

# **E for Ecstasy**

**By Nicholas Saunders**

**Get any book for free on: [www.Abika.com](http://www.Abika.com)**

## **E for Ecstasy by Nicholas Saunders.**

### **Bibliography by Alexander Shulgin.**

Published by Nicholas Saunders, 14 Neal's Yard, London, WC2H 9DP, UK. ISBN: 0 9501628 8  
4. Published May 1993. 320 pages.

The book E for Ecstasy is now only available in German and Italian, having been superceded by Ecstasy and the Dance Culture and Ecstasy, Dance, Trance and Transformation. Details of availability are on [ecstasy.org](http://ecstasy.org).

*E is for Ecstasy by Nicholas Saunders ([contact@ecstasy.org](mailto:contact@ecstasy.org))*

### **Copyright Nicholas Saunders and Alexander Shulgin 1994.**

This material may be freely distributed electronically, but may be printed for personal use only. Permission is required for any other use of any of the contents. This will normally be given freely, provided prior permission is obtained and the source credited in an agreed form.

## **CONTENTS**

1. [Introduction](#)
2. [Own Experience](#)  
What I feel it has done for me; how I have experimented with it and researched
3. [History of Ecstasy](#)  
first invented and patented; tested by US army; re-discovered by Shulgin; used for psychotherapy; wildly popular available by credit card; alarm due to previous impure drug causing Parkinson's disease; banning in US against recommendation; media muddle; appeal overturned; rise of the rave in US, Europe and then back to US; permission to use in Switzerland; permission to use in US.
4. [What it Does and How it works](#)  
Emotional effects: allowing the chi to flow, dissolving fear, allowing memories to surface, being temporarily free of neurosis, feeling love, removing defensiveness, allowing indulgence. Medical effects: effect on brain with fairly full explanation including diagrams to show how brain cells transfer info. Side effects such as blood pressure and temp rise. What organs get rid of it. Effects of combining E with other drugs. Sex.
5. [Who takes Ecstasy](#)

Own survey results, references to other surveys. How many people take E deduced from surveys and seizures. Welshpool and football supporters

6. [Dangers](#)

Reports of death here and in the US and why different. Overheating. Heart failure, strokes. Neurotoxicity: the research that caused the fears and the present assessment. Risk assessment compared to other activities as from my article. Who should avoid taking Ecstasy. Psychological dangers: what kind of people have been damaged by MDMA. Media overstatement.

7. [The law](#)

8. [Ecstasy and the media](#)

Times article

9. [Psychotherapy in Switzerland](#)

10. [Other uses of Ecstasy](#)

Used for opening up and having fun; slimming/keeping fit; dancing; problem solving; improving relationships; professional psychotherapy; amateur psychotherapy; as an alternative to psychotherapy; in rituals; in place of a quick holiday; for pain relief; for depression. . .

11. [Suggestions for first time users](#)

Ideal situation in town, in country. What to have with you and what to avoid. When to take it. Who to take with and who not to. Describe Set and Setting. How to be a guide.

12. [What Ecstasy is and where does it come from](#)

Tests for MDMA in the lab and at home. List of characteristics. What drugs are sold as MDMA and how to distinguish them. Are other drugs more toxic? Is MDMA cut with poisonous substances? Why it sometimes has a different effect. Production and distribution

13. [Discussion of establishment attitudes](#)

14. [Conclusion](#)

Appendix 1: [Reference section](#)

Summaries of reports I have read.

Appendix 2: [Personal Accounts](#)

A small selection of first-hand accounts of Ecstasy use. Both positive and negative experiences.

Appendix 3: [Human rights and the use of drugs](#)

An American viewpoint with part of Shulgin's Chapter 42, and a British viewpoint.

Appendix 4: [Annotated bibliography](#)

By Alexander T. Shulgin

Appendix 5: [Research projects](#)

under way at present.

Appendix 6: [Directory of Organisations in the UK](#)

which deal with Ecstasy users

Appendix 7: [Glossary of terms](#)

## **Chapter 1: Introduction**

A large proportion of young people, especially in Britain, are regular users of the drug Ecstasy (E, Adam(166), X or MDMA) for a simple reason: it provides them with access to an experience which they value. Yet the majority of first-time users have no access to reliable information about the drug and rely on folklore for guidance, while little serious attention is paid to the potential uses and benefits of MDMA. This book is intended to satisfy Ecstasy users' thirst for knowledge, to help them to avoid its dangers and make the best of possible benefits as well as to stimulate further research into this fascinating drug.

The first part of the book is brief but complete in itself. Those who want to know more on any particular subject should follow the little numbers to the reference section; those who don't want to miss anything should also read that section, as it also includes many fascinating items of additional information. Then there are the personal accounts which are an easy read and have been chosen to demonstrate most of the effects of the drug. Finally, there is an annotated bibliography for serious researchers.

While the first edition was about and for British users of Ecstasy, this edition includes a broader usage both in Europe, the USA and Australia, and will be published in German. Much of the book has been rewritten to incorporate the greatly increased volume of references.

In the summer of 1992 I held a meeting to bring together people who had experienced a positive change as a result of taking Ecstasy. I was sick of the rubbish put out by the media, and I wanted to see how many people, like myself, felt the drug had done them good. Most of those who attended had far more experience of the drug than myself, and it was hardly surprising that nearly all credited the drug with improving the quality of their lives. But what made a strong impression on me was that, although those users desperately wanted information, they knew very little about the drug. That decided me to produce this book.

In 1970 I wrote *Alternative London*, a guidebook for people living in the city who, like myself, were exploring alternative lifestyles and other levels of consciousness. As with MDMA now, media coverage of our lifestyles consisted of horror stories and ridicule. As with *Alternative London*, this book is based on personal experience backed up by extensive research.

## **Chapter 2: My own experience with E**

The seventies and early eighties was a period when I was energetic and productive, enthusiastically involving myself in one successful project after another, first a guidebook called *Alternative London* and then a series of 'alternative' businesses which I had started in Neal's

Yard, a courtyard in central London. Yet by 1988 I felt disappointed because most of the original ideas I had pioneered had been discarded. That year I did start a new business, but more out of desperation to prove myself than enthusiasm, and it was not a success.

I was in that strained frame of mind when a friend called Claudia offered to take me on an Ecstasy trip. She is an extrovert actress who I've known for years and, as rather an introvert myself, I wanted to keep my distance to avoid being overpowered by her. We swallowed the capsules in her flat and then headed off for Kew Gardens, a place I loved and where I thought I would feel safe. On the way to the station I felt symptoms familiar from taking LSD in the sixties - I would see something happening out of the corner of my eye but it would return to normal when I turned my head. As we got on the train Claudia took my hand. . . What a surprise! It felt wonderful to be touched, and there was nothing threatening about her, she was clearly warm and caring. Even the worn train seat felt good, and I rubbed the back of my head on it like a cow does on a gate. I felt Claudia's delight at seeing me opening up and asked: "I could really get into this, would you stop me if I go too far?" Claudia laughed and told me to enjoy myself while she looked after me. I got into catlike stretching and slid under the table to enjoy the space, laughing at how shy old me could behave like that. When I sat up I found that I could 'ride' the train like a horse, responding to its bumpy movement. I looked out of the window and saw everything afresh; not only beauty but ugliness was accentuated, too.

When we got off the train I took deep breaths and the air felt wonderful. It was good to be alive. But the intellectual part of myself asked "What is different to normal? Why isn't life always like this?" I deduced that I was simply allowing myself to enjoy what had always been there. I realised that I had got into the habit of restraining myself. It was not this drug-induced state that was distorted - it was what I had come to accept as my normal state that was perverse. I then realised that over the past few years I had been mildly depressed. And, what's more, I could see why: some years before I had felt cheated in a business deal, and had carried a resentment like a burden ever since: instead of hurting the person involved, I had been grimly taking it out on myself. This realisation and the experience of a few hours 'freedom' was just the tonic I needed; I let go of the resentment and started afresh with new enthusiasm.

Since then I have taken the drug three or four times a year. Only twice has the experience been less than delightful, but on both occasions it nevertheless provided insights. Once was when I took Ecstasy in a flat in Holland with Anne and Afga, two woman friends who I had known since the sixties, I became acutely aware of how the years had changed them. I could see that Afga had suffered a great deal as a result of the men she had been involved with, yet it seemed to me that the pain had matured her into a strong and serene woman. I felt that Anne, by contrast, hadn't allowed life to hurt her and was still playing the 'flower child' which simply didn't fit the middle-aged woman she had become. As the trip proceeded, I found it difficult to communicate with them. Afga became absorbed in her own thoughts and ignored me, while I restrained myself from telling Anne how I saw her. As a result I got a headache. The other occasion was with a tense friend who suffered from crippling stomach cramps. When the drug took effect her face opened up and she felt truly relaxed for the first time in years, allowing her to slither around the floor like a snake - until it wore off and her cramps returned with a vengeance. Altogether it was a painful experience, but it did provide her with a valuable insight into the cause of her cramps: the memory of being raped as an adolescent.

On one occasion I was on a walking holiday in the Himalayas. I was trekking in Nepal with a Danish couple who I had met on the trail. Our trek took us over a 17,000 foot high pass, an extreme effort and achievement for all of us, and next day we took some E as we sat in the cold sunshine overlooking Tibet with a glacier ice-fall behind us and the peak of Annapurna gleaming across a wide valley. As we watched, clouds formed on the peak, then they drifted across the valley changing shape into fishes, dragons and horses. At one point an eagle swooped down over our heads, and we felt as though we were carried with it across the valley below. Afterwards the reserved French geologists at our hotel responded to our warm mood by bringing out brandy and chocolates which they had reserved for a special occasion. There were no insights, it was simply a wonderful day where the surrounding magnificence was enhanced, but the shared experience formed a bond between us and we travelled on together like old friends.

Another time was spent in the countryside with a lover whose Sufi master warned that drugs damage the psyche and would undo hard-earned spiritual achievements. As the drug came on her face lit up and she cried, "What fools they are." Spirituality was right there for her, and she still regards that event as a valid mystical experience. We found ourselves utterly fascinated by a moorhen that was building its nest, as though the bird had acknowledged our presence and was letting us observe its skills.

After all these experiences on E, I had still not been to a rave. It was not that I didn't want to, but simply that, as a middle-aged man, I thought I would feel conspicuously out of place. Then the opportunity came: a rave where several of my friends would be, one actually older than myself. I quite enjoyed myself thanks to the E putting me in a positive mood, but I could not get into it. The dancers appeared to be lost in their individual trips, facing the speakers without relating to one another. I was simply amazed by the discomfort of the venue, with its rough concrete floor and steel walls wet with condensed sweat; the unrelenting, aggressive music and pulsing lights to match. It was not until I had spent several more similar nights out that I was able to enjoy the true experience.

I was given a phone number by a friend to ring for tickets and was directed to a dilapidated block with a sign saying 'Offices to Let for #50 a week. Move in today.' It looked bare as though they had done just that. A girl sold me the tickets and when I asked where the party was to be held she scrawled the address on a scrap of paper. Half expecting I'd been conned, I turned up at midnight just as the E I'd taken was coming on.

The venue was spacious and well-ventilated. The music was the usual Techno House, although not as harsh as some, and I tried to follow a friend's advice of moving with the bass and ignoring the rest. I got into dancing in my usual rather self-conscious way, keeping an eye on what other people were doing and well aware that I was much older than everybody else. Then, imperceptibly, I gradually relaxed, melted into it, and knew I was part of it all. There was no need to be self conscious; I had no doubt I was accepted; there was nothing I might do that would jar because everyone else was simply being themselves, as though they were celebrating their freedom from the constraints and neuroses of society. Although everyone was separately celebrating in their own space, when I looked around I would easily make eye contact - no-one was hiding behind a mask. There was virtually no conversation or body contact except for the

occasional short hug, but I experienced a feeling of belonging to the group, a kind of uplifting religious experience of unity that I have felt only once before, when I was part of a community (Christiania) that was threatened with closure. It was as though we belonged to an exclusive tribe bonded by some shared understanding, yet full 'membership' was mine for the #10 ticket and #15 tablet. Not everyone was included; a few looked awkward, trying to fit in or dancing with style but without spontaneity. I assumed that they had not taken Ecstasy.

That experience was a revelation. I felt as though I completely understood what raves are all about - including the music, which had always grated on me. Harmony that I had found lacking was irrelevant: the music constantly provided energy to lift one up without ever letting one down; it built up more and more without ever reaching a climax. I found myself not only dancing to the heavy beat, but breathing to it too, sometimes letting out sounds along with the music. There was subtlety hidden in the change of beat, a kind of tease that made me smile each time. And it felt so very healthy, as though I was moving in a way that was a true expression of myself, with every part of the body feeling free and flexible. I felt much younger, almost reborn.

I danced continuously until 6 am without any effort, even though I would normally be exhausted after an hour of such vigorous exercise. As the E wore off, at about 4 am, I started to feel some tension in my stomach, but the trance remained until the end. On the way home in a car with friends the music carried on so clearly that we had to check that the stereo was off before believing the sound was coming from inside our own heads! I slept most of the next day and also right through the following night, without any further effects apart from stiffness in the legs.

### **Problem solving**

In 1992 I became interested in exploring Ecstasy's potential for solving personal problems, and took MDMA with an old friend, Jill, with the specific intention of resolving problems and examining relationships in our lives. We each wrote down a list of subjects that we wanted to explore beforehand, and spent the first hour after the drug came on concentrating on one issue at a time.

I had snapped at an ex-neighbour a few days before. I was a bit shocked at myself as I couldn't see why I had done it. But on Ecstasy it seemed clear: I felt threatened by the people who had moved into his flat and he had 'caused' this problem by having moved out! Next I focused my attention on one particular friend who I had always admired for what he had achieved in the face of enormous difficulties. My image of him was shattered and instead I saw him as a Chinese juggler spinning plates on bamboo sticks, desperately rushing from one to the other to forestall a catastrophe. It didn't seem like a revelation, more as though I had known it all the time, and only afterwards did I realise that this was a viewpoint that I had not seen before.

On later reflection, I assessed these insights on MDMA as valid but not the complete picture. It was as though MDMA had provided me with a different viewpoint, such as might be seen by a friend. There was one occasion when the drug had virtually no effect on me, and that was when I was in love. It was later that I realised the significance: being on E is quite similar.[\(132\)](#)

### Chapter 3: History of Ecstasy

MDMA was patented as long ago as 1913 by the German company Merck. Rumour has it that the drug was sold as a slimming pill along with comic descriptions of its strange side effects, although it was never marketed and the patent doesn't mention uses. The next time it came to light was in 1953 when the US army tested a number of drugs for military applications - again, folklore says it was tried as a truth drug but there is no evidence for this.(1)

The father of MDMA - or 'stepfather' as he describes himself - is Alexander Shulgin.(2) After obtaining a PhD in biochemistry from the University of California at Berkeley, Shulgin got a job as a research chemist with Dow Chemicals, for whom he invented a profitable insecticide. As a reward, the company gave him a free hand and his own lab. Having had an exciting experience on Mescaline, Shulgin used the opportunity to research psychedelic drugs. An accepted test for psychedelic effects was to observe how fighting fish change their behaviour. But there were problems: fish don't say when they are under the influence and, well, have you ever seen a fish that doesn't look stoned? His answer was to 'suck it and see'.

Eventually his company was embarrassed to find themselves holding the patents of some popular street drugs and he was politely given the push. Shulgin continued testing new compounds on himself and a select group of friends for many years. Thanks to his remarkable personality - combining openness without proselytising about his liberal and controversial views - he has earned the respect of influential people and is able to carry on with his research today, with the full approval of the US government. His approach to psychedelics is similar to that of a botanist: he specialises in the phenethylamines, and delights in recording the subtle differences between each member of that family of drugs. His experiences are described in his autobiography *Phenethylamines I Have Known And Loved*. MDMA is but one of 179 psychoactive drugs which he describes in detail, and, although its effects are less dramatic than many, MDMA is perhaps the one which comes closest to fulfilling his ambition of finding a therapeutic drug. Shulgin has now moved on to writing a book about another family of psychoactive drugs, the tryptamines, due out in 1995.

However, it was only after hearing glowing reports from other experimenters who had also synthesised and tried MDMA that Shulgin took an interest. He describes how in 1977 he gave some to an old friend who was about to retire from his career of psychotherapy.

He phoned me a few days later to tell me he had abandoned his plans for a quiet retirement. I know none of the details of the increasingly complex network which he proceeded to develop over the following decade, but I do know that he travelled across the country introducing MDMA to other therapists and teaching them how to use it in their therapy. They had all began, of course, by taking the drug themselves. He believed (as I do) that no therapist has the right to give a psychoactive drug to another person unless and until he is thoroughly familiar with its effects on his own mind. Many of the psychologists and psychiatrists whom Leo instructed developed small groups or enclaves of professionals who had been similarly taught, and the information and techniques he had introduced spread widely and, in time, internationally.

It is impossible to ever know the true breadth of therapeutic MDMA usage achieved during the remaining years of his life, but at his memorial service, I asked an old friend of his whether she



had a guess at the number of people he had introduced to this incredible tool, either directly or indirectly. She was silent for a moment, then said, 'Well, I've thought about that, and I think probably around four thousand, give or take a few.' Those first psychotherapists to use MDMA were keenly aware that they had found a valuable new tool.(3, 4, 135) As one put it, "MDMA is penicillin for the soul, and you don't give up prescribing penicillin, once you've seen what it can do". They were equally aware that if MDMA became a popular street drug, it could follow in the footsteps of LSD and be criminalized by the US government. They agreed to do as much informal research as possible without bringing the drug to public attention, and did pretty well - MDMA only gradually became known as a fun drug and it wasn't until 1984 that the bubble burst.

If MDMA is so wonderful, why hasn't it been marketed by any of the big drug companies? One reason is that the drug's commercial potential is small; another was that the US Food and Drug Administration (FDA) prohibited trials on humans. But perhaps the most significant obstacle to the commercial exploitation of MDMA is that it has already been patented - although the patent ran out years ago, a drug cannot be patented a second time. Before marketing a new drug, a drug company has to show that the safety risks are justified by the drug's benefits as a medicine, and this involves long and expensive trials. The only way of recouping that expense is by obtaining exclusive rights to sell the drug through holding its patent.

Those years 1977 to 1985 are looked back on as the 'golden age' of Ecstasy or Adam(5) as it was then known. In psychotherapy, its use only appealed to a few experimental therapists since it didn't fit in with the usual 50-minute psychotherapy session, but they did include some of the most dynamic people in the field, including some who claimed that a five hour Adam session was as good as 5 months of therapy.(166) There was also a select a group of 'explorers' who used the drug in various ways, but, surprisingly, they never discovered its potential as a dance drug.

By 1984 the drug was still legal and was being used widely among students in the USA under its new name 'Ecstasy'. (Rumour has it that a big-time dealer called it 'Empathy', but, although the name is more appropriate, he found that Ecstasy had more sales appeal.) In Dallas and Fort Worth, Texas, Ecstasy was even on sale in bars where you could pay by credit card, where it replaced cocaine as the drug of choice among yuppies and even spread to people who normally kept well clear of drugs. However, it was this public and unashamed use that resulted in the drug being outlawed.

