, and nearly all cases recover (if they stop using) within a month or two – sometimes it may require a few weeks of in-patient treatment with antipsychotic medications. Common symptoms of a psychosis are paranoia (e.g. the police are watching me, aliens abducted me), auditory hallucinations (hearing voices and noises that aren't there), 'ideas of reference' (wrongfully thinking that things are linked to you, e.g. the TV news reader is giving you a secret message) and thought disorders where you think your thoughts are tampered with, don't belong to you or have been read aloud. Like other drug psychoses, ecstasy psychosis tends to occur in people with a personal or family history of mental illness. Users who have experienced mental illness are more likely to develop ecstasy psychosis.

Martha will get better and get out of hospital, but she may well go back to using drugs. Even if she does it is still better for her to carry on taking her antipsychotic medicine, even though she is using ecstasy.

Things you can do:

- **Stop using street drugs (at least while you are being treated)**
- **Keep taking the antipsychotic medication even if you go back to using ecstasy.**
  And be honest with the doctors and nurses about the role drugs play in your illness.

Ecstasy, PMA and serotonin syndrome

Over the last few years mephedrone/ M-cat emerged as a substitute for MDMA and both powdered and crystal MDMA became more readily available and popular. Ten years ago most pills contained little if any MDMA, whereas most pills now tested contain MDMA, some in very high doses. There have also been a number of deaths thought to involve pills sold as ecstasy or as an ecstasy substitute that contained PMA (*paramethoxyamphetamine*) and PMMA (*paramethoxymethylamphetamine*) although it is important to remember that most of these deaths appear to be as a result of bingeing on more than one drug and alcohol.

PMA has been found in numerous branded pills such as 'Green Rolex', although brands change quickly, making identifying 'rogue' pills very difficult. PMA and PMMA are both class A drugs. Users report similarities to effects of MDMA, although many argue that effects can feel less potent than MDMA and can take up to two hours to come up, which can result in users thinking their pills are weak and re-dosing and thus increasing the risks. PMA is thought to be more likely than ecstasy to result in *serotonin syndrome*.

Serotonin syndrome is a result of your body releasing too much of the neurotransmitter serotonin. It can be triggered by a number of different drugs that release serotonin, such as MDMA. The risk seems to be dependent on the dose, but the most severe cases involve interactions of drugs that release serotonin, drugs that prevent the brain reabsorbing serotonin ('*serotonin re-uptake inhibitors'*) and drugs that prevent the breakdown of serotonin *(MAOI's)*. It is thought that PMA does all three of these things.

Serotonin syndrome can kill if it is not dealt with quickly by ringing for an ambulance. The main symptoms are: rigid, jerky, twitchy unusual movements, often involving the legs shaking; fully dilated pupils; overheating; shivering; racing heart; the person appearing agitated and confused. If in doubt, ring for an ambulance.

It is important if they have rigid, jerky movements, not to hold people down because of the risk of muscle tissue breaking down (rhabdomyolysis). As with people who have been using volatile substances (solvents) it can also be risky to startle or frighten people as this can lead to heart failure.

Dealing with an emergency

Emergency situations involving stimulant drugs often involve overheating, heart attacks or fits.

If they are overheating: cool them down by removing outer clothing; fan them; use a wet cloth on their skin*; take them outside or somewhere cool. If they are conscious allow them to sip water or a non alcoholic drink. Call an ambulance.

**Do not use very cold water, this can repel the superficial blood vessels deeper into the body and prevent heat loss. Even lukewarm water is fine as it mimics the temperature of sweat, the body's natural way to reduce temperature.*

If they have chest pains: sit them down in a calm environment and reassure them. If the pain hasn't gone within 15 minutes or is severe, call an ambulance.

If they are having a 'fit': make sure the area is safe and there is nothing they could hurt themselves on. Call an ambulance. Be sure to inform the paramedics if the fit stops and starts, if it doesn't stop within a couple of minutes or if the person turns blue.

If they can't be woken: (by shaking their shoulders and calling their name), or their face or lips turn blue or they have trouble breathing, call an ambulance.

