

A QUICK GUIDE TO **Drugs & Alcohol**

THIRD EDITION

by the National Drug and Alcohol Research Centre (NDARC)

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Health



NEW SOUTH WALES

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ECSTASY

E, pills, eccy, XTC, MDMA, pingas, Adam, X

Ecstasy is a derivative of methamphetamine (the active ingredient is **3, 4-methylenedioxymethamphetamine**, abbreviated to **MDMA**). It has both stimulant and hallucinogenic properties (see definitions on page 3).

Ecstasy usually comes as a tablet, in a variety of colours and sizes, sometimes marked with a design or logo (brands such as Mitsubishi and Calvin Klein have been found stamped on ecstasy tablets). Pills that look the same, even pills stamped with the same logo, are not necessarily of the same quality – they may contain varying amounts of other substances besides MDMA, including methamphetamine, ketamine, other substances chemically related to MDMA, and legal substances such as caffeine.

MDMA was first synthesised in 1912 and patented in 1914, but it found no widespread use until the 1970s when it was used in psychotherapy to help patients ‘get in touch with their feelings’. In a controlled medical environment, it appeared to have only moderate effects and to be relatively safe.

By the 1980s, the term ‘ecstasy’ was coined and the drug was being used recreationally. Around this time it became a prohibited substance.



Ecstasy and the law

It is illegal to use, possess, supply, traffic or manufacture ecstasy in New South Wales.

How ecstasy is used

Ecstasy is sold as tablets (the most common form), capsules, powder and crystals. It is usually swallowed, though it can also be snorted, smoked, injected (after being dissolved in water) or inserted into the anus or vagina.

Findings from a 2016 survey found an increasing trend to the use of ecstasy crystals since 2012. A significant proportion of users of ecstasy crystals report bingeing for up to 48 hours.¹⁴ The crystal form of ecstasy is normally of higher purity than tablets – that is it contains more of the active ingredient MDMA. Increased purity, coupled with uncertainty around the amount of the drug being taken, increases risks of overdose.

Effects

Short-term effects

The short-term effects of ecstasy include:

- euphoria and a feeling of wellbeing
- feelings of intimacy with others
- confidence
- a lack of inhibitions
- nausea
- sweating
- increased blood pressure and pulse rate
- jaw clenching and teeth grinding.

The ‘comeup’ is a users’ term for the stage at which the effects begin to be felt. At the ‘peak’ the effects are at their most intense.

The effects appear in around 30 to 40 minutes after ecstasy is swallowed, plateau at two to three hours after consumption and diminish in intensity over the next three to four hours. Snorting or injecting can result in much quicker onset of effects.

How long the effects last may depend on how the drug is taken, how much is taken, and whether the person has recently eaten, as well as the person’s individual metabolism.

As ecstasy may cause an increase in body temperature, a serious health concern is dehydration. Sipping water can help prevent this (although it is possible to drink too much water, leading to water intoxication, which can be fatal).

During the ‘comedown’, the user may feel physically and emotionally drained. Some users may experience a ‘crash’—negative feelings associated with coming down from ecstasy. There is some evidence that you can have a hangover effect after the effects of ecstasy have worn off, lasting up to several days. Symptoms of this include:

- not being hungry
- sleep problems
- feeling depressed
- muscle aches
- finding it hard to concentrate.

Long-term effects

Little is known about the long-term effects of ecstasy. Some long-term users appear to experience depression and some memory and cognitive impairment.

Ecstasy and driving

It is dangerous, as well as illegal, to drive while taking ecstasy. Ecstasy can make a person feel overconfident when driving, leading to risk-taking behaviour and poor judgement.

Ecstasy and pregnancy

It is possible that using ecstasy when pregnant increases the risk of miscarriage.

It is possible that if a mother uses ecstasy while breastfeeding, the drug will be present in her milk and may have adverse effects on the baby.

Using ecstasy with other drugs

Ecstasy can be dangerous when combined with any of the prescription antidepressant drugs called monoamine oxidase inhibitors, eg phenelzine (brand name ‘Nardil’) and tranylcypromine (brand name ‘Parnate’).

Dependence

There is limited research on dependence associated with ecstasy (see definition on page 4). Studies suggest that dependence is possible.

Withdrawal

Heavy or regular users may go through a period of anxiety and depression when they stop taking the drug.

Ecstasy-related deaths

There have been some ecstasy-related deaths in Australia, some linked to PMA (paramethoxyamphetamine) an amphetamine-type drug with both stimulant and hallucinogenic properties. It is more potent than most of the other drugs of this type and far more toxic. Users may experience hallucinations, delirium, restlessness, agitation, muscle contractions, thrashing around, sweating, high fever, seizures, coma and death.

In Australia, research suggests that people who have died after taking PMA took pills that they thought were ecstasy (MDMA).¹⁵

Overdose

High doses of ecstasy may lead to users experiencing a non-fatal stimulant overdose. Symptoms may include:

- nausea and vomiting
- chest pain
- tremors
- increased body temperature and heart rate
- seizures
- extreme paranoia, anxiety, panic and agitation
- hallucinations and delirium.

Treatment

People do not generally seek treatment for ecstasy use, and there has been little ecstasy-specific research.

Evidence from better-researched drugs suggests that services providing good social support, as well as psychological interventions to help maintain motivation and improve coping skills, are likely to be useful (see pages 7-8).