A deeply-embedded puritan ethic seems to affect the response to drugs in Western societies. To use a drug for pleasure is taboo(3), yet to use a drug to relieve pain is acceptable. In reality there is no sharp distinction: if someone is 'suffering from depression' and a drug makes him feel happy, it is regarded as a medicine and meets with approval. But if that person is regarded as normal and takes a drug that makes him happy, he is indulging in something quite unacceptable. Except, of course, if the drug happens to be nicotine or alcohol.(16)

During 1985 Ecstasy got into the mass media because a small group of people sued the US Drug Enforcement Agency to try to prevent them from outlawing the drug. The controversy provided free advertising which made Ecstasy spread like wildfire throughout the US. It was a case of bad timing - the previous year there had been a widely publicised disaster that made the authorities

overreact to any new scare. A batch of 'China White', a so-called designer drug(6) which was sold to heroin addicts as a legal substitute, had contained a poisonous impurity, and, tragically, it caused a form of severe brain damage similar to Parkinson's disease.(7) As a result the US Congress passed a new law allowing the DEA to put an emergency ban on any drug it thought might be a danger to the public. On July 1st 1985 this right was used for the first time to ban MDMA - what is more, MDMA was put in the most restrictive category of all, reserved for damaging and addictive drugs without medical use.(8) The effect of prohibition was to curtail research into the drug without changing the attitudes of recreational users.(9) However, the Agency's haste was at the expense of not following the letter of the law, leaving the ruling to be overturned in subsequent court cases.

The temporary ban only lasted for a year; meanwhile a hearing was set up to decide what permanent measures should be taken against the drug. The case received much publicity and was accompanied by press reports advancing the kind of scare stories now current in Europe, which added to the pressure to make the ban permanent. One widely publicised report referred to evidence that another drug, MDA, caused brain damage in rats and concluded that MDMA could cause brain damage in humans.(10, 11, 12) The media indulged in horror scenarios of 'our kids' brains rotting by the time they were thirty, although there was no evidence that MDMA caused brain damage in rats at the dosage levels used by humans. On the other side were the psychotherapists who gave evidence of the benefits of the drug - but they had failed to prepare their ground by carrying out scientifically acceptable trials, so their evidence was regarded as 'anecdotal'.

The case ended with the judge recommending that MDMA be placed in a less restrictive category, Schedule 3, which would have allowed it to be manufactured, to be used on prescription and to be the subject of research. But the recommendation was ignored by the DEA, which refused to back down and instead placed MDMA permanently in Schedule 1. A group of MDMA supporters made a successful challenge to this decision in the Federal Court of Appeal, but their objections were overturned on 23rd March 1988. The fight is still continuing on the grounds that the law is unconstitutional, that the correct procedure was not followed and that the DEA did not take all the evidence into account.

In most countries including the US, all new drugs are regarded as 'innocent until proved guilty' unless they are substantially similar in structure and effect to prohibited drugs, and this gives rise to the phenomenon known as 'designer drugs' - drugs which have been deliberately synthesised to avoid the law. In Britain, however, whole families of chemicals - including members that have not been invented - are treated as 'guilty until proved innocent' under the law. Psychedelic amphetamines, which includes MDA, MDEA and MDMA have been illegal in Britain since 1977, and, as in the US, MDMA has been placed in the category that attracts highest penalties.(13, 14) All member countries of the United Nations are signatories to the International Convention on Psychotropic Substances (ICPO) and follow recommendations laid down by the World Health Organisation Expert Committee on Drug Dependence. In 1985, under American pressure, the ICPO asked member nations to place the drug in Schedule 1 although the chairman of the WHO Expert Committee disagreed with this decision, stating that "At this time, international control is not warranted." A clause was added encouraging member nations to "facilitate research on this interesting substance".(15)

The criminalisation of MDMA in America has had wide-ranging consequences. The first was to prevent the drug being used by professional therapists, except in Switzerland ([see chapter 9](#)). The second was to reduce the quality of the drug as sold on the street, because demand was now met by clandestine laboratories and the drug was distributed through the criminal network. Although the number of users was dramatically reduced at first, criminalisation did not prevent the drug's popularity spreading worldwide.

### **Ecstasy arrives in Europe**

Ecstasy was favoured by Bhagwan Rajneesh, the Indian guru whose disciples wore orange, and when his followers moved out of their ashram in Oregon they brought the drug to Europe in the mid eighties.[\(17\)](#)

The rave scene started on the hippy holiday island of Ibiza in 1987, where Ecstasy joined LSD and hashish at all-night dance parties. In England 'raves' took the form of both large outdoor and warehouse parties, well described by Paul Staines in [Appendix 3](#).

Warehouses were prepared secretly so as to avoid local people obtaining a court order to prevent the raves happening. Tickets were sold in advance without the address, but with a phone number to ring on the night for instructions regarding a meeting place such as a motorway service station from where a convoy would proceed to the venue. Opposition to raves was fierce since people living up to two miles away could be kept awake all night. By 1990 the British government had passed a law, the Entertainments (Increased Penalties Act)[\(18\)](#), which effectively put an end to these big gatherings.

The result was to push ravers into dance clubs. The Hacienda in Manchester led the trend in 1988 with the now prevalent style: DJs who never spoke, but teased the dancers with their subtle 'scratching' establishing the Manchester sound.[\(19\)](#) From there clubbing on E came to London, the rest of Europe and eventually back to E's native California, as reported in the San Francisco Examiner:

The English ravers hit San Francisco in the winter of 1991. "We were suddenly surrounded by these kids, moving here from England. They were coming here in droves and bringing with them a new sensibility, a new style of clothes."

By this time Ecstasy had reached nearly every corner of society in England and by the winter of 1991-2 demand had outstripped supply, partly due to some massive police seizures.[\(20, 21\)](#) Dealers responded by selling any old tablet as Ecstasy and no doubt made huge profits, but as a result people had disappointing experiences and turned away from Ecstasy. Many turned to LSD instead for the simple reason that the dose cannot be adulterated[\(13\)](#) as it is microscopic (a thousand times smaller than a dose of MDMA) and is normally sold absorbed into a 'blotter', a tiny piece of paper too small to absorb active quantities of any other popular drug.

The English pattern of use contrasts with the American one both in kind and volume, which accounts for there being so many more casualties here. The proportion of young people taking

Ecstasy is many times higher in Britain(22, 23), and here it is nearly always used as a dance drug. Americans generally use Ecstasy at home, although English-style raves are on the increase.

Although the therapeutic use of MDMA has been outlawed in the US for the past seven years, steps are being taken there towards MDMA becoming a prescription drug. To comply with prerequisites for the licensing of new drugs, a non-profit organisation called The Multidisciplinary Association for Psychedelic Studies (MAPS) opened a Drug Master File for MDMA in 1986, thus permitting research into the drug to be conducted. Recently, research into the effects of MDMA in human volunteers has been approved by the FDA itself, and trials began in 1993.(24) I have faith in common sense prevailing over prejudice in the long run; unless new evidence emerges that MDMA is toxic or another drug appears that is even better, I believe that one day MDMA will be an acceptable medicine.

#### **Chapter 4: What E does and how it works**

What Ecstasy does is very simple, yet difficult to describe. It combines two opposite effects, stimulation and relaxation, but in addition provides a subtle quality of empathy.(141) The radical psychotherapist RD Laing, who took MDMA at Esalen, California, in 1984 when it was still legal, said, "It made me feel how all of us would like to feel we are anyway . . . smooth and open hearted, not soggy, sentimental or stupid".(25, 3) Another psychologist described it as providing a "brief, fleeting moment of sanity".(110) The most similar experience familiar to most people is being in love.(132)

The most predictable feelings experienced are empathy, openness, peace and caring.(166) However, what people experience can vary from paranoia(140) to sleep(138), depending greatly on other factors called 'set and setting'(166) which includes their cultural beliefs, expectations and state of mind at the time.(153, 166) Even your genetic make up may affect your experience.(178)

#### **Psychiatric effects**

See [Psychological Dangers of Ecstasy](#) on my site [cstasy.org](http://cstasy.org) in [North America](#) and in [Europe](#).

In 1992 researchers in the US attempted to identify the effects of MDMA in psychological terms through studying its effects on psychiatrists.(26) The psychiatrists' experiences varied, but apart from losing track of time, the most commonly noted effects were that they related to other people more openly with less fear or defensiveness. Half said the drug had a lasting positive effect on their 'social/interpersonal functioning', and nearly half mentioned changes in their spiritual outlook and values.(46)

The effects are similar, though more intense, to the popular antidepressant Prozac (Fluoxetine): it makes most people feel liberated and good about themselves, less self-conscious and able to feel emotions more clearly,(148) while a small minority become more depressed. A university lecturer who was oversensitive to Prozac described how, as member of an examination review

board, she felt euphoric and unable to take the subject seriously, an experience that sounds similar to MDMA. Both drugs lower serotonin levels, though by different means.(30, 67)

I believe that the drug's various effects can be reduced to two primary effects, one physical and one mental: the relief of muscular tension and the dissolution of fear. People on Ecstasy feel able to move and to express themselves freely, so the drug provides a taste of living without the restraints we have become to regard as part of life. Users often compare the effect to memories of early childhood when they would look people in the eye, live for the moment and were free of inhibitions.

The ideas of Wilhelm Reich, a radical student of Freud who developed his own theories, may be relevant. Reich developed the theory that children in times of trauma brace themselves against pain by tensing their muscles, a reaction which becomes habitual, and which develops into what he called 'body armour'. As adults, people prevent themselves from being hurt through 'being cool': avoiding expression of emotions or revealing weaknesses. Reich believed that muscular tensions go hand in hand with emotional tensions or neuroses, and the test for being free of the latter is the ability to move in an 'orgasmic' way with spontaneous undulations flowing smoothly from head to toe, a form of movement that often occurs spontaneously on MDMA. It could be that the drug temporarily removes both neuroses and the associated body armour.

Ecstasy is unlike most other drugs in that it increases awareness of touch and sound, an effect that has been observed in laboratory rats.(185) The drug has also been described as allowing the life force, or Chi, to flow freely.(29) Traumatic memories, suppressed for years because they are too painful to face, may emerge and be looked at without terror. Insights into what is really happening in life can also occur. Pain may be reduced(30, 31, 4), especially if it is based on fear, such as the fear of death.

### **Spiritual effects**

**For articles on religious uses of Ecstasy and the Rave as a religious service, see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

It is also claimed that MDMA has some spiritual effects. Recently Alexander Shulgin told the story of a Japanese poet who tried MDMA and said: "It has taken twenty years of studying Zen for me to reach this clarity, but I'm glad I did it my way". A Benedictine monk at a monastery in Big Sur, California, tried to see if MDMA could aid meditation, and concluded that the drug 'facilitated the search by providing a glimpse of the goal', but that it did not replace the hard work required.(5) A healer claimed that she saw a client's aura brightened by MDMA(27), and there are many reports of people becoming more spiritually aware.(28, 26)

The Lion Path(136, 149) is a road to enlightenment using MDMA as a tool. It is based on the idea that throughout history there have been certain 'open' periods related to astrology when there has been the opportunity for spiritual growth. Such an opening exists now until 1988, and the most 'open' days for each individual are determined according to their own astrological chart. On these particular days spread over 5 years, followers meditated in isolation on MDMA. Officially, MDMA is no longer recommended although it is still used by some followers.

Many spiritual practices "may be greatly facilitated and the effects amplified including meditation, yoga, tai chi, guided imagery, psychosynthesis, shamanic journey work and rebirthing. This is best done on low doses or towards the end of a session.(166)

The effects of MDMA vary greatly according to the intention of the user and external stimulation during the trip. In my experience, minimum stimulation (such as isolation with ear plugs) in secure surroundings produces the most inward-looking experience, while the direction, such as whether emotional or spiritual, depends on one's intention.

### **Telepathy**

Many people feel telepathic on E, or as one reader remarked, "Where does empathy end and telepathy begin?" But although there are some anecdotes(142), there were no responses when I asked readers to test their telepathic abilities with friends in another room.

### **Effects at raves**

When MDMA is experienced at raves, it lacks some of the subtle effects experienced in quiet surroundings, but has an extra quality not seen when the drug is taken in private.(32) The combination of the drug with music and dancing together produces an exhilarating trancelike state, perhaps similar to that experienced in tribal rituals or religious ceremonies.(33)

Ecstasy is often called the 'love drug', a name which suggests another way of looking at its effects. MDMA opens the heart and allows love to flow. This may extend to loving oneself, overcoming awkwardness and allowing oneself to feel good.

### **Unpleasant effects**

MDMA does not suit everyone. The most extreme example I have come across was a few years ago, when a man I knew who suffered from severe stomach cramps attempted to use the drug for self-therapy. During the trip he experienced a wonderful release, allowing him to move freely and flowingly. However, as the effects wore off the cramps returned with a vengeance. It was a frightening experience; the following night he vomited until he was exhausted and has never wanted to take the drug again.

Even people who normally enjoy Ecstasy can have very different experiences including hallucinations, though these are usually due to another drug (such as LSD) sold as Ecstasy.(appendix 2) But even with pure MDMA paranoia is sometimes experienced.(140)

Less extreme reactions are more common. A woman friend who took E at a party reported that Ecstasy made her feel unpleasantly out of control and gave her a nasty headache, even though the pill appeared identical to that enjoyed by her friends. She went home early and felt depressed for the next two days.

Although I have found that Ecstasy temporarily stops pain such as toothache, some people have

reported headaches and nausea accentuated without any of the pleasant effects. I believe it depends on what you focus your attention.

Ecstasy can upset people's lives. There are many examples of young people squandering ridiculous amounts of money on E and only living for their next binge. One known personally to me is that of a 23-year-old art student who used to live for the weekends when she and her friends took Ecstasy, and spent the rest of the time in a state of depression. This lasted for about a year until eventually she was thrown out of college, which made her even more depressed. However, two years later she emerged again as her former vibrant self, and looking back saw that her problems had resulted as much from her parents' divorce as from taking Ecstasy through which, she says, she made good friends.

In 1991, a survey conducted in Sydney(34) found that 80% of those who tried Ecstasy thought that it was fun to use while 7% did not (13% found it 'neutral'). Three-quarters of regular users in Manchester said they usually enjoyed Ecstasy and most said it was 'here to stay' in their lives, but 18% enjoyed it less than they used to.(182) Another Australian survey among amphetamine users showed that Ecstasy was not particularly liked.(193) Much of the effect depends on the setting - if you feel relaxed anyway you are almost certain to enjoy it; although many tense people use the drug to help them relax, not everyone can yield to its effects. Clients who have used MDMA in psychotherapy - in which fun is not the object - tend to enjoy their first experience but to get absorbed in their problems on subsequent MDMA sessions.(chapter 9)

Although most people find the drug liberating and enjoy letting go, others may feel uncomfortable to be without their normal defences. Even for the same individual, a wonderful feeling of relief in a warm supportive environment can be extremely unpleasant in other circumstances. Users may come to bitterly regret having revealed their insecurity or longings when under the influence of Ecstasy and some insights, such as realising that your partner never loved you or that your dreams are not attainable, can be extremely unpleasant. To remember a traumatic situation without support can be devastating. When someone is 'on the edge' but just managing to keep life together, any of these situations may push them over, resulting in a 'nervous breakdown'.

It is important to realise that bad effects are not due to the drug alone, but to a combination of the effects of the drug and the situation at the time. A guide who has introduced MDMA to many people over the past 18 years assures me that none of them has ever had a bad experience, even though some were difficult cases. He attributes this to him being able to give whatever support was needed.(144)

### **Side effects**

These can be uncomfortable, but hardly any users find that side effects spoil the experience. Dry mouth and loss of appetite are almost universal, and various muscular reactions are common, as though some muscles resist the drug's demand to let go. These include holding the jaw tightly clenched, eyes flickering from side to side, twitches, nausea and cramp, especially as the drug first takes effect. Generally these soon pass. Side effects are more pronounced with increased use.

Another more common but less serious problem with MDMA is that many people resist the effect of the drug. This is uncomfortable, often manifesting in a headache and nausea.

A long-term side effect experienced by ravers is weight loss which, for some women, is a motive for using the drug.(35) Weight reduction is presumably caused by the combination of exercise and loss of appetite. Some women find their menstruation upset since they started using Ecstasy, but is probably an indirect effect.(200) Some women also complain of urinary tract infections, but these may be due to the effect of MDA which is often sold as Ecstasy.(173)

Some people are concerned that a long term side effect may be to alter personality. However, the only changes identified have been improvements.(157, 194)

### **After effects**

People often feel exhausted after taking Ecstasy. This 'hangover' is hardly surprising considering that the mind, and usually the body, have been so much more active than normal, and is similar to that experienced by users of LSD and amphetamine.(34)

Hangovers can be reduced by avoiding other drugs such as alcohol and amphetamine and getting a good night's sleep afterwards. The antidepressant Prozac (and presumably other SSRIs) reduces hangover and prevents toxicity(184), although regular Prozac use may interfere with the experience.(142) Vitamins may also help(36), and so may drugs such as L-Tyrosine and L-Tryptophan.(192) Other after effects are most commonly stiffness from exercise, though depression(28, 37, 44) inability to sleep(191) and paranoia(37) sometimes occur, particularly among heavy users. Pain in the lower back may be due to dehydration of the kidneys.(200)

### **Medical effects**

When MDMA is swallowed, it is digested in the stomach and enters the blood stream. From there, some of it reaches the brain, but any MDMA that passes through the kidneys is removed and ends up in the urine - two thirds is excreted unchanged while some 7% is 'metabolised' into MDA. Every 6 hours the amount remaining in the body is roughly halved, so that after 24 hours there will be only about 3% left.(38, chapter 9) Other psychoactive drugs are excreted in a similar way, and this enables them to be 'recycled': Siberian reindeer hunters who take fly agaric mushrooms to get high drink each other's urine in order to prolong the effect.(39)

There are various chemicals called a 'neurotransmitters' naturally present in the brain which alter our mood and activity level to suit our situation. Serotonin and adrenaline are just two of many neurotransmitters that block or allow the transfer of information between brain cells. Just as adrenaline affects our activity, serotonin (or 5HT) affects our mood. The mechanism by which they work is extremely complicated and is not yet fully understood. All that is really known is that we have varying amounts of these chemicals in our brains, and that the amounts vary along with our emotional state.

MDMA causes a release of serotonin from particular brain cells, and this produces a change of



mood. It also affects aspects of the body's control system such as blood pressure and pulse rate and, most importantly, body temperature. It is this that has resulted in a number of deaths at raves, which are discussed in [Chapter 6](#).

### **Effects on animals**

Some people have described to me the effects of Ecstasy on animals. The first is from a laboratory researcher.(141) He believes that they do not enjoy any psychoactive drugs but feel confused, and that this is more so with higher animals like monkeys. However, a man described how he took E with a friend on the beach along with two German Shepherd dogs who had half an E each! He was convinced that one dog, who tended to jump up clumsily and too roughly for comfort, remained as affectionate as ever but became more sensitive and gentle; while the other dog displayed unusual signs of jealousy.

Thirdly, I have heard of Ecstasy being used as a cure-all for wild animals.(188) The theory is that many animals from birds to horses are nervous, and it is this tension that makes them ill or prevents them from getting well, especially when kept by humans.

