

WHAT & WHY?

# ECSTASY <sup>3</sup>

mdma : E : pills

No. 3 in a series of guides to help people understand  
what drugs are and why people take them

SECOND EDITION



## What?

Ecstasy is sold as tablets or capsules in a variety of shapes and colours. The tablets often have imprints which identify the 'brand'; these can become well known and sought after.

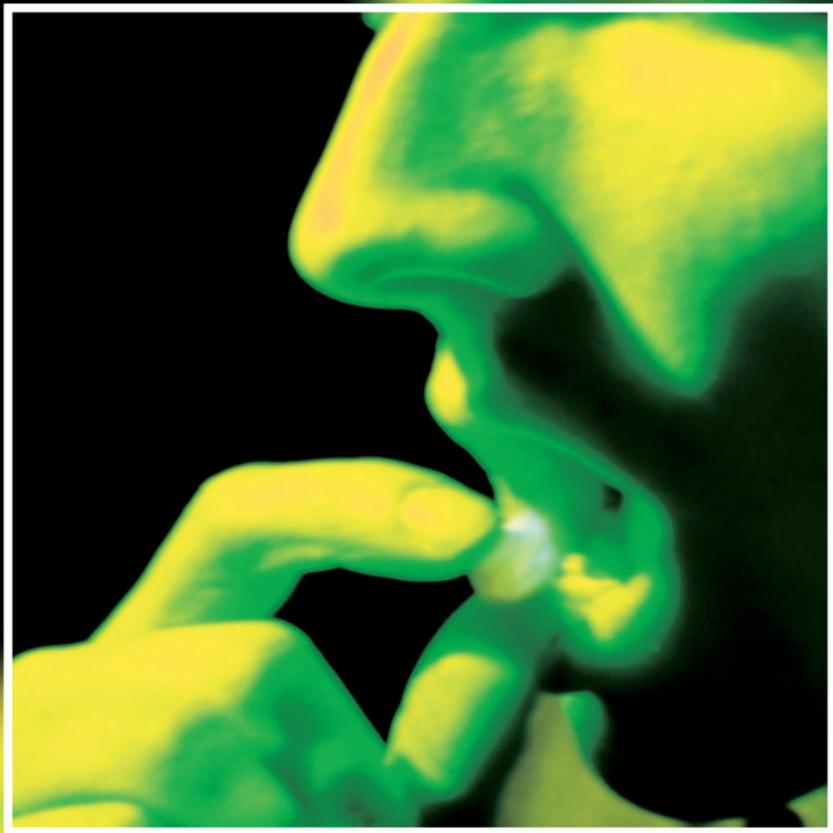
Examples of brands of ecstasy tablets include 'doves' (small white tablets with an imprint of a dove) and 'Mitsubishis' (illustrated).

The tablets or capsules are usually swallowed, although they can be snorted up the nose or broken up and smoked in joints. Tablets cost from £5–£15 each.

**People usually take one or two. The effects begin after 30–60 minutes and last for 6–8 hours.**

3,4 methylenedioxyamphetamine (as it is properly called) – or MDMA for short – was first synthesised in 1914 in the course of research into appetite suppressants, although it was never used medically for this purpose. **It is one of 179 chemicals in the MDA hallucinogenic amphetamine 'family.'** They are all stimulants that also alter perception.

Although most pills sold as ecstasy are MDMA, as with any 'street drug,' there are no guarantees as to what they contain. **Sometimes the tablets contain one of these close chemical relations of MDMA which give similar, but not the same, effects.** Ecstasy tablets have occasionally been shown to contain small amounts of potentially harmful substances. However, the strongly held belief of some users that they sometimes contain heroin is false.