Check breathing: try to assess the airway and then breathing. If there is no breathing or it is abnormal (e.g. death rattle, agonal breath) then CPR should be attempted.

Check there is nothing stuck in their throat (vomit etc), if there is remove it. For vomit turn the head to the side and let gravity do its job. If that doesn't work turn their far shoulder towards you so that their mouth points towards the ground for 5 secs. If neither work don't waste time, start CPR or they will die quickly.

CPR: this can be chest compressions alone. If you know how and feel able to, give 30 chest compressions followed by 2 rescue breaths. These compressions and rescue breaths are called 1 cycle of CPR and should be repeated.

In any medical emergency, whatever else you do, call an ambulance or get them to hospital (if in a nightclub, contact security). If you or a friend does end up in hospital, always tell the staff or paramedics what drugs were taken, as this could save their life. In most areas the police are no longer automatically called to overdoses.

The Recovery position

If they are unconscious, but still breathing normally (at least 1 normal breath in a 10 second period) put them in the recovery position. This is designed to stop them choking on their vomit (a common cause of death).

1. Put the right hand by the head (as if they were waving)

2. Put the left arm across the chest, so that the back of the hand rests against the cheek

3. Hold the hand in place and lift up the left knee

4. Turn them on their side by pushing down on the knee

Safer Ecstasy use

The only sure way to avoid any harm from ecstasy is not to take it. Although it is illegal for everyone, people who have heart or respiratory conditions, epilepsy, glaucoma, genito-urinary infections, asthma and diabetes – especially those with a mental illness – are advised not to use ecstasy. BUT for people determined to try it, or already using it, the following advice could help reduce the risks.

- Remember Ecstasy is a class A drug
- Find out from friends how strong a new E or batch of MDMA powder is before taking it
- Start with half a pill and wait at least 2 hours before re-dosing
- One standard tab of E per session is enough, but if using more, try to stick below 2 or 3 tabs. Avoid taking repeat doses during a session – but if you do 'stack', keep to half-tablet boosters
- Use ecstasy no more than once a month – but if using more often, avoid using two days on run
- Avoid over-heating. Drink up to a pint of water or non alcoholic drink per hour while on E, especially if dancing – although some people have over-heated on ecstasy without dancing
- Avoid mixing with other substances including alcohol and caffeine, prescription drugs (e.g. beta-blockers). But keep taking your antipsychotic medication
- Store E safely where children cannot reach it, and in a dark, dry, cool, air-tight container
- While on E, never drive, use machinery, or do risky sports – or have children in your care
- Make sure that you eat well and catch up on sleep

Street drugs and your medication

Reported adverse reactions that can take place.

	Antipsychotics	Antidepressants	Anxiolytics & Hypnotics	Mood Stabilisers
Cannabis	Added drowsiness. Some antipsychotic less effective (higher doses may be needed).	Increased heart rate (palpitations) with tricyclics. Possible delirium. Serotonin antidepressant recommended.	Added drowsiness. Paradoxical agitation. Nervous edginess.	Added drowsiness. Possible rise in blood lithium levels (toxic).
Alcohol	Added drowsiness & lethargy. Increased heart beat/hypotension (low blood pressure). Respiratory depression. DANGEROUS.	Added drowsiness, seizures and hypotension with Tricyclics. Serotonin antidepressants recommended.	Added drowsiness. Hypotension (low blood pressure), fainting. Respiratory arrest. DANGEROUS.	Rise in blood Lithium levels.Dehydration/ over hydration. Disrupt bloodLithium levels. DANGEROUS. Carbamazepine & alcohol bad for the liver.
Stimulants Cocaine/ Amphetamine/ Ecstasy etc.	Antipsychotic less effective. Stimulant less effective (may lead to a higher dose of both).	Disturbed heart rhythm (Arrhythmias). Serotonin antidepressants may cause stimulation/ agitation.	Anxiolytic/hypnotic less effective. Over sedation when used with cocaine.	Heart problems (Arrhythmias). Dehydration leading to toxicity. Diminished 'high' could lead to poor meds compliance. Carbamazepine and cocaine toxic mix.
Heroin/ Methadone & other opiates	Increased sedation. Hypotension (low blood pressure). Respiratory depression (lower, stopped breathing).	Added drowsiness. Respiratory depression (laboured or stopped breathing). May increase blood opiate levels.	Added drowsiness. Risk of respiratory depression. Blood opiate may rise – danger of O/D DANGEROUS	Carbamazepine less effective and reduced blood opiate levels. O/D risk if sudden cessation of Carbamazepine. Sodium valproate possible alternative.
Tobacco	Some antipsychotic less effective eg. clozapine & olanzapine, so higher doses may be needed. Dose adjustment maybe necessary on smoking cessation to avoid side effects /over sedation.	Antidepressant side-effects may worsen, some less effective. Higher doses may be needed e.g. fluvoxamine / duloxetine. Side effects may worsen when stopping smoking.	None /little known/ reported.	None /little known/ reported.