Lastly, I have been told of race horse being doped with MDMA before racing, which, like ravers, is said to make them calm as well as energetic.

### **Combining Ecstasy with other drugs**

**For an article on Combinations with Other Drugs, see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

Ecstasy is often taken with cannabis, alcohol, LSD ('candy-flip') or amphetamines at raves, and cannabis is widely smoked in the 'chill-out' period afterwards. Although drinking has had a comeback(41), most users feel that alcohol reduces the effect of Ecstasy. Alcohol taxes the liver and kidneys, causing dehydration, so taking it in combination with Ecstasy is likely to result in worse after effects than taking Ecstasy alone.(40, 60, 62) Similarly, when taken with amphetamine the toxicity is greater than when the drugs are taken separately.(141)

Many users in the north of England particularly like to take Ecstasy with speed (one E with half a gram of amphetamine)(40), which adds excitement and prolongs the experience. Home users in all areas generally prefer pure MDMA. The view generally held among these groups is that speed (amphetamine) spoils Ecstasy's subtle empathic quality.

Some ravers take Ecstasy alongwith LSD ('candy-flip'), with the hallucinogenic qualities of LSD adding to the warmth of the Ecstasy. This combination also extends the experience, as LSD lasts for about twice as long as MDMA, and is often used outdoors at music festivals and in natural surroundings.

Home users often refer to MDMA as a 'psychedelic amplifier' or 'catalyst', enhancing the effect of psychedelics without changing their quality. This has been tested with LSD, 2CB, MEM, 2-CT-2 and may apply to all other psychedelics. The psychedelic is taken towards the end of the

strongest part of the Ecstasy trip.(144) Some people use E to ensure against bad trips: once the MDMA has established its usual positive effect, the course is set for the LSD trip. Others find that LSD loses its usual effect and simply amplifies the effect of the E.(128)

A popular combination among home users is MDMA with 2CB taken towards the end of an E trip. As the 2CB takes over from the MDMA, the experience is subtly changed towards a more intellectual viewpoint from which some people find it easier to assimilate any insights gained.(31) For hedonists taking E with a lover, the 2CB provides the erotic component of love suppressed by the Ecstasy.(128)

Nitrous oxide ('laughing gas') is said to be quite enjoyable while on E and can help if you get stuck in a particular state of mind(128). Ketamine can also be used while on Ecstasy for self exploration(31), and sometimes also at raves though I have not heard of good experiences.

### **Drugs with similar effects**

**For more recent information on this topic, see [Herbal Ecstasy and Other Legal Highs on my site \*ecstasy.org\*](#) online in both [North America](#) and [Europe](#)**

When you buy 'Ecstasy', it may not be MDMA but MDEA or MDA. These are all 'psychedelic amphetamines' with fairly similar effects and the amounts of each sold are about the same. Connoisseurs invariably prefer MDMA because of its empathic quality or warmth, but many users (and some dealers) can't tell the difference. MDA lasts twice as long (8-12 hours) and has a rather more amphetamine-like effect without producing much in the way of feelings of closeness. MDEA (sometimes sold as 'Eve'), lasts a rather shorter time (3-5 hours) than MDMA (4-6 hours) and is nearer to MDMA in effect, but still lacks its communicative qualities.(38)

The effects of all these drugs wears off after a few successive days' use, a phenomenon known as tolerance. However, there is no 'cross tolerance' between MDA and MDMA. Someone who has taken so much MDMA that it has no more effect on them can still get off on MDA.(12)

### **Future drugs like Ecstasy**

The conditions are right for a flood of new and interesting drugs coming onto the black market. There is increased demand from both explorers and hedonists combined with new techniques which will enable drugs to be made with the effects users want without unwanted side effects.

There is a considerable amount of research into new psychoactive drugs now being carried out both legally (as basic research and in the search for new medicines) and illicitly. To some extent it is now possible to design a drug to produce a desired effect, while new techniques and equipment have opened the way to creating whole new ranges of drugs which were previously too difficult to synthesise.(141)

In addition, new methods allow the effects of new drugs to be assayed safely and quickly, such as by implanting electrodes in the brains of living animals. Recently drugs with very specific effects have been produced, and hallucinogens that are even more potent than LSD.(141) It has

also been shown that the desired effects of Ecstasy can be separated from the toxic effects.(176, 184) The way is now open - and the search is on (illicitly) - to produce something that has the empathic qualities of MDMA without toxicity. One approach is to find a more potent drug so that a smaller, and therefore less toxic, dose is needed.(141)

Future psychoactive drugs may well be tailored according to fashion. As people become bored with the current fashion and move towards a new way of behaviour (such as being more grounded, perhaps) drugs will be created to produce the desired mood.

## Sex

Although the media portray Ecstasy as an aphrodisiac, sexual arousal is not an effect of taking MDMA. In fact the drug tends to inhibit erections in men (and male rats(190)). However, people who are already feeling in a sexy mood as the drug takes effect may become aroused.(128) Many users never become sexually aroused on E and find the state quite incompatible. However, for others it depends on their libido at the time and this in turn depends on who they are with and the surrounding atmosphere, so that a place with sexual vibes such as a club may induce sexual behaviour while this virtually never happens at raves.(200) In general, there is a tendency away from sexual desire but the drug allows one to continue on that energy level(165), although erections are inhibited and orgasms suppressed.(44) Behaviour at raves during the first few years, at events where nearly everyone was on E, was very different to that at alcohol-based clubs, and seemed to follow from the lack of male sexual aggression. Hugging and even caressing strangers was acceptable on a sensual level without implying a sexual advance.(41) Ravers would have a sense of belonging at any club or event where others were on E.

According to Sheila Henderson writing in 1992, a researcher studying the way young women use Ecstasy and author of papers entitled Women, sexuality and Ecstasy(41) and Luvdup and DeElited(42), "Sex is not one of the foremost pleasures offered by Ecstasy. . . Most men have the opposite to an erection: a shrinking penis". Women can even enjoy snogging at raves because it is 'safe' - not a prelude to having sex. They are less likely to have casual sex following a night raving than after going to an alcohol-based club. As one girl put it, "you don't go to a rave to cop". In fact, sexual safety is an attraction at raves in contrast with alcohol-based clubs which are seen as a cattle market. However, by 1994 Ecstasy was not the predominant drug used in most venues(174) and this atmosphere only survived in a few circles such as travellers' parties.

Other sociologists have noted that sexual behaviour at raves is less than at other social activities(33), and that, on Ecstasy, "thoughts about sex are not always matched by desire". Though some found sex enhanced by the drug, others were disappointed.(37) However, some women said that the chill-out period after raving was "the ideal time for long, slow sex".(41) This view is shared by the girlfriends of working class men in the north, where Ecstasy has the reputation of being good for sex on comedown.(40) An American pamphlet claimed that: "Sexual experience only occurs when it is appropriate on a heart level for both of you. . . Know that whatever you choose to create will be a perfect and appropriate choice".(43)

The question whether Ecstasy use increases risk factors concerning sexual behaviour is being examined in depth by Andrew Thomson. His study is not due to be complete until

1996([appendix 5](#)), but preliminary results show that over three quarters of those interviewed who regularly used Ecstasy in clubs had practised sex while under its influence, and that one in six of these said that the effect of Ecstasy made it less likely that they would practice safe sex.([125](#))

Two other studies have indicated that injecting polydrug users who take Ecstasy have more sex than those who don't; but that amphetamine users who took E were less at risk of catching HIV because they were more likely to use condoms and no more likely to have sex.([155](#))

A group of Swiss psychotherapists ([see chapter 9](#)), who have experience of some hundreds of people in group and individual sessions, tell me that they have never come across a participant becoming sexually aroused while on MDMA, although it does sometimes happen on LSD. They say that sexual longings are sometimes expressed, but not the immediate desire for sex. The Swiss therapists appear to take it for granted that MDMA suppresses sexual arousal, and that men cannot have erections while on the drug.

However, a survey of users in the San Francisco area conducted in 1985([44](#)) found that only half of the men who responded said it was more difficult to have an erection on MDMA, though, of those who said they had had sex on the drug, two thirds said they had problems in achieving an orgasm. While the great majority of users of both sexes said that the drug had no effect on their sexual desires, some reported a desire for sexual activities "that implied they felt free of inhibitions, such as group sex". Most respondents said that MDMA had made no lasting difference to their sexual pattern, although some reported positive changes such as being more open and relaxed. All the women and nearly all of the men thought that MDMA helped them to become emotionally closer to others. A third thought that MDMA had helped to overcome inhibitions, typically that it had "cleared pelvic blocks". The survey also found there to be no increase in the initiation of sexual activity, but slightly more receptiveness to it. In their conclusion, the authors comment that MDMA is a curious drug in that it can increase emotional closeness and enhance sexual activity, yet it does not increase the desire to initiate sex.

Respondents to an Australian survey([34](#)) described the effects of Ecstasy as 'sensual' rather than 'sexual'. In contrast, an unpublished survey of users in London([45](#)) found that 89% reported sexual arousal and 67% more sexual activity on MDMA.

I believe the explanation for such contradictory reports is that the effect varies considerably according to the user's expectations. Surveys may also produce results which are biased towards those who are more potent on the drug (or said they were), while those who felt that the questionnaire might reveal them to be inadequate were under-represented. There may also be some suggestion involved: the author of the London survey told me that he had experienced a sexual advance from a woman on E, and that he would expect increased sexual activity from users of a drug that increased energy and reduced inhibition. Similarly, I surmise that the Swiss men who were treated with MDMA were suggestible to their therapists' belief that men cannot have erections on the drug. I also suspect that many people do not make a clear distinction between sensuality and sexuality.

Women become sexually aroused more often than men, but find orgasm suppressed. Couples who have had sex on E say that it is unusually nice even without orgasm; they feel more loving

than passionate and unusually sensitive to each other. It seems that a universal effect of the drug is to remove male sexual aggression, or, as one woman put it, "to bring out the feminine qualities in men". People on Ecstasy become more sensual and less lustful.

This sensual-rather-than-sexual aspect of the drug gives rise to non-sexual orgies at some parties, referred to as 'feely-feely' or 'snake slithering'.(165) People indulge in group sensual delights through caressing and slithering over one another, though I've only heard of this in Australia and California.

The suppressive effect of Ecstasy on sexual drive has been a strong influence on rave culture. On Ecstasy, small talk and flirting seem ridiculously hollow, and so this sort of behaviour has become taboo in rave culture. Women became truly liberated; able to let go and enjoy themselves without fear of being taken advantage of by aggressive men, and this allowed them to approach men who they don't know. Similarly, women who didn't feel threatened by men felt free to respond warmly. The atmosphere inspired confidence and independence so that girls didn't feel the need to be under the protection of a boyfriend, often going to the rave with a group of friends but freely mixing with other people.(41) However, this atmosphere has diminished in circles where alcohol and other drugs have largely replaced Ecstasy. Even then, women are less bothered by men due to group pressure to accept their liberated behaviour.

Another social effect of Ecstasy is to break down barriers between homosexuals and heterosexuals. Women are free to hug one another without being thought of as lesbian, and gays are as likely to be hugged by women as men.(42)

## Chapter 5: Who takes Ecstasy?

### How many people take Ecstasy?

No-one knows just how many people take Ecstasy, but there are some clues. In 1993, British customs seized 554 kg, double the previous year's haul.(20) That year E was in more plentiful supply than the year before, so the proportion seized was probably less than usual. At 90 mg each, 554 kg is enough for somewhat over 6 million doses. In spite of claims by customs that they intercept 10%, the true figure may be nearer 1%(195), implying that several hundreds of millions of doses were imported, quite apart from domestic production. This is no hard evidence, but does suggest that there are several million British users. Seizures have increased each year.(179) Another indication is the growth in rave attendances to over a million per week and the ever-widespread use of Ecstasy in clubs.(159, 146, 175)

The only British national survey on usage was conducted by Harris Opinion Polls for the BBC Reportage programme in January 1992. Interviewers asked questions about drug use to people on their way into clubs in the 11 largest cities in Britain. The answers of 693 people aged between 16 and 25 covering all social groups who were 'regular club goers' - i.e. said they attended at least once a month - were analysed. Overall 31% said they had taken Ecstasy regardless of social group. 33% said they had taken an illegal drug, but 67% said that their friends had done so.(23)

Andrew Thomson, a sociologist doing research among this age group ([Appendix 5](#)) believes that those who told the Harris interviewers that they did not take drugs but that their friends did so were probably lying (because the questions were asked in public), and that they actually took drugs themselves. This would explain the discrepancy with his own impression, and that of other observers, that the majority of this group use Ecstasy. The total number of 16-25 year-olds in Britain is 7,444,300.[\(47\)](#) Statistics to show how many of these are regular club goers are not available, but Andrew Thomson believes that the figure is about 90% among those he is studying. If that were the case, and 80% of the age group live within reach of cities, then the national figure would be 3.5 million, or 1.7 million if only those who openly admitted taking Ecstasy are included. Recently, it has been suggested that there are just as many users living in the country as in inner cities.[\(145\)](#)

A survey of school children across the whole of England found that 4.25% of 14 year-olds had tried Ecstasy.[\(48\)](#) This comes to 24,000. Another (regional) survey found that 6% of 14-15 year-olds have taken Ecstasy.[\(49\)](#) If applied nationally, that would come to 70,000.

Further statistics depend on guesswork. Ian Wardle of Lifeline, a Manchester organisation concerned with young people who use illicit drugs[\(40\)](#), estimated in 1992 that a million Es were consumed every week in Britain. Other estimates are lower, for instance the number of people who have tried Ecstasy at raves has been put at 750,000.[\(33\)](#) There are a considerable number of users outside the 16-25 age group who attend clubs, so the total number of people who have tried Ecstasy in Britain probably lies between one and five million. The fact that six million doses were seized without causing a shortage suggests the actual figure is at the higher end.

In contrast, the number of American users is small. A survey of a similar age group in 1991 found that only 0.2%, or one in 500, had used Ecstasy in the previous 30 days; while 0.9% had used E in the previous year.[\(22\)](#) These figures imply that Ecstasy use was far less among young people in America than Britain that year, though that was before rave culture started in the States. Though there was a shortage of E in California in 1993, by 1994 it was plentiful again.[\(165\)](#)

As for frequency of use, a study of 89 Ecstasy users in London found that 46 had used the drug more than 20 times; 23 more than 40 times and 5 more than 100. About one third used it at least once a week, while a minority 'binged' on 10-20 over a weekend. Many took other drugs along with MDMA.[\(45, 182\)](#)

### **What kind of people take Ecstasy?**

MDMA is used by a wider variety of people than other illicit drugs, and has been credited with bringing together types of people who would not mix previously. Besides ravers, users include Hollywood stars[\(139\)](#), New Agers[\(154\)](#), gays[\(175\)](#) and psychotherapists. All over Europe and north America Ecstasy is found in city dance clubs, and in Britain it has spread out to people living in the country[\(145\)](#).

Young people are the most receptive to E. Among British schoolchildren, Ecstasy is the drug

most frequently encountered apart from cannabis, with girls trying it earlier than boys.(181, 182, 201) But Ecstasy has spread to some surprising quarters. Peter McDermott, editor of The International Journal on Drug Policy, describes how it hit a group in Liverpool: "I went down to the local pub, and some of the regular four-pints-a-night drinkers were there - drinking orange juice and giggling: they had discovered Ecstasy."

Another older group of users are those who used to take LSD in the sixties and perhaps still smoke cannabis. An account is given below of how Ecstasy was picked up by such people in a particular rural community, but a similar trend has occurred all over the country. There are even some raves organised by and for this age group, although the majority at those I attended were in their twenties.

Arno Adelaars, a Dutchman who has written a book about Ecstasy(17), says that extroverts and introverts use the drug differently. The extroverts use it for entertainment, to open up and relate to strangers at parties, while the introverts take it at home with a lover or a few close friends to provide intellectual insights. Arno, who is familiar with the English club scene, says that there is also a difference between the way E is taken in Holland and in England. In Holland no-one likes to lose control, especially in public, but in England people like to show that they are 'out of it'.

### **Trends among ravers**

**For more recent information on this topic and an article on Free Parties, see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

When raving was new to Britain, ravers described it as one big happy family and would feel at home at any event where people were using E. But over the years, and particularly from 1993, the scene has divided up into distinct subgroups - each with their own style of music and clothes, their own music and drugs of choice. At one extreme are some younger Northerners who wave white gloved hands and blow whistles, while at the other are the upwardly mobile professionals who have absorbed Ecstasy and rave-type parties into their lifestyle, dressing much as they would for an office party and starting the evening with a few drinks.(146)

In 1993, alcohol made a comeback in Britain(174) and other drugs such as poppers were more popular in some circles, probably due to worsening reputation of drugs sold as E.(172) But by 1994 the quality of Ecstasy improved and it became re-established as the dance drug of choice.(197) Amphetamines have always been used along with E in the north(40) and are now frequently used in London too. Pure MDMA is seldom used as the main drug, largely due to other drugs being sold as Ecstasy(172, 173), but also out of choice.

Along with these diversifications in consumption of drugs, the atmosphere at events also varies widely and in general is less open-hearted. My impression is that the key rave experience, as described in [Chapter 2](#), occurs much less often. The rave parties that still manage to create the atmosphere from the good old days are those organised by and for travellers.

Overall, it seems that, like all counter-cultures, raving has become mainstream but in a diluted form. Rather than being the exception, it is now normal to take E in a club, but the proportion of

those on E is far smaller and many of them have also had a few drinks. Clubs need E available to provide a good atmosphere, so they encourage dealers on one hand while pretending to try to keep them out.(175)

A new trend is commercialisation of chill out parties. Formerly, ravers would invite others back to their homes for impromptu chill out parties. This was very much part of the culture and still goes on, but now some clubs cater for the same needs of somewhere to go while coming down off E with comfort and ambient music. On Ibiza there is a club that opens daily at 6am for the purpose.

### **Own Survey**

Having read the published reports of surveys concerning Ecstasy, I felt that none had asked the most important question: "Has Ecstasy changed your life, and if so, in what way?" During December 1992, I distributed a dozen 4-page trial questionnaires and, as a result of the response, reduced this to a 2-page questionnaire. During January and February 1993, I distributed 200 survey forms via various people with whom I was in contact through my research. 46 were returned, though some respondents skipped several questions.

The sexes were roughly equally represented (20 men to 18 women). Half of the respondents were under 25 and the majority of these were 20-23. Respondents tended to be either heavy users who had taken the drug an average of 73 times, or light users averaging 5 experiences.

75% said they thought that taking Ecstasy had had an effect on their life. The page of questions and answers on How your personality may have changed as a result of taking Ecstasy is given opposite. The most pronounced change was to enjoy dancing more. There was an increase in spirituality, being more in touch with the spiritual side of oneself and closer to nature. Another pronounced change was unexpected: an increase in caring about other people. Seeing more friends, increased enthusiasm, increased happiness and self-esteem were also frequently reported. Negative effects were less pronounced, the most common being that Ecstasy had made ordinary life seem more boring. Also reported by some were more depression and illness.

A question concerning paranoia produced the most surprising result. Although several people felt much more paranoid as a result of taking Ecstasy, others felt less paranoid. Four of those who felt much more paranoid were women who had taken only half a dose or less. All had taken the drug previously. Even more surprising was that none of these answered that Ecstasy had, overall, been bad for her: three answered "good" and one "neutral".