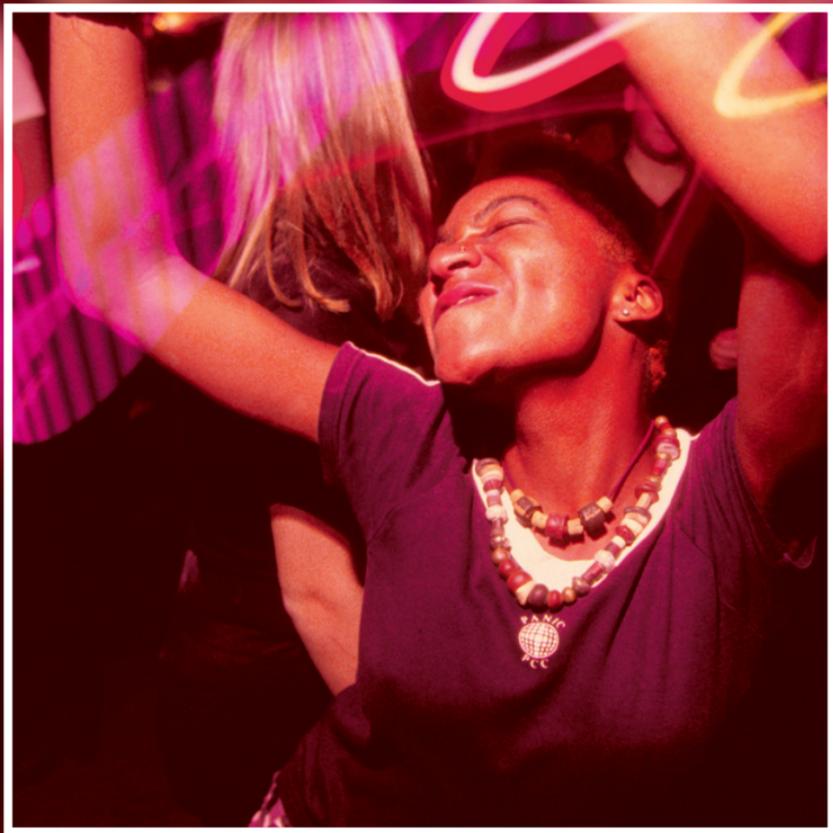
**Ecstasy is often called a 'designer drug.'** The term designer drug originates from the 1960s when illicit drugs were being manufactured with slightly different chemical formulae to avoid drug laws that banned particular substances. The term, in this sense, is now obsolete because the Misuse of Drugs Act now bans classes of substances rather than individual drugs. However, the use of the term is understandable: **if you were going to design a drug for rave parties, this would be it.**

There have been a number of **highly publicised deaths** of young people who have used ecstasy, leading many to conclude that it is the most dangerous drug young people can take. However, alcohol accounts for far more deaths, and other **drugs – such as heroin – which can cause overdose (and can also be injected) also pose greater risks than ecstasy.**

Most ecstasy-related deaths seem to result from **a very rare reaction** to the drug that isn't related to dose, purity or the number of times that a person has used the drug before. The reaction may be triggered by getting too hot and/or dehydrated while dancing. Users also need to be aware that ecstasy may temporarily reduce kidney function and that drinking too much fluid can also be dangerous. **Advice to ravers should be to sip around a pint of non-alcoholic fluid an hour.**

## Why?

Most users experience powerful, pleasurable feelings of enhanced enjoyment of music and dancing, 'technicolour vision' and a warm, deep sense of harmony and empathy with other users. The stimulant effects give rushes of exhilaration and access to enough energy to dance for hours on end.





It isn't possible to explain ecstasy use simply in terms of peer pressure. Decisions to take it are influenced by a number of factors to do with: **the person** – their psychological make-up, mood, emotional state – with ecstasy this would typically include being prepared to take risks, feeling good and excited and wanting to feel even better; **the drug** – the physical and psychological effects of the drug on the individual (see above); **the society** – the ease with which the drug can be bought, the number of people using it, fashion, the attitudes of the person's peer group/subculture to the drug etc.

**Ecstasy is not a drug that can be taken every day for any length of time;** repeated dosing exaggerates the negative effects (paranoia, dry mouth, stiffness etc.) and reduces positive effects. People who try to take it daily may take massive doses – 8 or more tablets – to try to achieve the desired effect, but it is virtually impossible to sustain these levels of use. Usually people wanting intoxication of this type every day turn to other drugs such as cannabis, amphetamine and LSD.

This is not to say that ecstasy use is never problematic. **Some users develop chronic problems such as visual disturbances** (usually seeing colours and movement that they know aren't there), **depression, anxiety, panic attacks and paranoia.**

Others grow to feel that they need to take the drug in order to enjoy themselves or go out to parties. **The long-term effects are not yet known.** However, failure of the rest of society to grasp the positive experience of its use – which is the norm for many users – has led to a degree of alienation around issues of drug use and safety.

**Giving exaggerated horror messages about the dangers of ecstasy, which do not match the experience of users, may serve to discredit all drug information.**

Occasional ecstasy use has become part of the life and culture of many young people. Most of those who take it do so simply to have a good time and to enhance the enjoyment of music and clubbing.





**01 A handful of E's**

David Hoffman photo library



**02 Mitsubishiis – a well-known 'brand' of ecstasy tablet**

Jamie Baker/Demon Imaging



**03 Taking an E**

Jamie Baker/Demon Imaging



**04 Club ecstasy dealer**

Jamie Baker/Demon Imaging



**05 Clubbing on E**

Jamie Baker/Demon Imaging



**06 Clubber**

Jamie Baker/Demon Imaging



**07 Into the music**

Jamie Baker/Demon Imaging

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The What & Why? series covers cannabis, amphetamine, ecstasy, cocaine, heroin, methadone and harm reduction.

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What & Why? is a series of booklets for anyone who wants to understand illicit drug use.

Illustrated with stunning photography, What & Why? explains what drugs are (how they are made, sold and used), their effects and why people choose to take them.

Essential reading for anyone confronted with illicit drug use at home or at work.

What & Why? is written mainly for professionals, parents and the relatives and friends of drug users. The booklets may also provide a useful contribution to secondary school discussion about drugs.



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