O/D = Overdose

Anticholinergics	Examples of drugs used to treat psychiatric illness		
Possible anticholinergenic psychosis.	**Antipsychotics** Drugs used to treat psychosis and schizophrenia type illness. **Antipsychotics (Typicals)** Chlorpromazine Trifluoperazine Haloperidol Sulpiride Flupentixol Zuclopenthixol Pipotiazine Fluphenazine	**Antidepressants** Drugs used to treat depression. **Serotonin/Newer Antidepressants** Citalopram Fluvoxamine Fluoxetine Paroxetine Venlafaxine Sertraline Reboxetine Duloxetine Mirtazapine Agomelatine	**Anxiolytics & Hypnotics** Drugs used to treat anxiety and sleep problems. **Anxiolytics & Hypnotics** Diazepam Lorazepam Temazepam Pregabalin Clonazepam Buspirone Chloral Hydrate Zopiclone Zolpidem Propranolol (Beta-blocker)
None/little known/ reported.			**Anticholinergics** Drugs used to treat anti -psychotic side-effects. **Anticholinergics** Procyclidine Orphenadrine Benzatropine Trihexyphenidyl
Agitation. Over stimulation.	**Antipsychotics (Atypicals)** Risperidone Olanzapine Quetiapine Clozapine Zotepine Amisulpride Aripiprazole	**Tricyclic/Older Antidepressants** Amitriptyline Clomipramine Dosulepin Lofepramine Trazodone Mianserin Imipramine Nortriptyline Trimipramine	
None/little known/ reported.			**Mood Stabilisers** Drugs used to treat bipolar disorder, depression and other mood disorders. **Mood Stabilisers** Lithium *Carbamazepine *Sodium Valproate Semisodium Valproate *Lamotrigine
Agitation. Over stimulation possible.	*Monoamine oxidase inhibitors e.g phenelzine, tranylcypromine are rarely used due to dangerous interactions. The combination of these and opiates/ stimulants is very bad.*		*Also used in epilepsy.

These guides are based upon the experiences of people in psychiatric treatment.

code A38 | version 2.0
Print date 04/2014 | Review date 04/2016

aims
To provide up to date information and advice on drugs and mental illness.

audience
People who use drugs and have experienced mental illness and the staff who work with them.

content
Some swearing and graphic images of drug use.

funding
Self-financed.

The stories were told as part of a Ph.D. sponsored by the Manchester Mental Health & Social Care Trust and The University of Salford.

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Special Thanks to: All the clients and staff involved in this project, Dr. Russell Newcombe, Peter McDermott, Dr. Tim Garvey (Consultant Psychiatrist, General Psychiatry and Assertive Outreach, MMHSCT), Petra Brown (Chief Pharmacist MMHSCT), Dr. Deepak Gupta, Professor Duncan Mitchell, Dr Tracey Williamson (University of Salford), Sabrina Schulte and Kerry Hilton.

North West NHS Innovation Awards 2007 – First prize
NHS National Technology Awards 2007 – Runner up
Nursing Times, Chief Nursing Officer's Award 2007 – Finalist

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