Many people added a few lines about the effect they felt Ecstasy had had on their life. Most implied that the drug had enhanced their social lives, and mention was frequently made of profound experiences varying from intimate to philosophical.

So as to throw light on the theory of 'inappropriate bonding' versus the theory that 'whatever you do on E will be right', I asked Have you ever fallen in love on Ecstasy, and if so how did it turn out? There were 7 responses. 2 said they were still in a relationship started on Ecstasy; 2 said they were already involved but became much more in love with their partners; one had a 3-day



blissful romance that ended abruptly with a bump; one said she had made several wrong choices on Ecstasy and one described how both partners were embarrassed the next day about what they had said to each other.

The sample was too small and self-selected to draw conclusions from, but it does appear that many users experience changes well beyond the immediate effect of the drug. However, a major obstacle to drawing conclusions from such a survey is indicated by one comment, "I can't tell you what changes are due to Ecstasy, as my life has changed so much anyway". To overcome this would require comparison with an equivalent sample not taking Ecstasy. I hope that this will encourage some further research on what I perceive as the most fascinating and important aspect of the widespread use of Ecstasy: How does it affect people's lives?

### **Raves in Northern Ireland**

**For more recent information on this topic, see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

There have been a number of anecdotes about Catholic and Protestant kids, brought up to hate one another, taking E together at raves and ending up hugging.<sup>(150)</sup> Just possibly this breakthrough from hatred to affection may extend to relationships outside the rave, and could just spell the end of hostilities.

I have been told that the IRA used to keep drugs out of Ireland by kneecapping suspected dealers - a far more effective method than the law! But in 1993, they dropped this policy with the result that Ireland enjoyed a freshness of new-found Ecstasy experience long since lost in England.

### **E hits a rural community**

In 1990 Ecstasy arrived at the Pennine town of Garston Bridge, midway between Carlisle and Newcastle. This is one of those rural communities that was deserted by farmers in the fifties in favour of better paid jobs in the cities, leaving their old stone houses, barns and even schools to be sold at rock bottom prices to ex-city dwellers in the sixties and seventies - mostly ex-hippies in their late twenties settling down to start a family. Typically these people got jobs or started their own businesses and lost interest in drugs, apart from hash, until Ecstasy arrived. Their children are now teenagers who, having been to school with the local farmers' children, mix more with the indigenous population than the parents do. There is plenty of social life since people think nothing of driving 30 miles to a party, and the generations mix freely - at any party you can find all ages from 5 to 50.

Although country dwellers, these people kept up strong ties with their city backgrounds, mostly in London, so they were not far behind when raves became popular. At first these were mini-raves in their houses or larger raves of up to 500 people in barns or marquees, usually far enough away from other houses to avoid disturbing neighbours who might call the police. Even though the harsh 'Tribal-techno' style of music was unpopular at first, a core group of 20 or so enthusiasts quickly developed, who would fix up a party every week or two where they would take E and dance all night. Daniel, one of the rave organisers and a long-standing member of the

community, told me: "There's a great atmosphere, you could say euphoria even, the ultimate party. The raves provide a safe environment where you can be your true self and realise that you're OK. I always have a fabulous time in a non-egotistical way."

Between parties, people would meet more often than before and communicate more wholeheartedly. "Although we had known each other for so long, it took Ecstasy to break through the very British taboo about hugging one another," Daniel said. But the new closeness also caused crises in couples' relationships. "We became more open and truthful. If couples had stayed together through habit, then it came out". Life was taken more seriously and heartfelt: honest expression was valued more than easy, superficial encounters. "Some people went too far and let go of the framework of their lives. At one time there was a myth that everyone involved would lose their jobs," Daniel said. But people would support each other through crises and there was usually someone who understood the problem well enough to be of help.

Up till then, this community had been strictly non-religious. But Ecstasy brought about spiritual development in many of the individuals. "It brought me closer to God", claimed one woman, and "I began to see myself as the source of love" said another, while Daniel remarked that "Being able to transcend the ego leads to self knowledge".

When looking back over the early days of Ecstasy use, people in the community commonly said that the emotional agony of one member had been felt by everyone else, as if it were their own. The community became very intimate: people who had known each other as neighbours for 10 or twenty years felt suddenly bonded in a far deeper way through the weekend raves. For most people the raves were a joyful celebration, but some people did experience paranoia and one man who took a lot of E and LSD smashed up his own house. Others took some fairly drastic decisions during this period: a long-term couple split up with the man giving away everything he owned to "free himself of material things" so as to be able to develop his "inner self". He was last heard of cleaning trains in Gothenburg. A single parent, a woman in her mid thirties, felt that she had glimpsed her true destiny and had to follow it. She left her two children with their grand parents, said goodbye and disappeared.

Daniel said that some new serious relationships had formed, but these were unlike the casual affairs that were the pattern before. "You can't seduce, cheat or lie on E," he explained. The great majority of couples did stay together and developed much closer bonds; even single people felt that their quality of life was improved. The few outsiders who attended became like old friends overnight - two men who had never met before spent the next week travelling together.

The first ravers were of the parents' generation, but they were later joined by their teenage children and the children's friends and, after a year or so, by some younger members of the indigenous community. As more people joined, the raves became less intense but instead began to be accepted by the wider community, though the original group still set the style. A series of raves were held in village halls until the police clamped down and one was stopped by a court order. Since then they have been held in farm buildings without being publicly advertised; tickets have been sold at cost price - #5 to friends through the grapevine.

At least three quarters of the people at these parties take Ecstasy and sometimes virtually

everyone takes the drug. The most common dose is a single E, but a half E is common and a few people take several Es at a time. Many also smoke dope right through the night, but hardly anyone drinks alcohol or takes amphetamine. In fact most have stopped social drinking because, as Daniel put it, "Alcohol doesn't get you there, but E does". These people don't use Ecstasy outside parties. "It isn't just the drug, it's a package: Ecstasy, the company, the music, the lights, the dancing. It's a tribal sort of experience, a ritual that depends on all of these things combined," Daniel explained.

The police don't try to stop the parties but sometimes search people on their way in, so some ravers cautiously swallow their tablet just before they arrive. When on a couple of occasions people were found with cannabis, they were taken down to the police station, cautioned and returned to the party by police car. It seems that, in view of their limited resources, the police regard the new rave scene as something to be tolerated. There has been no shortage of good E via the old established connections for scoring dope - friends club together to send someone to the city who buys in bulk and covers his or her costs and own E consumption rather than making a profit.

The conversion of Garston Bridge to Ecstasy was seen as overwhelmingly positive by the people involved, but as destructive by observers in another community some miles away. There the drug was enthusiastically taken up by some while others saw it as shallow and negative, even dividing some couples. Those in favour would point to the new sense of caring between people, while the others pointed to the break up of long-standing relationships that they felt were imperative for the welfare of the children. Nevertheless, Ecstasy spread to this and other neighbouring communities, albeit in a less intense way: parties typically have a few people taking E while others drink or smoke hash, with some people doing a bit of all three. A man who does not take E described how the 'openness and honesty' seem paper-thin to him: "It's over the top, all this display of affection and free expression. It doesn't feel real to an observer and actually alienates people, especially if, like me, you happen to have been on the receiving end of some pretty hurtful remarks". This view is supported by an experienced doctor who believes that openness and honesty only apply to new users.[\(161\)](#)

Looking back, it was commonly felt that Ecstasy had caused the biggest upheaval in Garston Bridge since the arrival of the first freak settlers. "I see it as middle-age crisis on a group level. We needed something to fill our lives as our children had done, and along came E," Daniel said.

### **Football Supporters**

Mark Gilman, a researcher who works for Lifeline, a non-statutory drug agency in Manchester, is conducting a study of drug use among young football supporters. Mark is using ethnographic methods, which involve socialising with the football supporters, and he witnessed at first hand their conversion from drinking alcohol to taking Ecstasy. His own account is included below.

The derby football matches, in which two teams from the same city play each other, are notorious for generating violent incidents. The Manchester derby is no exception. There is a long tradition of encounters between Manchester United fans and supporters of Manchester City resulting in trouble. Even when they are not playing each other there have been some fights

when the two groups meet in the city centre. If United have been playing at home, the 'lads' will meet up in a city centre bar to drink Saturday night away. If City have been playing away, their 'lads' will also make their way back to the centre of Manchester for a drink. It often happens that, sometime in the course of the night, the two groups clash and trouble follows. This occurs even though some of the men come from the same areas and are known to each other during the week. Saturdays are a special time when normal rules of behaviour are suspended.

The first derby game of 1989, which took place at Manchester City's ground in the late summer, was eagerly awaited by both sets of supporters, because Manchester City had been out of the first division for some time. Manchester United's lads met in a pub early on Saturday morning and proceeded to get 'steamed up' on alcohol in preparation for the events to follow. After several false alerts the United fans finally moved off from the pub at about 2.30 pm. By this time they numbered several hundred. Standing on a bridge that the United fans pass over on their way to the City ground, I looked back at the approaching horde. Their demeanour and presence was similar to those pictures you see of American GI's in Vietnam: they were moving at a semi-trot and psyching each other up for violence. When they reached City's ground, the United fans infiltrated the City end and the game was held up as police moved in to sort things out. Several arrests followed. After the game, sporadic fights broke out on the road to the city centre and in and around city centre pubs. All in all, it was a particularly violent day in a long history of violent days.

The corresponding fixture took place on a Saturday in February 1990. During the day a similar sequence of events took place, but this time the violence intensified, culminating in a running battle between United and City fans, which went on late into the night. During the battle, several pubs were smashed up and one young man was very seriously injured. An even more violent day in a long history of violent days.

The following season the kick off to the first derby game was brought forward to 12 noon. Despite an early drinking start this seemed to cut down on the trouble. By the time of the second derby, United had qualified for the European Cup Winners' Cup Final to be played in Rotterdam and nobody wanted to miss that by being arrested at the derby game, so it passed off fairly peacefully. The timing of the season's games largely neutralised the supporters' inclination to violence.

The first derby game in the 1991/92 season fell on a Saturday, but by this time something quite remarkable had happened. Many of the hard-core lads from both United and City had spent most of the summer dancing the weekends away to the sounds of house music at raves fuelled by the drug Ecstasy. They had done this together! They had got into a routine of meeting up at rave clubs and taking Ecstasy in groups comprising both United and City lads.

On the night of Friday November 15, 'derby eve', another traditional time for preliminary skirmishing, a group of United's lads were preparing for the game not with the traditional pub crawl followed by a visit to a beery night club but by attending a low key rave at a smallish club in a nearby town and taking Ecstasy. Having swallowed their tablets and gone into the club, the United lads grouped in a corner of the bar. There were about a dozen of them. As they sipped their drinks waiting to 'come up' on their Ecstasy tablets, they noticed a small group of City lads

with whom they had crossed many a sword.

One young man who was very new to the Ecstasy/rave scene, but something of a veteran of derby match violence, said that a shiver went down his back at the thought of what he expected to happen. "I thought - Oh no! - I don't believe this! Here I am, I've just necked an E; I'm just about to have the time of my life and it's going to go off [there's going to be a fight] with City," he said. "I'd only had E a couple of times then and I just couldn't imagine fighting off it - no way! Anyhow, X [one of the City lads] comes over and the last time I saw him he wanted to kill me and everybody like me. I thought, 'Hello, here we go,' and he just stands at the bar at the side of me and says; 'Well who'd have thought that we would be stood side by side the night before a derby game and there's no trouble in any of us. It's weird innit? It could never have happened before E'. Well I thought to myself, 'Thank Christ for that,' and I had a can of Red Stripe to get back into it. It wasn't a great night as nights on 'E' go, the DJ was shit and the club was only half full and most of them were bits of kids, but it was sound enough. The best part was when I went to the toilet to get a drink and cool down. I'm stood at the sink pouring water over my head from a pint glass and looking at the size of my eyes and up behind me comes X [the City lad] and he's buzzing his tits off [on Ecstasy] and he says; 'This is better mate. This is better!' And he was dead right it was better, much better. They even came back to this house where we go for a smoke [of hash] after the raves. I went home to bed about 5 am. and, as I lay there waiting to get to sleep, I couldn't stop thinking how right he was this could never have happened before E."

The next day the United fans met up around 9 am. as usual for the derby game. Obviously, some of them had had very little sleep. In fact some hadn't had any. They had just gone home for something to eat; a bath and a change of clothes. Although drinking alcohol was again prominent in the pre-match build up, it was challenged by, or combined with, taking hash and amphetamines.

As United's fans moved off, there were, as usual, several hundred of them. But from the vantage point of the same bridge I had stood on two seasons earlier, I could hardly believe that this group was largely made up of those same young men who had looked like they were about to go to war. This time they looked more like they were going to Glastonbury festival! Despite the protestations of some of the beer monsters who tried to drum up enthusiasm for trouble, this was a loose passive grouping; a rag-taggle army of Ecstasy-taking hedonists. They were looking forward to the night's Ecstasy. The match went off with hardly any trouble and afterwards United and City's lads once again danced the night away on, and in, Ecstasy. Just as the City lad said, it could never have happened without E.

In early 1993 Mark told me that the latest trend for this group of people is back to alcohol and, for the first time, cocaine ("You can hear the chopping in the toilets"). He believes this is partly due to the poor quality Ecstasy on sale [much contains no MDMA] which has put many users off the drug, and also because of overuse resulting in less empathic experiences. "E's mellow, there's genuine communion taking place, but coke's a selfish drug and alcohol goes with violence." That good atmosphere has been lost, but so many people miss it and hope it will return one day. In fact, the level of soccer hooliganism dropped to its lowest level for five years that year.[\(50\)](#)

## Chapter 6: The dangers of Ecstasy

**For more recent information on this topic, see Ecstasy Dangers, The Ecstasy Toxicity Debate, Pathology Paper, Psychological Dangers and Research in the USA on my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

The most likely danger from taking Ecstasy is consuming something else instead. In Manchester in the summer of 1993, all 13 tablets and capsules bought as Ecstasy turned out to be other drugs.(172) Some people have taken "Ecstasy" several times have never actually had MDMA. Although the quality was said to be improving during 1993-4, you can never be sure what you are getting unless it is from a batch that you know is good. Even dealers often have no idea what they are selling, and may not even know that "Ecstasy" means MDMA and nothing else.(175) See [Chapter 12](#) under Is it really Ecstasy.

What follows relates to MDMA.

There are several distinct ways in which MDMA can be dangerous, and as this is a very important issue, I want to look at each in turn. These can be divided into immediate, short term and long term medical dangers and psychological dangers, giving four categories. There is also the question of addiction.(12)

### Immediate medical dangers

There have been frequent stories in the press about people who have died from taking Ecstasy in Britain, and several cases are reported in the medical journals. By July 1992 The British Medical Journal was claiming "at least seven deaths and severe adverse reactions have followed its use as a dance drug." Dr. John Henry of the National Poisons Unit (attached to Guy's Hospital, London), who studied MDMA-related deaths in the period 1990 and 1991, found the cause to be heat stroke in every case. All the fatalities occurred at crowded parties and clubs where "sustained physical activity, high ambient temperature, inadequate fluid replacement can all reduce heat loss and the direct effect of the drug may upset the thermoregulatory mechanism."(51) By March 1993, the National Poisons Unit listed 14 deaths among people in whom MDMA was detected; 13 showed symptoms of overheating and one of asthma.(52) Fortunately, with widespread knowledge about the danger of overheating and how to avoid it, this cause of death has been nearly eliminated, while in America it is as yet unknown.(161)

In the United States, where the drug has been widespread for far longer, very few deaths have been reported and none of them are believed to be due to heatstroke. A study of five deaths associated with MDMA in the US showed that there were other probable primary causes of death in four of the cases, while the cause in the fifth case was not established. The report suggested that "people with cardiac disease may be predisposed to sudden death by taking MDMA."(53) The implication is that, rather than being toxic in itself, the drug made the users more vulnerable to preexisting conditions such as a weak heart. No cases of death due to overheating have been reported in the US.

Some people have attempted to explain this discrepancy by suggesting that poisonous additives may be the cause of death in Britain. However, this is not born out by Dr. Henry's studies or by samples analysed for the police.(54)

### Overheating

The most likely explanation is the way the drug is used: in Britain people often take Ecstasy while dancing for hours on end in very hot, humid raves without sufficient drinking water. The conditions at some raves could cause heatstroke even without a drug.(55) It has been suggested that a few individuals are particularly vulnerable to heatstroke, possibly because they have a tendency to develop a high temperature(56), though it is more likely that the conditions are to blame.(170)

Heatstroke is a well-known cause of death, but in other situations it only affects people who are pushing themselves to the limit(16) or are unable to escape from the heat. What is peculiar about Ecstasy-related deaths is that the victims appear to make no real attempt to cool down. This has been explained by ravers being in a trancelike state, but experiments with rats and mice show that overheating may be a more direct effect of the drug.(57) Researchers have examined the way rats respond to Ecstasy in very hot conditions. Without MDMA, the rats did their best to cool down by becoming less active and losing heat through their tails. But on MDMA they became more active and did not attempt to lose heat - as though they had lost the sense of being too hot - until they died of heatstroke. Similarly, rats in a cold environment made no attempt to keep warm when on MDMA. Experiments on mice show that MDMA is five times more toxic in crowded conditions than in isolation.(10, 12) This may help to explain why ravers die of heat exhaustion.

So how does overheating kill someone? Our body temperature (like that of other mammals) has to be controlled very precisely for us to function, which is why we use a thermometer to indicate when we are ill. If we get too hot, above 42 degrees C (108 degrees F), our blood starts to form tiny clots that stick to the artery walls. This is not usually a problem in itself, but the process uses up the clotting agent in the blood, so that there is nothing to prevent bleeding. There are always tiny cuts and scratches inside the body and brain which are due to the body constantly replacing worn out tissue with new cells, and normally these leaks are blocked by the clotting of blood so that you don't even notice them. But above 42 degrees bleeding is unfettered, and this is made worse by high blood pressure due to the speedy effect of MDMA and exercise. People can bleed to death in this way, and if bleeding occurs in the brain it can cause a stroke. When someone is bleeding internally, blood may run out of their mouth or anus.(30)

There are other ways of dying through taking Ecstasy, but they are unlikely to happen to normal healthy people. On MDMA, we can be more active without feeling pain or exhaustion; our temperature, sweating, blood pressure and pulse increase without the normal warning signs of feeling discomfort or exhaustion. It is not surprising that there have been cases of people with weak hearts or other medical conditions have died on MDMA, although there is no known reason why the use of MDMA should particularly affect asthmatics.(58) There is also a well-documented case in America of a healthy woman who took MDMA and nearly died for no apparent reason, implying that certain individuals may react in extreme ways.(59) Research suggests that some one in 12 people may be particularly sensitive to the drug for genetic

reasons.(178)

Other adverse effects that have been reported in the press - such as chest pain, confusion, memory loss and being unable to stand up - often originate from staff working in the casualty departments of hospitals. However, one doctor told me that he believes that drug users tend to say they've taken Ecstasy when they ask for medical help because they believe they will receive more sympathy, yet their symptoms often imply they have taken another drug.

In addition, a possible minor danger has been suggested, that MDMA use liberates 'oxygen free radicals'. These are normal in small quantities, and the body has a protective system for controlling their level, but large amounts may overwhelm the system and contribute to fatigue and 'mental dysfunction associated with sustained amphetamine abuse'. The problem can be solved by taking vitamins: 2-4 grams of vitamin C and 1,000 IU of vitamin E along with the drug, or treble these quantities to treat the effects afterwards.(36)

### **Medium term medical dangers**

In 1982 there were several reports of people who had contracted hepatitis or jaundice (both diseases of the liver) after taking MDMA several times(60); kidney damage has also been suggested.(30) The reports are based on the opinions of doctors without investigation or research, so they should be taken as potential rather than as established dangers. It is not known whether the diseases were caused by consumption of alcohol or other drugs(55), or whether the patients had weak kidneys or livers to start with. None of the cases were fatal. Such damage is not found in animal studies, and there have been no such cases reported in the US. The explanation may be that such damage was caused by a contaminant in a bad batch rather than the drug itself(127) , or that the kidneys were effected by dehydration.(200) There are, however, worries that Ecstasy may be harmful when taken with alcohol(62, 60) or amphetamine.(141)

### **Long term psychological effects**

One of the worst fears about Ecstasy is that it may be causing permanent brain damage to users without them being aware of it. It has been suggested that the drug destroys nerve endings or synapses(73), and that eventually users will suffer from depression and senile dementia - the loss of memory and confusion that affects some old people - but at a much earlier age. These fears have not been established. The most damning evidence concluded from a trial is that heavy MDMA users probably had slightly worse short-term memories, but were not depressed nor did they show any other problems that might effect their lives.(156) In another trial, the researchers discovered to their surprise that long term MDMA users scored better than non-users: they were "less impulsive, more harm-avoidant, and have decreased indirect hostility".(157) [More on this trial below under brain damage.]

Some people argue that damage may not show until old age. Serotonin levels decline with age, so MDMA use would exaggerate this decline. This assumes that some negative aspects of old age are linked to lower serotonin, but there is no evidence to support this hypothesis, such as MDMA having an adverse effect on old people.



## Long term brain damage

Evidence that MDMA causes brain damage is based on experiments with animals, mainly rats, although mice, dogs and apes have also been used. After the animal has been given the drug, it is killed and its brain sliced into sections for examination. Because there are billions of brain cells and they are very small, damage may be difficult to see, so various indirect methods have been developed to indicate whether and where damage has occurred.

The method most commonly used, because it is easiest, is to check the level of serotonin (5HT) within the brain cells and nerves several weeks or months after MDMA is administered. This is done by cutting out a section of the brain, extracting the serotonin and measuring it. Many prescription drugs lower serotonin temporarily. However, if the serotonin level fails to return to normal, it is inferred that the cells have been damaged and have allowed serotonin to escape. When serotonin levels take a long time to return to normal, this was interpreted as meaning that the brain was damaged but gradually repaired itself.(63)

Many trials deduced that MDMA was toxic because large doses lowered rats' serotonin levels. Also, researchers gave monkeys MDMA and found that their serotonin level was never completely restored, so assumed the monkeys' brains were permanently damaged, and this led to concern that the brains of humans may also be damaged.(63) The doses given were somewhat larger than normally used, but the effect of MDMA does vary according to the species(64) and humans tend to be more sensitive than animals.

News of this brain damage to animals caused a scare and contributed to MDMA being classified among the most dangerous drugs, but over the years doubts have grown as to whether the results were valid because this observed physical damage was not matched by psychiatric damage. There has not been a single confirmed case in the scientific literature which conclusively links MDMA neurotoxicity with behavioural or functional consequences; there is no evidence of damage in psychological tests on MDMA users, and no damage has been observed by psychiatrists using the drug on patients.(69, 70, 141)

In 1993, a chance discovery showed that much of the evidence about MDMA causing brain damage was based on a false assumption. Dr. James O'Callaghan, while trying to establish a standard way of measuring neurotoxicity, needed some rats whose brains had damaged cells, so he gave them MDMA. But, to his surprise, their brain cells were not damaged unless he gave them really enormous doses (over 30 mg/kg, the equivalent of taking 20 Es), twice daily for a week! He then looked into the previous work which showed nerve endings to be damaged by quite moderate doses, and discovered that the results were flawed. Instead of actually observing the damage, which involves a laborious procedure called 'silver staining', the scientists had made an assumption which turned out to be wrong: that a change in the amount of serotonin in the brain indicates damage. This assumption was made on the grounds that serotonin exists within brain cells, and that a reduction would occur if the cells were damaged. "It's rather like a hose pipe full of water," explained a researcher, "the scientists found it contained less water, so they jumped to the conclusion that the pipe was leaking without actually finding the damage".(71) Another research project showed that the toxicity of MDMA on rats depends on the type of cage they are kept in, casting further doubt on previous research.(177)

However, in 1994, the results of a 5-year research project on humans was published indicating permanent brain damage in people who consumed large, but not unusual, amounts of MDMA for several years.(157) The methods used were again indirect and although unsupported, must be taken seriously. Apes were given various doses of MDMA and their spinal fluid was examined, then they were killed and their brains examined for damage. By this method the researchers found 'markers' for brain damage in spinal fluid. Assuming similarity between humans and apes, the spinal fluid of MDMA users indicated that their brain cells that produce serotonin had died back. In apes, most of these grew again, but did not produce as much serotonin. The researchers then looked for signs of damage to those with supposedly damaged brains through psychological tests, but to their surprise found that MDMA users actually did better than non-users! In the media this was either ignored or passed off as due to people with milder personalities gravitating towards MDMA in the first place.

Other researchers have criticised the conclusion that there was physical damage caused, saying that the assumption about spinal fluid indicating damage was not justified. Also, there is an alternative explanation: that the MDMA users had lower serotonin levels in the first place and that no damage was caused. In conclusion, although there is strong evidence that MDMA is physically neurotoxic(143), any damage caused to the brain does not appear to affect its function negatively, the only evidence so far being that the change is beneficial.(194)

Other evidence that the damage to serotonin-producing brain cells is unlikely to harm the brain's function is that the drug fenfluramine, which causes similar damage to MDMA has been used as a prescription drug for many years without reports of harmful side effects.(26, 64, 65, 66, 70, 137, 141, 154, 157)

Quite apart from physical damage to brain cells, another cause of concern is that constantly lowered serotonin levels may eventually cause psychiatric problems such as depression. However, drugs of the SSRI (Selective Serotonin Reuptake Inhibitor) type such as Prozac (fluoxetine)(47, 137, 148), now widely prescribed as mood elevators, also cause long term reduction in serotonin levels and are considered harmless.(30, 67, 68, 137)

This is not evidence that Ecstasy is safe; only that some (widely publicised) evidence against it is unreliable. My conclusion is that using a lot of MDMA for many years probably does damage brain cells, but without causing psychiatric problems and may actually have benefits. However, even if the effects appear beneficial, there is obviously a risk in making any permanent changes to one's brain, especially when the process is not fully understood.

## **Contaminants**

Another danger is that what you bought as E is mixed with a poison of some kind, or an addictive drug like heroin. Although this is a possibility, it doesn't appear to happen. Dr. John Henry of the National Poisons Unit looks for poisons in the blood and urine of people who have died or are seriously ill after taking drugs, and says he has not come across any such cases.(51) However, he has come across Paracetamol, Codeine, Amphetamine, MDA, MDEA, Ketamine, Tiletamine and LSD.(152) Dr. Les King, who analyses suspected drugs seized by the police at

the Aldermaston forensic laboratory has never come across (or even heard of) poisonous additives to Ecstasy, although he does not specifically test for them.(54)

In Holland, where the government has a far more liberal attitude, people are employed to buy drugs sold on the street in Amsterdam. They are analysed and the results are then made public. Once again, poisons and addictive drugs have not been found mixed with drugs sold as Ecstasy.(21)

So why do these rumours persist? Much of the Ecstasy sold is not MDMA(172, 175) so that users get a different effect than they expected. Also, many users are unaware that even pure MDMA can have unpleasant effects in some situations. Most users just want to have a good time and don't believe they have any psychological problems, so it is more acceptable to explain unpleasant experiences as being due to poisons. They report a terrible headache "like rat poison"; the media report it as being rat poison and other users believe it.

### **Psychological dangers**

**For more recent information on this topic, see Psychological Dangers of Ecstasy on my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

In my opinion, there is a far greater risk of damaging the mind than of damaging the body through taking MDMA. While scientists argue about whether there is any evidence of physical damage, instances of mental damage are easy to find. Just as I have witnessed people whose lives appear to have been enriched by MDMA, there are others whose lives have got worse, if not actually been ruined as the tabloid papers would have it. Ecstasy has a profound effect on many people, and this is not always for the better. People may be pushed into taking Ecstasy by peer group pressure, and be made to feel inferior if they do not enjoy it. For instance, some people will claim that Ecstasy can do nothing but to bring out your true personality by removing 'blocks' or defences. While this may be true in a sense, there are many perfectly sane people who do not feel liberated by taking MDMA, and, for whatever reason, they do not enjoy it.

There are also those who do enjoy the drug but suffer from the psychological effects. Very often this is from taking too much too often, resulting in paranoia and depression. Others simply find that everyday life is boring by comparison, and lose motivation.

It is difficult to identify these dangers without further research, as there are always other factors involved with psychological problems, for instance other drugs. The stories I have heard about people whose lives have been 'screwed up' by Ecstasy have always involved taking large amounts or taking other drugs as well. In addition, there are the stories of first time users who have 'flipped'; I don't know of any personally, but it seems likely that these were unstable personalities. More research is needed; the results could prevent mishaps in the future.

### **Addiction**

A drug is considered addictive if physical withdrawal symptoms occur when a regular user stops taking it. MDMA is not addictive by this definition, and in fact has a built-in barrier against

frequent regular use - it rapidly produces tolerance while providing more side effects.(34) Whereas you can get drunk every night on alcohol, MDMA soon ceases to work. The pleasant effects become less and less, and after less than a week's daily use of MDMA they disappear completely while the amphetamine-like effects increase.(37) It is then necessary to stop taking MDMA for several days before you feel good on it again, and to get the full effect may take several weeks. Frequent use is almost unknown in the States, where Ecstasy has been noted as unique among recreational drugs in that it is not taken repeatedly.(69) However, many British users do, in fact, take MDMA every weekend and try to overcome tolerance by increased doses while putting up with the poor quality of the effects.

There are many regular users who rely on Ecstasy to make them feel good, and who feel depressed and lacking in motivation except while enjoying its effects. Others simply find that life is dull except when they are on it. I have even heard of a man who can only function normally when he is on Ecstasy.(75)

Most hard drug users do not like Ecstasy.(76) However, the Drug Enforcement Administration in the US carried out experiments which they interpreted as indicating potential for abuse: they found that cocaine-addicted monkeys would 'reinforce themselves with MDMA'.(12, 141)

### **Overdosing**

The effect of taking several Es at once is to produce an amphetamine-like effect - "a jittery, anxiety-provoking high".(5) Some users take Ecstasy specifically to achieve this sort of effect, but they are said to be switching to amphetamines.(13) It is likely that taking large and frequent doses is bad for you(77), although one man is said to have taken 42 tablets yet only suffered a hangover(51), and a personal account is included of a woman who says she survived taking 100 at once.(appendix 2) Ecstasy and amphetamine are more toxic when taken together.(180)

Although there is no specific evidence that overdoses cause permanent damage, there is certainly a high risk that they do.(12, 63, 74) This may be reduced by taking fluoxetine (Prozac)(147, 148, 176), even several hours afterwards and perhaps also by taking vitamins.(36)

For medical treatment see reference (180) (or ring the National Poisons Unit on +44 (0)71-955 5000)

### **Does Ecstasy use lead on to other drugs?**

Ecstasy and opiates have little in common, hence junkies do not find that MDMA satisfies their needs.(76) Social workers with a broad experience of drug users believe that it is unlikely that MDMA users will go on to addictive drugs because junkies are a separate social group.(42) Rather than being regarded as romantic antiheroes, the typical Ecstasy user sees them as "old and smelly"(78), and is strongly anti-heroin.(79) However, MDMA has been referred as a 'gateway' drug to the hallucinogens(135), and there is some evidence to this effect.(26, 40) One user has suggested that 2CB forms a bridge for Ecstasy users to cross over into the world of psychedelics.(138) Besides, Ecstasy users do generally take other drugs, especially amphetamine, LSD and cannabis.(78)

## Risk of death

**For comparisons with horse riding and fishing, see Ecstasy Dangers my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

There are two ways of looking at the risk of death from taking a drug. The first is to compare the total number of people who have died with the total number of doses taken. This gives you the risk of death per dose, such as one in a million.

The second is to compare the number of people who have died in a year with the number of people who consume the drug. This gives the risk of death per year as a result of taking the drug.

In both cases, two figures are needed: the number of people taking the drug and the number of deaths resulting. These are examined below.

### How many deaths are due to Ecstasy?

Surprisingly, this is not easy to answer. The official British Home Office figures are so out of date as to be useless, although officials guess that the present total figure is somewhere between 10 and 20.(80, 81)

The National Poisons Unit put the present figure of known confirmed Ecstasy-related deaths at 14 for the period January 1988 to July 1992.(52) These are fatal cases where MDMA was found in the victim's blood or urine, but it is not necessarily implied that MDMA was the cause of death. Their list is not comprehensive.

Newspaper reports up to March 1993 blame Ecstasy for the death of 17 to 22 people(82), but these figures cannot be trusted. The main reason is that 'Ecstasy-related death' is often mistakenly taken as meaning that MDMA was the cause of death, rather than that the victim was known to have taken MDMA but the cause had not been established. Even the 'quality' newspapers and medical journals cannot be trusted ([see chapter 7](#)).

In the USA, an examination of the deaths of five people who had taken Ecstasy showed that other potentially lethal medical factors played a major part. Although MDMA was found in the victims' blood when they died and may have contributed to their death in some unknown or indirect way, in four cases there was an explanation for their death which was not related to taking MDMA.(53) The fifth death may also have been due to other causes.(26)

An organisation called DAWN (Drug Abuse Warning Network, part of the National Institute of Drug Abuse) collects reports of illicit drug use from hospital casualty departments all over the United States.(22) Whenever someone turns up at an emergency room and a drug is involved, either found on the person or in their blood or urine, or even if a patient comes in with a problem and mentions that it is drug-related, a report is sent to DAWN besides reports from postmortem examinations when drugs have been detected. These reports are analysed and figures are published for all drugs that are reported over 200 times in the past year. Although 138 drugs are listed, Ecstasy has never been included. DAWN publishes a separate list of drugs that have

caused more than 10 deaths, but again Ecstasy is not included. The figures imply that there is no general medical cause for concern over MDMA use: though there are mishaps, these are rare. Indeed, there are well over a hundred other drugs that cause more problems. Even if the number of problems due to MDMA were increased in proportion to usage in Britain, there would still not be a significant number.

In conclusion, it seems likely that, apart from very rare incidents, the deaths in Britain as a consequence of taking MDMA is limited to those who died of heat stroke, of which 14 cases are known to date. The worst annual figure was that for 1991 with seven confirmed Ecstasy-related deaths known to The National Poisons Unit.(52)

The number of people in the UK who take Ecstasy has been discussed in [Chapter 5](#). An educated guess is that the number lies between one and five million. How often users take the drug is also open to guesswork. A London survey showed that a third of users took Ecstasy at least once a week, while a minority binged on 10-20 over a weekend. This would imply that average usage among this sample was somewhere in the region of 25 a year, although this may not be typical.

Taking the worst figure of seven deaths in 1991 and assuming there were only 1 million users, the risk of dying from using Ecstasy would have been 7 in a million or 1 in 143,000 per year. If users take an average of 25 Es a year, then the risk of death on each occasion is 7 in 25 million or 1 in 3.6 million.

To put this into perspective, if you take five rides at a fun fair you run a risk of 1 in 3.2 million of being killed through an accident.(83) Some sports are obviously dangerous, such as parachuting which kills 3 in 1000 participants per year. Even skiing in Switzerland is risky - 1 in 500,000 are killed.(84) If you play soccer, every year you run a risk of 1 in 25,000 of being killed. But if you stay at home instead of going out you still aren't safe, since the risk of being killed through an accident at home is 1 in 26,000 a year!(16)

Many prescription drugs carry a high risk, including some you can buy over the counter without prescription. For example, over 200 people die from taking Paracetamol in Britain each year, more than ten times as many as die from MDMA.(30, 162)

Many people will argue that these figures are meaningless as they are based on guessed statistics. Suppose the figures distort the results ten times over, the risk of dying through taking Ecstasy is still smaller than taking part in a wide range of acceptable activities. It has been said that more people would die if alcoholic drinks replaced Ecstasy at raves.(55) Moreover, if ravers and organisers took the appropriate steps to avoid overheating the risk would be negligible.

### **Permanent damage to health**

It is often argued that MDMA has never undergone the rigorous trials demanded of a prescription drug, and therefore carries more risk. The counter argument is that MDMA has been tested by many millions of people over the past twenty years, and that this is a far more stringent trial. It is true this has been done in an indiscriminate way and without controlled conditions, but with such an enormous sample, evidence should have come to light by now if the substance is

toxic. Since it has not, it seems fair to conclude that, although there may be unknown damage caused, the risk is no greater than taking a new prescription drug.

### **Temporary damage to health**

Taking Ecstasy often causes fatigue simply because of the increased metabolic rate - the body and mind 'live faster' and you wear yourself out. To this must be added fatigue caused by whatever you are doing on E, such as missing a night's sleep, dancing for hours on end and not eating. Taking booster doses or any other drugs cause extra fatigue(62), and the exhaustion due to two drugs taken together may be greater than adding the effects of taking the drugs separately. Again, for people who are not healthy this extra exhaustion could affect them badly, and for someone on the verge of being ill this might be the 'straw that breaks the camel's back'. There are also indirect dangers of taking Ecstasy. These include taking something else you thought was MDMA and taking depressant drugs to reduce the effects of taking 'too much too often'.(77)

One study has put the risk of ending up in the casualty department of a hospital at 23 per 100,000 rave attendances. The majority of the sample studied discharged themselves after being given treatment for racing hearts. None of those who had taken Ecstasy alone needed further treatment, the rest having taken a variety of other drugs at the same time.(85) This compares to the risk of injury while on a skiing holiday in Switzerland, which is 3% or 3,000 per 100,000.(84)

### **Catching colds and other infections**

It's often said that taking Ecstasy affects your immune system, making you more likely to catch a cold afterwards. I have not found any evidence to support this, but it is common medical knowledge that you are more vulnerable to disease when you are exhausted, and that a hot sweaty environment is ideal for transmitting viral infections.(40) Add to this that many people make skin contact while on Ecstasy, and it is not hard to see that while MDMA may not directly affect the immune system, its use drains one's reserve of energy and this may indirectly make you more susceptible to colds and other infections.

### **Social dangers**

A very real danger of taking Ecstasy is that you may do or say something you will regret, or that will upset someone else. This may be trivial, such as embarrassing some member of the public by your lack of inhibitions, or as serious as causing an irreparable rift; for instance, by telling your father that you have never respected him. There is also "a tendency to call up ex-lovers and casual acquaintances and tell them how much you love them".(7) Another danger is 'inappropriate emotional bonding', by which is meant falling in love with the person you are with,(43) although the same source also claims that "whatever you choose to create will be a perfect and appropriate choice." Acting on impulse while under the influence can also be a mistake - although insights can be made on Ecstasy, so can mistakes.(86) A quite different kind of danger is that using Ecstasy makes people into criminals just as happened with drinkers under Prohibition in the USA, and reduces their respect for the law.(77, 13)

## Chapter 7: The Law

In the seventies, there was concern about a new type of drug, hallucinogenic amphetamines such as MDA and MDMA, which had not yet reached Britain. With a tradition of being more prohibitive than other countries, the British government tried to forestall trouble by classifying the entire chemical family as Class A drugs; the most restrictive category carrying the highest penalties. This was effected through the Misuse of Drugs Act 1971 (Modification) Order 1977 (SI Number 1243). So, although prohibition dates from 1977, MDMA is a controlled drug under Class A of the Misuse of Drugs Act 1971. Class A includes all compounds structurally derived from an N-alkyl-a-methylphenethylamine by substitution in the ring with an alkylendioxy substituent, and this includes MDMA and its salts. Parliament may move drugs to other classes after consultation with or on the recommendation of the Advisory Council on the Misuse of Drugs, whose purpose is to keep under review the situation in the United Kingdom.

The British government is a signatory to the International Convention on Psychotropic Substances which requires member nations to make laws to control specified drugs. In spite of objections from the chairman of the Expert Committee, the Convention issued a directive to outlaw MDMA in 1985, but "urged countries to use the provisions of article 7 of the Convention on Psychotropic Substances to facilitate research on this interesting substance."<sup>(15)</sup> Although the British law against MDMA was made before this, the Act does allow for Class A drugs to be used for research.<sup>(87)</sup>

### Penalties

The maximum penalties that may be passed by any court for drugs offences are set through legislation. Courts have a wide discretion on what penalty to impose provided that they do not exceed the maximum. They must act judiciously and not arbitrarily, and they must take note of the Court of Appeal's guidelines. It may be possible in practice to persuade a court to pass a lighter sentence for an offence involving MDMA than the court would have passed had a quantity of heroin of the same value been involved, but the Court of Appeal has always held that no distinction should be drawn between the various types of Class A drug, it being for Parliament (as advised by the Advisory Council on the Misuse of Drugs) and not the courts to classify drugs.

For offences involving Class A drugs, the maximum penalties are as follows:

1. Life Imprisonment and/or unlimited fine for production, supply, offering to supply and possessing with intent to supply besides confiscation of assets (except for assets that you can prove were not the result of supplying drugs).
2. Fourteen years imprisonment for allowing premises to be used for producing or for unlawful prescribing
3. Seven years for possession.

For any of these offences, the Crown Court has power to impose an unlimited fine in addition to



or as well as imprisonment. If a magistrates' court hears the case, the maximum is six months' imprisonment and/or a fine of up to \$5,000 for any offence in relation to Class A drugs.

All courts have power to impose sentences such as community service or probation instead.

The Court of Appeal's guidelines (as laid down in the Aramah and Bilinski cases) for offences other than simple possession involving Class A drugs are, briefly:

1. Fourteen years for importation involving a street value of over \$1m
2. Ten years for importation where the street value is between \$100,000 and \$1m
3. Four years for the importation of any appreciable amount
4. There may be a considerable reduction in penalty if there is a confession of guilt coupled with considerable assistance to the police
5. Three or more years imprisonment for supply.

The Magistrates' Association sentencing guidelines suggest a fine of 30 units for possession of a small amount of a Class A drug in contrast to a Guidelines fine of 4 units for the possession of a Class B drug. The value of a unit depends on the offender's means and can be between \$4 and \$100. 30 units represents a fine of between \$120 and \$3,000. When someone is found in possession of more than a "small amount" of a drug (which is not defined), the guidelines recommend a community sentence, custody or committal to the Crown Court for sentence.

Precursors (chemicals that may be used to make MDMA) are controlled under section 12 of the Criminal Justice (International Co-operation) Act 1990 which was enacted following the signing of the Vienna Convention Against Illicit Traffic in Narcotic and Psychotropic Substances. This makes it an offence to manufacture or supply a scheduled substance knowing or suspecting it to be used in the unlawful production of a controlled drug. The maximum penalty for this offence is 14 years imprisonment.

### **How the law is applied**

The way you will be treated for a drug offence depends on whether you are considered to be a dealer or carrying drugs for your own use. Dealers are charged with 'supply' or with 'possession with intent to supply' while users are charged with 'possession'. However, you will be considered to be a dealer, and charged with supply, if you pass on drugs to other people. It makes no difference whether you have made a profit, or if other people asked you to obtain the drugs for them. Even a gift to a friend of a single tab of Ecstasy makes you guilty of 'supply'.

The fact that MDMA is a Class A drug means that you will probably be given a higher sentence than you would for a Class B drug such as amphetamine - particularly if you are accused of dealing.

## Possession

If you are caught by the police with one or two pills, what happens to you depends very much on chance. The luckiest outcome will be if the police happen to be overloaded or concentrating on arresting a gang, when they may just confiscate the drugs and let you go. Normally, they will arrest you and take you to the police station. About half those arrested for possession are simply cautioned(88) and let go, and this is more likely to happen in a big city, particularly London. You are also more likely to be cautioned if it is your first offence, if you have nothing else of a suspicious nature on you and if you look innocent. You can only be cautioned if you admit the offence (such as that you were in possession of an illegal drug).

In Scotland, cautions are seldom given, but, if found guilty of possession of a small amount and you have no previous convictions, you stand a good chance of 'admonishment' - no penalty on this occasion, but more severe penalties on a further offence.

Fines are applied following the unit system; the court first has to decide on what fine to give in terms of a number of units, then work out the fine according to your 'disposable income'. However, a lot depends on luck, with small country courts giving the highest penalties whereas elsewhere fines as low as #15 are not uncommon. For second offences, the range is about #25 to #130 and increases with further previous offences. People caught with other drugs on them or who have committed other offences are likely to face heavier fines or imprisonment.

## Supply

If you are charged with supply, your case will almost certainly be heard at a Crown Court. Imprisonment is the usual penalty on conviction unless your barrister persuades the court that you are not a dealer but simply supplying friends. Sentences vary from 18 months to 5 years in most cases; again, chance plays a big part. Besides the quantity, being found with several different kinds of drug or a lot of cash will go against you, so will evidence that you were seen trying to sell drugs or that someone suffered as a result. Image counts too - if the court sees your trade as part of a ruthless operation rather than that of a naive individual, then you are in trouble.

## What to do if you are arrested

Do not resist, make notes of exactly what happens, and ask for a solicitor. If you cannot make notes on paper, then memorise events as best you can until you have the chance to write down what happened.

The reason for making notes is that the police quite often make mistakes in procedure which can be used to your advantage by your solicitor. Resistance may be interpreted as implying guilt, and you may also be charged for another offence.

Assistance from a solicitor is free to suspects held by the police, but you may have to wait in a cell, sometimes for a long time. The advantage is that a local solicitor will know the police and will be able to give you the best advice. This is particularly useful if the police are trying to strike a deal with you.

This is quite common. A typical offer might run: "You confess that the pills are Ecstasy, and I'll ask my supervisor to caution you and that will be the end of it". The pledge will usually be kept, but it has been known for suspects to be double-crossed. Once you have confessed, the policeman may come back and say, "Sorry, but my boss has decided to charge you all the same". The underlying reason for this is that if you confess, the police need not have the drug analysed, which can take up to 3 months.(89)

### **Searches and warrants**

**Warrants.** If the police arrive with a warrant, read it, ask for a copy and note what they do on your premises. Don't resist, the only way you can help yourself is to cooperate but object to any incorrect procedure later. **Search.** The police must have 'reasonable cause' to search you, and that does not include the mere fact you were in a place where drugs were on sale. Ask what their reason is for searching you and note what they reply. If the reason is not good enough, then the evidence so obtained should not be used against you.

Searches may include a strip search. An 'intimate search' is only admissible if there is reasonable cause to believe you are supplying Class A drugs - intimate search is not allowed with people who are suspected of possession. Possession suspects who are subjected to an intimate search could charge the police with assault, or with indecent assault if the police search the genitals or anus. 'Intimate search' means looking inside any part of the body, including the mouth and ears.

### **Blood and urine tests**

You cannot be compelled to give samples except in traffic cases. However, the fact you have refused to give a sample may be used as evidence against you.

### **Police policy trends**

There is a trend towards giving cautions instead of prosecuting for the possession of drugs; but this seems to be mainly due to pressure on police testing facilities.(89) What is worrying is that there still seems to be no recognition in Britain that MDMA is far less dangerous than heroin, for instance, whereas in Holland there has been a recommendation to move MDMA to a lower category.(90)

Another worrying trend is that there is a movement within the police to turn attention to users rather than dealers.(91) The idea - expressed by Commander John O'Connor of the Metropolitan Police in a recent report - that the policy of arresting dealers has failed and should be replaced by a drive on arrests of users, would involve thousands of arrests. It also conflicts with recommendations of sociologists in the field.(33) However, the lack of resources may prevent this from becoming policy.

Raves, along with New Age Travellers, have come in for particularly vindictive treatment, with some police forces declaring: "Raves will not happen, legal or otherwise."(171) Concern about falling alcohol consumption and pub attendances by young people may put pressure on the

authorities to clamp down on raves.(159)

I was also worried by the lack of interest in harm reduction on the part of the policemen I interviewed. I feel that it would earn the police a great deal more respect if they were seen to show some caring for ravers instead of being seen as persecuting them.

## Chapter 8: Ecstasy and the media

**For more recent information, see *British Media Scare and Ecstasy Dangers* on my site *ecstasy.org* online in both [North America](#) and [Europe](#)**

At an international conference on drugs sponsored by the British government in 1992, the TV and radio presenter Nick Ross was asked whether he thought the media got the right type of message across to young people.(92)

It depends what you mean by the right type of message. I think it puts a very antiseptic message across. I suppose if we were to tell the truth, we would point out that many drugs are fun. They give you an extraordinary sensation of exhilaration, of excitement, of energy, of capacity, calmness, insight, escape, relief and pleasure - above all, pleasure. That's why so many people take them. Again, if we take a less antiseptic approach we would say that very, very, very, very few youngsters who get involved with drugs will become addicted to them or have serious problems with them. Far more of them will die or become seriously injured through road traffic accidents.

But you wouldn't allow us to say that. And I'm not sure that being honest is really what society asks of the media. I think that what we are being asked, under a rather fraudulent umbrella of being candid, is to carry a PR message. My experience of doing programs in this area is that the closer you get to the street and the more you talk to people who actually work in the area, the less concerned they are to hear this PR message and the more they want us to say the sort of things that, at the moment, I think we fail on. We are not saying some of the true things.

Remember that the constituency of drug users is a very broad one. We are not just talking to the one person who has one view of life. We are talking to millions of people almost all of whom have dabbled with addictive substances. Not only the substances that are illegal, but the substances which are legal. This is the complexity of it. I'm not sure society wants us to talk about it all that elaborately. It likes the simple message: 'Drugs are there, they are bad, they are criminal and you shouldn't go near them'. I think that we do that message pretty effectively.

It is easy to justify this position by saying that the government made Ecstasy illegal to protect its citizens. The argument goes: 'We, the responsible media, should not encourage people to break the law or harm themselves. However, there is a lot of interest in the subject, so we must report it. Therefore, we will edit our material so as to cut out anything that might encourage people to break the law.' This may sound alright, but the fact is that you cannot tell the truth when you leave out one side of a story.

### **Press scare stories**

Even the 'quality' newspapers and medical journals do not report on Ecstasy fairly. In October 1992, The Scottish Medical Journal (and later The British Medical Journal) published an article entitled 'Ecstasy and Intracerebral Haemorrhage', where a case is described in which a 20-year-old man died after 'his drink was spiked with Ecstasy', and three others who had survived.<sup>(93)</sup> As the symptoms appeared to me more typical of amphetamine than of MDMA, I wrote to the author of the report asking how much MDMA was found in the patient. He replied: "Unfortunately no assays for MDMA or related substances were made in any of our cases." In other words, he had done no tests and had no hard evidence that Ecstasy was involved at all.

Despite the lack of evidence that MDMA was involved, the case was picked up by various newspapers including the Glasgow Herald, whose medical correspondent reported under the headline "Highlighting the dangers of Ecstasy". The article had an authoritative tone and stated unequivocally that the cause of death was Ecstasy, while implying that the drug was known to cause serious brain damage. The article mentioned an "epidemic of use" and referred to patients in psychiatric care as a result of taking Ecstasy, inferring that psychological damage was due to a similar physical cause.

### **The Times**

In October 1992 The Times commissioned me to write a front page feature on Ecstasy for the Saturday Weekend Times. I warned the editor that my conclusions were likely to be far more positive than any that had so far been published, and made it a condition that I would only go ahead if I could be sure that the piece would not be edited in a way that altered the sense or made me look silly, and the section editor, Jane Owen, agreed. I was very pleased as I felt sure that a positive article in The Times would carry considerable influence.

Eventually I was told that the editors were very pleased with the piece I wrote. It was a serious article addressing the question of toxicity based on references to the latest research, and concluded that the case against the drug is not proven. Yet it was never published - the paper seemed more concerned with not upsetting their establishment readers than publishing the truth.

Then, shortly after my article was due to appear, The Times included the following piece by Dr. Thomas Stuttford in the Medical Briefing column:

### **A thirst for Ecstasy**

Ruthless rave promoters are allegedly restricting the supply of water to dancers rendered overpoweringly thirsty by the drug Ecstasy, so that the revellers may be persuaded to buy more costly drinks. At the same time, it has been reported that several would-be nannies have been sacked from the Norland Nursery Training College for experimenting with the drug.

Both ravers and emergent nannies should read the British Medical Journal editorial by Dr. John Henry, consultant physician at Guy's, on the pharmacology of Ecstasy, a drug first patented in 1913 as an appetite suppressant - and rejected for this purpose. . .

This was particularly annoying as my article had contained the following: Dr. Henry of the National Poisons Unit at Guy's Hospital, London, the researcher most quoted in alarmist reports, has been accused by one of his own sources of a misrepresentation of the facts. In a recent article in the British Medical Journal (MDMA and the Dance of Death), Dr. Henry claims that MDMA has no therapeutic potential. To support his argument he refers to a study by Dr. Greer where 29 volunteers were given the drug by psychotherapists and "All 29 experienced undesirable physical symptoms. . ." including nausea, stiffness and sweating.

In a letter in last month's BMJ, Dr. Greer accused Dr. Henry of omitting the positive results of this study. "Eighteen of my subjects reported positive changes in mood after their session; 23 reported improved attitudes . . .

Subsequently, I offered the article to all the 'quality' national daily papers, but each one refused it. Eventually, it was published in Druglink, a 'trade' magazine for workers in the field. Though few people will have read it there, I felt validated in that the editor satisfied himself of its accuracy by checking up on the many references made in the article to published scientific papers.

An idea of the attitudes of editors can be seen by the following correspondence in March 1994:

To the Editor of Reader's Digest

Dear Sir,

Forthcoming article on Ecstasy

As author of the most popular book on Ecstasy, I was recently telephoned by a researcher in connection with an article that you have commissioned on the subject.

I saw the article you published last summer on Ecstasy. While the facts may have been correct, the article was grossly misleading, giving the impression that those who take the drug run a serious risk to themselves. Of course all activities carry risk. But those who go skiing and horse riding run a far greater risk to their life and health. The risk of taking Ecstasy compares to that of going to a funfair, and is equivalent to that taken on a short journey by car. Though only time will tell, evidence to date indicates that Ecstasy users damage themselves less than those who drink alcohol or smoke tobacco.

In fact, practically all of the deaths attributed to taking Ecstasy have been due to overheating or mixing with other drugs (including alcohol). Over the past year, while Ecstasy use has increased, the number of casualties has declined markedly. This is due to information reaching users via leaflets such as Lifeline's Peanut Pete series of comics, and Greater Manchester's Safer Dancing Campaign which aims to save users from overheating - and to a lesser extent, my own book.

I hope you will publish a more enlightened article, and one which contains the information necessary for users to prevent damaging themselves. You could well base it on the success of the Safer Dancing Campaign which has undoubtedly saved several lives.

I suggest that you take note of the reasonable tone of the recent Newsweek article (copy enclosed). I also suggest that you ask your researchers to obtain a copy of the latest book on the subject written by a doctor and a sociologist, just published this month. It is *The Pursuit of Ecstasy* by Dr. Jerome Beck and Dr. Marsha Rosenbaum published by the State University of New York Press, which gives an up to date overview of the topic.

I do not expect mention of my own book, but I would recommend that your researcher reads a two-page feature on it in *The Guardian* 7/9/93.

Yours faithfully,

Nicholas Saunders

Dear Mr. Saunders,

I have received your letter and I have no intention of publishing an article along the lines you suggest. I stand by every word in our timely warning in the article "A Deadly Kind of Ecstasy".

Yours sincerely

Russell Twisk, Editor-in-Chief.

When the first edition of this book came out I was rang up by a breakfast TV show and invited to talk about it. I was ushered in to the studio and sat on a couch next to the parents of a boy who had died, so they believed, from taking Ecstasy. Although he had committed suicide which seemed most unlikely to be caused by Ecstasy, I was their scapegoat. I was put in an impossible position: I could hardly accuse grieving parents of unfairly blaming their own failure on a drug, and had to put up with the father shouting at me: "Have you ever held a warm, dead body of someone you loved from taking Ecstasy? Then you don't know what you are talking about." There was no doubt who was the baddy; I was set up.

Then I was interviewed for a BBC London radio programme. The interviewer encouraged me to talk about all the positive aspects of the drug, and an assistant congratulated me afterwards for coming out with the truth. Then he said he wanted some background, and as I didn't know what he meant I dithered and contradicted myself - and this was the only part of the interview that they broadcast! As a result, I insisted on going live on the next interview (with Radio Leeds). I wrote

down answers to questions and, like a politician, said them even if they didn't fit the question!

Tabloid newspapers said the book should be banned, and a Dublin newspaper used its entire front page to say so. But some papers did support the book, and when The Guardian published a two-page feature in favour I felt vindicated.

### **Chapter 9: Psychotherapeutic use in Switzerland**

The most extensive use of MDMA in psychotherapy has taken place in the USA.(135) However, when the US government outlawed the drug in 1986, this practice was pushed underground.(129, 134) The US Drug Enforcement Agency also requested the World Health Organisation (WHO) to include MDMA in the International Convention on Psychotropic Substances and so make the ban world wide.(94) The WHO appointed an Expert Committee to make recommendations to member nations, and these included a recommendation to follow up preliminary findings that MDMA had therapeutic potential.(15) Although Switzerland is not a signatory to the Convention, the Swiss government was impressed by this clause and decided to be guided by its recommendation. In December 1985, a group of psychotherapists in Switzerland obtained permission to use psychoactive drugs in their work including MDMA, LSD, Mescaline and psilocybin. They formed The Swiss Medical Society for Psycholytic Therapy(95), and besides treating patients with these drugs, members take one of the drugs together at twice yearly meetings. The word 'psycholytic' means 'mind-dissolving'.

Originally five members, all fully qualified practising psychotherapists, were licensed to use the drugs with their patients, and they were allowed a free hand without government interference until the summer of 1990, when a patient died while under the influence of Ibogaine, the psychoactive root of an African plant. Although Ibogaine was not illegal, the therapist involved was severely criticised for his conduct: he had administered the drug in France, where his license was not valid, and he had failed to screen his patients for health problems. The incident was a disaster for the Society: all its members were subsequently banned from using psychoactive drugs.

After a year and much diplomacy, permission was restored for the remaining four therapists to use MDMA and LSD, but with severe restrictions. They were only allowed to use these drugs with existing patients until the end of 1993, and under the observation of a professor at the University Hospital in Basle. The professor has made it clear that, although the therapists appear to have treated many patients successfully, their reports are regarded as anecdotal because treatment has not been conducted within the context of a scientific study.

### **Comparative study**

This has prompted Dr. Styk to plan a comparative study examining whether psychotherapeutic treatment is more successful if it includes the use of psychoactive drugs. If the results of this study are positive, he will use them to support his application to extend licences.

The study will compare two methods of treatment: 'meditative' therapy combined with



psychoactive drugs and breathing techniques combined with body work. Dr. Styk intends to use as subjects patients suffering from lifetime depressive neurosis, obsessive-compulsive behaviour and, possibly, eating disorders; conditions for which he believes treatment with MDMA and LSD is particularly suitable.

He will take on twenty patients of each type and treat them all himself, using a random method to select the ones to be treated with and without drugs. He will then study and report on the progress of both groups for one to two years. In addition, Dr. Styk will also present the authorities with a dissertation on past case histories. This is being prepared from the licensees' notes by a psychiatrist who has not used psychoactive drugs in his work.

Dr. Widmer believes a more confrontational approach to licence renewal should be taken. Rather than trying to appease the authorities, who he believes make their decisions on political grounds rather than clinical results, he wants to carry on giving treatment in whatever ways he sees fit. He originally persuaded the authorities to give their permission by being pushy, and he believes that a combination of insistence on being able to practice with LSD and MDMA combined with keeping on friendly terms is likely to work best. However, Dr. Styk also acknowledges that the decision as to whether to extend the licenses depends on factors other than the effectiveness of the treatment, such as whether giving approval might benefit or damage the careers of the officials who make the decision.

In January 1993, I attended the Society's annual dinner where I met about 30 members. I interviewed each of those licensed to practice at their place of work over the following few days.

Of the four licensees, only one, Dr. Bloch, uses MDMA on its own. I have included my interview with her in full, as it is the one most appropriate to this book and, I believe, gives a clear picture of how MDMA is used. Both Dr. Styk and Dr. Widmer also use LSD, and Dr. Widmer runs a training group for psychotherapists who want to learn the techniques. I have included notes on the differences between the way they work and Dr. Bloch. The fourth licensee, Dr. Roth, has stopped using psychoactive drugs, and I include his reasons for making this decision. I also mention the activities of some of the unlicensed members who I met at the dinner.

### **Interview with Dr. Bloch**

Dr. Marianne Bloch graduated in medicine in 1970, then went on to train as a Freudian analyst in the USA from 1974-76. From 1976-80 she trained as a child psychiatrist in Luzern, and since 1983 she has had her own private practice treating adults. Over the period 1980-90 she was trained in Organismic Body Therapy by Malcolm Brown. Over the past decade she has herself tried various psychoactive drugs.

*Do you use LSD as well as MDMA?*

No. Although I have permission to use LSD, and use it for myself, I have decided only to use MDMA with patients. LSD lasts too long, both for the patient and myself. In my own experience, I like LSD much better in a one-to-one setting. I don't like LSD in a group, and

therefore I don't want my patients to use it in a group either.

*What is the problem with using LSD in a group?*

I become too sensitive. There were too many stimuli for me - I guess it depends on one's personality. The more I was able to allow things to come through, the more difficult it was for me to handle them. In a one-to-one setting it was OK, but I don't want to do it with patients.

*Do you do individual work with MDMA or just group work?*

I do both. Mostly I use MDMA in a group, but when there is a patient who needs complete attention I use it individually.

*When did you start using MDMA with clients?*

In 1989. At first it was with single patients, then later with groups.

*What are the particular advantages of using MDMA? For instance, is there a particular character type or problem that it is suitable for? Is it perhaps only suitable when clients reach a block?*

I use it with patients who are in an intense psychotherapeutic relationship with me. I usually start after six months or a year of ongoing therapy. Most of my patients come every week for individual therapy, and monthly to my Grof holotropic breathing weekends\*. Among them are a few who I select for MDMA therapy as well. These are mostly patients who have difficulties with their feelings - even with the breathing work and body therapy they don't get deep enough into their feelings. So they are mostly character-armoured people.

*Aren't all patients character-armoured people?*

Yes, but there are some who have much weaker armour. For instance, oral people\*. Their armouring is not as hard to get through.

*So you use MDMA with the people with the hardest character armour?*

Yes, I prefer to work with MDMA with people who have very hard character armour. These are, for instance, women with bulimia and some compulsive characters and depressive patients.

*Are they extreme depressives?*

I would say moderate depressives. And then there are the most rigid people who have difficulties in contacting their feelings. Mostly they had some symptoms beforehand but then during therapy, I mean body therapy, the symptoms went away. They are left with hard character armouring which prevents them getting to their feelings.

*What about other groups such as people who have suppressed a memory of a trauma?*

Yes, that is another group. For instance I had a woman patient whose problem was Bulimia, but then it came out that she was abused by her father, although she had no recollection of it beforehand. With MDMA she said "Oh, there is some incest problem" and I was very surprised as she had not mentioned it before, and now with the MDMA it comes out clearer and clearer. This person is completely out of her body, how shall we say it, yes completely detached from her body feeling and her emotional feelings.

*Does the MDMA help her to become more integrated?*

Yes, it helps a lot. It's the method that helps her most to integrate and to get into her body. She is much less armoured in normal life than she was before, but she is still armoured and this blocks her from feeling her body. Very often she says "I can't feel my legs" but on MDMA she says "I feel good, I can feel my body". It seems to have something to do with energy flow.

*If you had not used MDMA with this client, presumably she would have made some progress just with the body work, massage, touch and expressing emotions?*

Yes, but I am not sure that I would have come to that deep knowledge about her background, the incest problems with her father. It was so deeply covered, she had no idea it existed.

*Did it take a long time to come out? Was it in the first MDMA session?*

It was in the second. She had MDMA sessions alone because she was so frightened, and later she had sessions in the group.

*How often do you run an MDMA group?*

Twice a year.

*That is very infrequent. Is that a policy or is that because it takes so much time?*

I decided that because of the toxicity patients should not take it more than four times a year.

*Now that new research shows that MDMA is not so toxic, do you think you might give it more often?*

No, for me it is enough. Actually I don't want to use more drugs than I have to. I also get results with breath work and body work. With some patients, these methods work well. It is the hard core ones who sometimes need a push.

*With what proportion of your clients do you use MDMA?*

In 1990 it was forbidden and we were only supposed to complete our therapy with patients who had already been given MDMA. I strictly follow this ruling. There are only six patients now who continue and I am not allowed to use it on new patients. I have done MDMA sessions with 20

patients. Eleven of them could have continued, but only six really wanted to continue, so now I continue the treatment with these six. I don't use it as much as my colleagues, since I want to use the least chemicals possible.

*Why did only six out of eleven patients want to continue using MDMA?*

Two of them had become pregnant, and so could not continue. One thought that the holotropic breathing work had brought her as much benefit as MDMA, and decided to do without taking chemical substances. Another felt that MDMA opened her up too quickly and this frightened her. She too preferred the holotropic breathing sessions, where she had more control over the process. The last found it difficult to integrate the MDMA experience into everyday life, which, I believe, requires a certain intellectual capacity. After discussions with this patient, we decided together to discontinue the MDMA treatment.

*Have you written any papers on your work?*

No, I am not a paper writer. I recently gave a speech at the Luzern Psychiatric Association. But I just like to do my work.

*Before the restrictions were put on, how many people were there in your MDMA groups?*

Twelve. I didn't want to take more. And I always work with my colleague, another woman therapist.

*Widmer told me it is important to have a male and female therapist present in a group.*

Yes, I think it would be better to have a male and female therapist present, but it just happens that my colleague who trained with me in Psychotropic medication is a female. I did have problems with a man client - his problems had to be thrashed out with a man. It was very clear that I, as a woman, couldn't get to him any more, he needed a man. So he had to switch to a male therapist, because he needed a father figure with whom he could continue the therapy.

*What doses do you give people?*

125 mg.

*You don't vary the dose according to body weight?*

Earlier, yes, there were some small patients and they got 100 mg.

*Do you find MDMA is much stronger for some clients than others?*

I don't find so much difference, no. Some take a longer time to get into it.

*Do you give it in one dose?*

Yes.

*Do you take it yourself, or does your assistant?*

No.

*When you do the group work, can you describe how you do it, how formal it is, if you have any ritual attached to it?*

We meet at 8 o'clock in the morning. We all sit around in the circle; say how we are feeling at the moment; if we have any news; how we feel about taking the drug. Of course these people all know each other because they have taken the drug several times together and go to the monthly breath workshops. They really don't have to introduce themselves any more. Then we do some meditation. We sit there in a circle, breathe and go deep into ourselves. It's like Zen. Then after a while my colleague starts playing the Monochord, a string instrument with only one tone. Then they take the drug.

*Do you take it in a ritual way?*

We just pass it round and take it. And then we eat some chocolate.

*Oh! Chocolate?*

Yes, it speeds up the effect of the drug.

*Really? How is that?*

Albert Hoffman [the discoverer of LSD] told me about it with reference to LSD, and he said that there are some receptors that it speeds up, and now we do it with MDMA and it seems to me that it works. They always have to take their orange juice, their pills and the chocolate. I think it has something to do with endorphines.

*How long does it take to come on?*

About half an hour. After they have taken the pills they lie down and my co-therapist continues to play the monochord.

*Do you have any rules or agreements about how clients interact with one another or with yourself? How do you run the group?*

Mostly I say that the patients are by themselves. They lie on the mattresses in their space; it's something that has to do with internal work and they have to stay by themselves. But lately I have started to say "Why don't you mix a bit?". Maybe they were looking around and would say "This person seems to be very sad" and I would say "OK, if you feel like going over to this person who you think is sad you can do so." I mean, I encourage them to communicate with each other. But this is new, in the beginning I wanted to keep each of them separate, just going into

their own space.

*How do you deal with the situation where the person might be feeling sad but actually not want someone to approach? Do they have to ask before moving?*

Yes. A patient who feels they want to go over to another has to ask: "I would like to get closer to you, how is it for you? Do you want me or not?", and the other person has to decide. I tell them that they all have to be very honest. They have to feel for themselves what they want. Does the problem come up that you get one or two clients who draw the attention to themselves, and the others feel they have lost their opportunity? Is that a problem?

*Of course, this might evoke an old problem. Maybe a sibling has had more attention and now it's a similar situation. They have to work with the sadness and jealousy that comes up.*

When I stay with a patient, I always watch my own feelings, because there are some people who want to draw attention forever, they want to have me forever, and I can feel in my body exactly how long it is OK for me to stay. Suddenly I get the feeling it is no longer good for me and I just go. And then the patient has to deal with the loss, not getting enough attention, that's a very important experience.

*So if it brings up these feelings it can be part of the therapy?*

Of course, it is very important that it brings up feelings of disappointment, and not getting enough, and jealousy. That's why I do groups. Otherwise I could do it in a single session and they would have 'Mummy' all the time, but that is not life.

*Do you ask people to keep their eyes closed?*

Yes, when they start they mostly have their eyes closed, but later on they sit up or they talk, and can walk around to ask someone if they can get close to them. But sometimes I feel that they talk too much, so I say "You are too much outside yourselves" and then they all have to go back to their places. It just depends on how I feel the group is going.

*Do you allow people to be alone in another room?*

It depends. Very often people say in advance they will have to be in another room since they can't be together with so many other people. I say "OK, we will see when the drug is affecting you, then we will decide." So far I've never experienced someone who wanted to leave the group and be alone.

*So after people have started opening up, what do you do next?*

Then I play music on tapes. Mostly meditative music but also some with bass, rhythmic bass - it stimulates some feelings and activity. It's completely different to the music I use in holotropic treatment, because there the music is actually the 'drug' that stimulates the activity. With MDMA, the stimulus comes from the chemical substance, so the music has a different intent in

each setting.

*Do you use different kinds of music to stimulate people in different ways? To bring up aggression, for instance?*

Yes, and sometimes also anxiety.

*What kind of music stimulates anxiety?*

It's some kind of dramatic music.

*Film music from a thriller?*

That's right. But people require different stimuli. I mean, it's not only music which stimulates feelings, but also contact. Sometimes it's very important that closeness between a patient and myself brings up a feeling of anxiety, because they are afraid of closeness.

*Even on MDMA?*

Even more so. I remember an obsessive-compulsive character who was never in touch with her feelings of closeness, and the last time with MDMA she really got in touch by being close, having close body contact and also eye contact. The first time she felt her panic by being close.

*Do you use that as a technique, suggesting that people make close eye contact?*

It depends, it depends on the situation. With this patient it was important.

*The three of you who are practising using MDMA all seem to be doing body work. Do you ever do purely verbal therapy using MDMA?*

No, not purely verbal. As I see it, that would be to stimulate just one level. But I believe it is very important that people use the MDMA to get into the body and out of the head. There are people who only want to talk, and after a while I just cut them off and say "No more talking".

*Because it's separated from their feelings?*

Yes. Of course. And from their awareness and sensitivity of the body, it's very distinct.

*Can you give me a few more examples of when MDMA has been particularly useful?*

One patient was an extreme stutterer who had been in therapy for a long time. With MDMA, she could really talk about her history for the first time - because before she was only able to write things on a slip of paper. With MDMA she spoke about her father, how she was held back and not accepted as a child, and all of her emotional feelings came up in regard to this theme.

*So on MDMA she was able to talk freely?*

Yes, it was incredible. It was also incredible how her body opened up. She started to breathe dramatically, and then sounds came out, and she could talk without difficulty. But it was also significant that after the MDMA session her stuttering came back. It was not as bad, but she continued to stutter.

*So MDMA didn't cure the stutter, but enabled her to talk about her pain concerning her father.*

Exactly, and this opened up a different area that could be worked with in ongoing psychotherapy afterwards. Material came up that was not known about before. And so this opened up certain feelings.

*Couldn't she have overcome the problem by writing?*

Although she seems to be of normal intelligence, she couldn't go to a normal school because of her stuttering. So her writing is slow and it would have taken too much effort to write everything down.

*Do you think that she might be able to cure the stutter through MDMA?*

She is a rather difficult person to treat. In the last session with MDMA she used her new ability to talk in a very intellectual way. So talking became a defence mechanism against feelings that were too painful for her to admit. But we will see.

*Can you tell me about one of the Bulimia cases?*

The main theme of one of the Bulimia cases is her fear of closeness and contact with her body. The Bulimia is cured, she doesn't eat and vomit any more.

*Was she cured without MDMA?*

Yes, after about two years of body therapy and breathing sessions the symptoms went away, but then she discovered different problems. She realised that she was not in contact with her body in normal life. Through MDMA she learned what it means to be in contact with her body.

*How important do you think it is for people to have guidance from a therapist to make these connections and to get in touch with feelings on MDMA? What I am thinking of is the vast number of people who take Ecstasy in England, do you think they are bound to get in touch with their feelings anyway, or is the therapist's influence and therapeutic setting necessary?*

The setting is important, and also a person who acts as a mirror. Sometimes I am the mirror. When I work with someone, I get in contact with my feelings and then I tell them exactly how I feel. If they have feelings which they can't admit to or which they are not aware of, I have these feelings, and then I become their mirror. For instance, I suddenly become sad and I know, "Oh, I have no reason to be sad". Then I know it is not my sadness, it's their sadness and that I am feeling it on their behalf, since they are not aware of it. Then I tell them "There is something I



have felt that is not mine, can it be yours?" Then the person can go into their inner space and find out. As soon as they become aware of their feeling of sadness and express it, my sadness goes away. That is how I help them to become conscious of their feelings.

*Do you use a video camera or tape recorder?*

No, but sometimes they bring their own tape recorder. If they go on talking and talking I say "OK, you can use your tape recorder and continue, then I will listen to it later".

*You don't encourage that as a technique then. Do you think recordings can be useful?*

For some patients it might be quite useful, yes. I have one patient who always talks a lot about his childhood memories. For him this talking is also a defence mechanism, because he doesn't really get into his feelings. Afterwards he forgets most of what he said, including the important things. So I encourage him to use the tape recorder.

I think it is important to mention that I don't use any techniques in MDMA sessions. I make use of my soul, body and intuition. My main intent is to get into feeling contact with the patient and then see what emerges. Sometimes I ask a question, or give some nurturing touch; sometimes nothing. The other person always responds to my presence.

*Do you ask people to bring things with them to the session?*

Yes, sometimes I ask people to bring objects they like. One patient likes to bring stones, small things like that. Last time I asked them to bring a photo of themselves up to the age of three. This opened up the possibility to work with this period of life. With some patients I used it, others not, it really depends what they are about. I just give a suggestion and if it comes up it's OK.

*What came out of that?*

We looked at the photos together, and then they started to talk about their early childhood, because it brought up forgotten memories of that period. It stimulated memories of that part of their life.

*Is MDMA useful for bringing back memories from childhood, or memories that have been suppressed because of pain, or just generally getting in touch with feelings?*

All of those. With one patient I mentioned it brought back this incest problem, with another it brought back very early memories that as a child he had been sick very often, which he had forgotten. The emotional stuff of childhood came up, and he relived it again. Another patient realised for the first time with MDMA "Oh I have a heart, there is my heart beating. I never before could feel my heart beating" It was important for him to feel inside his body, he said "Aaaarrh! Now I feel inside." For others it is important to get into their aggressive feelings. It's different for each patient.

*Can it be too much sometimes, the sudden getting in touch with aggressive feelings?*

I have never had any problems with it being too much.

*That leads to another question. Have you ever had problems using MDMA and wished you hadn't used it with a patient?*

I once had a problem with one woman, and that was when the drug was beginning to take effect. She was overwhelmed by the feeling of opening up. She was overcome by fear, and she screamed and yelled and then it was important that she had some body contact with me. That gave her enough support, and then she was able to go through this period of fear, and after that it was OK.

*After what, half an hour?*

It started half an hour after taking the drug, and lasted for ten minutes. It was really just when the drug started to take effect, the opening up. She was completely confused. Body contact with me made it OK.

*You only use MDMA with a very few of your clients. Apart from legal restrictions, would you still not use it on some clients, and if not why not?*

I would only use it with the more difficult ones. The ones I can't really get through to using holotropic breath work. I really don't see why I should use a chemical drug if I can achieve the same result without it.

*Can you get the same result as easily without MDMA?*

I would say with some, yes.

*Is it that you believe the drug is somewhat toxic or habit forming, or by using a drug the result is not going to be as permanent?*

I am just against drugs. I mean, in my practice I don't use medication unless necessary. I don't see why I should use drugs if I can get the same result without. I can't really say that MDMA speeds up the therapy that much. The patients who I use MDMA with are those who I have already tried treating with other methods, but I was unable to open them up so deeply. I would just be stuck, I would have to say "OK. That's it. You have to go".

*Are there some people who are so armoured that MDMA makes no difference? Or will MDMA always go to a deeper stage with them, even when your other methods have failed?*

I would say there are some patients with whom I'm not using MDMA because I'm scared they can't handle it.

*What would happen if they could not handle it?*

Perhaps they could not differentiate between the outer reality and their inner world, or they might mix the two states. For example, they may not be able to differentiate between myself as the bad mother of their inner world and myself as the therapist who wants to help them, and fight against me. Maybe I would try it in an inpatient psychiatric setting, but not when the patients have to go home afterwards and I can't follow them up closely. I'm not willing to do overtime. I only choose patients who I believe will be able to handle MDMA. I have my limits. I know someone who uses the drug with far more critical patients and he invests more of his time and effort, but I am simply not willing to do so.

*Going back to your groups, what happens towards the end of the session?*

After four and a half hours we have a break and I say, "OK, now we can go into another room where you can have some food and drink tea. Then afterwards you can go back and lie down again."

*Do people want to eat? What do they like eating?*

Fruit, and bread with honey. That brings them down from their altered state of consciousness into the real world again.

*Do they stay quiet?*

Very quiet. Very often no-one talks. Then they come back and lie down for half an hour. They see if there is anything else, any further effect of MDMA. And afterwards they all have to draw a mandala, a drawing of their experience.

*When you say a mandala, can they draw anything, or has it got to be according to a structure?*

Yes, we give a piece of paper with a circle on it and say "Draw a mandala." Of course they can also draw outside the circle. But it's also significant who goes over the limits and who keeps within the circle. They are used to doing this following the holotropic breath work, it's a method used by Stan Grof.

Afterwards we form a circle again and they just put their mandala in the middle, and then each of the patients talks about their experience. And maybe they give some explanation of the mandala. They also bring it to their next therapy session.

*So what time does a group finish?*

Usually it's around 5 o'clock. They go home by bus. They are not allowed to drive.

*Is their next appointment the next time you see them?*

Yes. Mostly it's within the next week, except for some who come fortnightly.

*When you do MDMA sessions individually, with one client, is it very different?*

It's different in that the person has constant contact with me and really doesn't have the experience of 'mother' going away. All those feelings of jealousy or whatever produced by the group setting are missing. Of course, they may gain in other ways such as having more body contact.

*What sort of bodywork techniques do you use?*

Massage, and I give some touch, nurturing touch. I also do some crania sacral work with them.

*And do you get people to hit a cushion with a tennis racket, that sort of thing?*

I use these hard techniques only in individual body therapy sessions in order to produce a feeling state. But with MDMA I never use any hard techniques because the feelings get opened up by the drug. If a patient gets into an angry state on MDMA, then I ask them to express the feeling by movements with arms and legs on a mattress.

*Do you think the things that come up on MDMA can sometimes be misleading for a client?*

What do you mean?

*Well, they might have a realisation - such as the cause of some problem is that they were abused as a child or something - but actually it's become much more important than it is really. Perhaps they can see very clearly something that isn't right.*

It can happen that sometimes the interpretation goes in a wrong direction, one that is not really the cause or the real root of the problem.

*Do you think the real root of problems and true feelings come up more often with MDMA than without it?*

I would say yes, MDMA definitely produces more real feelings, but I would say it is still possible on some level to project. And it is so important for me as a therapist to realise when the patient is projecting. I then feel an uneasiness in my body and I have to continue interacting with the person until I feel that the problem has reached its root or the projection has been resolved.

*Do you think you are more sensitive to the patient as a result of your own experience with MDMA?*

Yes, definitely.

*Do you think you would be even more sensitive if you were taking it with the patient?*

Probably. But I wouldn't dare to do so, because I also have to be able to react in a clear way. I would never do it.

However, I just realise that I have become more and more sensitive through my own therapy with psycholytic substances, and I guess this will continue, and maybe at some time I will not even need it any more because this openness might be a normal state for me.

*Is the intensity of feelings increased under MDMA, or does it just increase general awareness?*

It depends. I have one patient who doesn't have any feelings in real life. Only with MDMA can he get into his sadness or his aggression. It's not only the awareness, with him it's really the capacity to feel. He's so stuck in real life.

*With someone like that, presumably he feels very good on MDMA?*

Yes.

*Is there a tendency for him to go and find it on the black market and take it at home?*

No, he is too straight. I couldn't imagine him buying drugs on the black market!

*But as a general point, if you have people who only feel good on MDMA then won't it become an addictive drug for them? What do you think about that?*

It's astonishing, but I've never had this problem at all.

*Don't any of your patients sometimes take drugs outside the sessions?*

One of my patients used to take LSD when he was younger, but he says he would never do this any more outside sessions. He is much more afraid, more aware of what could happen. No, there are no drug users among my patients.

*One thing that bothers me is that, well, bodywork is not completely accepted as straightforward psychotherapy, is it, and that if people are making body contact at the same time as taking a drug which is normally illegal, I can see that the picture of it from a politician's viewpoint may be that it is all rather dodgy. Do you see this as an obstacle to this type of therapy becoming officially accepted?*

I think so, because for a psychiatrist trained in psychoanalytic therapy, well, this is really crude. Most psychiatrists are still not trained in body therapy. This is why it is not more institutionalised, besides many psychiatrists are afraid of body contact. So I don't think they will choose this method.

*What sort of reaction do you have from the psychiatric community in Switzerland?*

They show interest in hearing about it. I would also be prepared to work with my colleagues with MDMA, but it is all too frightening for them. They are too scared to use it on themselves.

*Dr. Roth said he believed that MDMA was not worth using because the results didn't justify the*

*time and effort involved. What do you feel about that?*

For me it has been worthwhile with the patients I have used it on. Otherwise I wouldn't use it any more.

*Have you taught any other psychotherapists to use it? Are they interested in learning from you?*

No, I gave a speech at the Luzern Psychiatric Association, and I talked to them about Psychotropic breath work and about MDMA sessions. They said they were interested and there was an animated discussion about psychoanalytic and Psychotropic training, and about the ethic of opening patients up in such a quick way. Meditation has the goal of opening up people towards spirituality, and MDMA has a similar kind of effect, to bring people more in contact with their spiritual being. So these psychiatrists discussed whether it is acceptable to use these type of drugs for spiritual enlightenment, or only meditation.

*So they were more interested in the intellectual analysis of the method than actually getting involved with it.*

Yes, they were not interested in experiencing it themselves; they were not really interested in doing anything, only in discussing it.

*What do you really feel the basic effect of MDMA is?*

I would say it takes away fear, it takes away the superego of the patients - they allow themselves to feel more, to be themselves, to act the way they are; it also helps them to get more into contact with their body, into their physical body, to have more body awareness, and to get closer to their feelings. And simply to feel their needs. I mean, very often they have been totally unaware of their primal needs - needs of closeness, needs of touch, needs of heart contact.

*In the groups, is the atmosphere happy, or is it mainly feeling pain?*

When you take MDMA the first time it's beautiful. It opens up everything and you feel "Ah! That's great!", but later on it's much more difficult for the patients because they get into their sadness, into their pain, they realise where they are closed up, that they can't open their heart. So I feel the deeper you get, the more difficult it is with MDMA. This beautiful feeling of happiness goes away and you really get down to your deep problems, and then you can work psychotherapeutically.

*Have you ever come across bad effects such as paranoia?*

No, I never have. Perhaps because I choose my patients carefully.

*What about physical bad effects? Unpleasant effects that get in the way?*

Sometimes their jaws get tense. But it doesn't bother them.

*Do they ever suffer from difficult aftereffects?*

One patient felt she had some energy running through her body for a while. She could not stop the energy flow, she felt nervous and restless for about six weeks. That was the most difficult aftereffect I have ever seen.

Once a patient suffered for about a week from nausea. In the following individual session I discovered that the nausea had to do with unexpressed feelings of anger. When this was resolved, the symptoms went away.

*Did she have a particular character type? Do you think you could recognize the type and avoid giving the drug to them in the future?*

I would say she is not at all in the body. It was the first time and she couldn't really handle this feeling of being in the body. It was so new to her, and it was stress-producing. She couldn't handle the feeling of energy flow.

*Do you relate MDMA to energy flow, such as the Chinese 'Chi' or Reich's 'Orgone Energy'?*

As a body therapist I work a lot with energy, and I realise that with MDMA there is opening up especially of the block here [she put her hand on her heart]. It opens the chest block, then of course the energy flow is better, and it also affects the whole body.

*So the energy flow is liberated. And do you think MDMA works by relaxing the muscles that store the neuroses?*

Probably, it just opens up the blocks. Usually patients have held back feelings. When you have a block in the body it is because it is too painful to allow the feelings to flow. MDMA is able to open up the blocks because it also releases the feelings - or releases the feelings and then the blocks open, you can say it either way.

*So it works on a physical level in the same way as bodywork?*

Definitely for me, yes.

But I also use MDMA because of its spiritual value. MDMA is the drug that really opens up the heart, and in normal therapy I also work with opening up the heart. That, for me, is the main goal. For me it's not important that people are totally de-armoured, but that they get in contact with love; love for themselves. That is why I really like to work with MDMA.

*Do you think this is a separate effect to the release of neurotic tensions?*

For me MDMA is the drug that opens up the heart, and is much more specific than LSD. This is my main goal, to open up the heart and then to work from the space of the heart.

*So that's the goal of your therapy, or do you think it should be the goal of all therapy?*

That's my way.

*So the goal of your method of working is to get in touch with the heart. Does that mean helping people to be able to express love, or to feel love, to know love in a non-sexual way?*

Yes, I mean love for another person, love for themselves, love for the universe. I would say it is my way of doing psychotherapy to get them in touch with their heart. And whenever they are lost in some sort of anxiety or some sort of struggle, then I bring them back to their heart and say "Can you still feel your love in yourself?" This is just my way of binding them back to themselves. If you are in harmony with yourself, then all your neuroses just drop. If you are in the meditative state, then your problems just go, you don't even have to solve them. I try to work so as to make these neurotic things lose their value. And they very often get in contact with this state with their first MDMA experience. "Oh, that's how it could be. I could be open, I could be loving." And then I tell them "Do you remember how it was on MDMA, how all the other things dropped away?" I try to get them to be in touch with their heart again and with their feelings when they have difficulties in their life. They become more centred, they have more connection with their inner self.

*Do you ask people to project into the future, for example if they have a particular problem with their mother, do you ask them to visualize being in that situation?*

Sometimes, yes. I first put them in a good state, and then I say "OK, now see how it would be confronting your mother in this state".

*I've heard it said that you can't feel love until you have learned to love yourself. Do you believe that?*

I think so, yes. I believe in it. That only when you are really in contact with yourself, are you open enough to let love flow out.

*Do you have clients in the group sessions who fall in love, or get very involved with each other? Is that a problem with MDMA?*

It has never been a problem. Of course in the sessions they may have very good feelings for each other, but they have never had affairs. Maybe it's to do with the setting. There are only two women on the group, and they are very much preoccupied with themselves and do not mix very much with the others.

*Do you think that people are suggestible on MDMA?*

Not at all. I think they see things as they are more clearly. For instance, the Bulimic client I mentioned had thought she had invented being abused by her father, but on MDMA she saw it was true. She saw it very clearly.

*Are there other problems with using MDMA? Perhaps patients get too close to you?*



The transference problem is the same as with body therapy, but the situation of transference becomes more clear to a patient on the drug. They can see their projections more easily. When they come up to me during the MDMA session and say, "I love you so much!", I respond by saying, "See whether this love is something to do with you. Could it not be your newly discovered love for yourself?"

### **Dr. Styk**

Dr. Juraj Styk is president of the society and has a private practice. His MDMA groups are similar to Dr. Bloch's, but his clients meet on Friday evenings before the Saturday session. He believes this is valuable preparation for reducing anxiety, and is especially useful for integrating new members. His wife assists him in the group, and he feels that to be seen as a couple is important when he is working with women. He also has one or two young psychotherapists assisting the group who are undertaking training with Dr. Widmer. There are usually eight to ten in his group. Dr. Styk goes around giving out the drug in ritual fashion to create an atmosphere "more like being in a church than a hospital", although he adds that he tries to avoid being seen as either a priest or doctor who can absolve or solve problems for the clients. While waiting for the drug to come on, he plays soft music and sometimes reads poetry. He asks members to close their eyes, breathe and let go. In order to make the group cohesive, he reports what he observes, such as some members being tense.

Dr. Styk and his assistants only attend to people when asked, unless they see that a client is stuck for hours on end: he prefers to allow people to go through the experience without being led. Rather than being goal-orientated, he encourages spontaneity and prefers clients to think in images.

Clients are allowed to go to other rooms during the group session so as to be undisturbed, but Dr. Styk says it's important to avoid the group falling apart through members dispersing.

Towards the end of the session, Dr. Styk will ask each person to report on how they are feeling. Then the group may all go out for a walk together if the weather is nice. At other times they may do a psychodrama in which one client acts out a revelation they have just had during the session, using other group members to play roles such as members of their family.

After the session, at about 7 pm, participants sit around in a circle on cushions and have a light dinner of such things as cheese, radishes and fruit salad, prepared by Dr. Styk's wife. They are not really hungry, but enjoy eating for its own sake. The situation of eating together sometimes triggers further insights. After dinner, at about 10 pm, clients go home and are asked to write a report to bring to their next individual session.

Dr. Styk says he always asks the men about sexual arousal during their next individual session, and that although they may have sexual longings or fantasies, none has ever had an erection on MDMA, although they may do so on LSD. When I told him that men frequently say they have erections on Ecstasy, he suggested it may be that they take amphetamine as well, or that the Ecstasy was unknowingly mixed with amphetamine.

**Dr. Widmer**

Dr. Samuel Widmer has a background of experience with LSD stretching back to when he was a student. From 1973-78 he was a member of a therapy group which used LSD illegally. As a fully trained psychotherapist, he wanted to use psychoactive drugs in his work, and in 1983 he wrote to the government applying for permission to work with LSD and Mescaline. Permission was not then forthcoming, so he searched for a suitable drug that was legal. He was close to giving up the search when he discovered MDMA in 1986, two years before it was made illegal.

Dr. Widmer works with larger groups than the Dr. Bloch and Dr. Styk, up to 35 people. He believes that large groups work better, and have the advantage of spreading the cost more widely - for the same reason, he avoids individual sessions. He frequently uses both MDMA and LSD in the same session. Sometimes he uses half a dose of MDMA two hours before LSD, and sometimes offers a small dose of MDMA at the end of an eight hour LSD session to provide a smooth come down. At other times, he will give 100 mg of MDMA at the height of an LSD session so as "to bring in the heart aspect."

He believes that LSD has a stronger effect on a transpersonal level, but that it has little or no effect on people who have done a lot of work on themselves and are aware of themselves. He says that working with LSD is tricky; you have to choose clients carefully to protect yourself and avoid those who make problems. By contrast MDMA is good for anyone, as it opens the heart and softens hard personalities. MDMA helps to clarify one's situation in daily life and relationships, while LSD helps on another level with questions such as 'Who are we?' The realisation that problems stem from wider issues comes more readily with LSD.

Asked what kind of clients responded best to MDMA treatment, Dr. Widmer replied that it was always tempting to think of the dramatic breakthroughs, but these tend to occur with clients who need catharsis. Clients who were on tranquillizers often found they could do without the tranquillizers or found they needed lower doses after treatment with MDMA. Other patients benefited by a gradual 'maturing' process. He said there is a category of patients who do not benefit, however, and this includes those who just want to get rid of a particular symptom without being prepared to work through it. He tries to screen out such patients.

When I asked what problems Dr. Widmer encountered using MDMA, he told me that there were few problems directly involving the drug itself. However, there were sometimes problems with negative transference and with clients' partners, who would accuse Dr. Widmer of putting ideas into the client's head rather than accepting that they had had an insight.

Asked about trends in psycholytic therapy, Dr. Widmer told me that the effect of the drugs was to open people up to greater awareness of their personality. This leads to 'growth work', where clients have no major psychiatric problem but wish to develop their personality, and so improve their quality of life.

Dr. Widmer has written two books on his work in German, but which he hopes will be translated into English.[\(96\)](#)

Here are the outlines of some case histories from one of Dr. Widmer's books:

1 Dr. Widmer was asked to treat a 14-year-old anorexic girl. Her father showed no feelings, and her mother hardly existed for herself, only appearing to live through other members of her family. The whole family only communicated to one another on a rational level, never expressing emotion except for the youngest son, who the parents regarded as the 'difficult one'.

Dr. Widmer and his wife treated the girl and her parents, first in separate sessions with Dr. Widmer treating the parents and his wife treating the daughter. In spite of her young age, they decided to hold an MDMA session with parents and daughter together, attended by both therapists.

During the MDMA session, father and daughter talked about their feelings for one another for the first time, while the mother became aware of the fear she had of herself. For the daughter this was a breakthrough: having focused on the cause of her problem she accepted becoming a woman and put on weight, ending her treatment shortly afterwards. However, for the parents this was the beginning of ongoing therapy.

Dr. Widmer commented that the breakthrough facilitated by the MDMA would probably have occurred anyway, but that the drug speeded up the process.

2 A lifelong alcoholic came for treatment, a sensitive man of 44. During an MDMA session, he experienced deep regression and found himself 'back in the womb'. He felt neglected and deeply hurt, and realised that this pre-birth longing was the basis of his addiction. The insight was realised so clearly that his 'addictive personality' was dissolved, allowing him to build a new personality based on love.

3 An intellectual working in the medical profession came for an MDMA session out of curiosity. He did not see himself as having psychological problems, despite the recent break-up of his marriage.

However, the effect of the MDMA was to uncover hidden narcissistic feelings of which he had not been aware, including hatred for his parents. The result was that he became more in touch with himself, but also to realise that he could benefit from therapy.

### **Training Group**

Dr. Widmer runs a group for training other psychotherapists in the use of psycholytic drugs. Students all have to be fully trained psychotherapists with clinical experience, and must be in individual therapy themselves. The course lasts 3 years, and costs 6,400 Swiss Francs. In each year trainees attend four weekends plus one week, which includes 15 sessions using various drugs. They also have to assist in at least 10 group sessions with Dr. Widmer's and Dr. Styk's clients.

Most of the students are German. The first group finished their training last August, but none of them has yet obtained permission to use psychoactive drugs in their practice. However, one is

lecturing on the use of psycholytic therapy at Tübingen university, although without actually using drugs.

### **Dr. Roth**

Dr. Jorg Roth is licensed to use LSD and MDMA, but has decided not to do so any longer. I went to interview him in the hospital where he works to find out why.

*Could you tell me about the background to your use of psychoactive drugs in psychotherapy?*

Since 1977 I have been searching for the ideal drug to use as a tool in psychotherapy - mescaline, DMT, LSD and MDMA. Now I have found it - Chinese medicine.

*Did you find that MDMA doesn't work, or did it have negative effects?*

No, I have had some success using MDMA with major depression. I think MDMA is a good tool, especially for non-chronic problems, although it is no miracle cure - some revert just as with other kinds of therapy. I have nothing against MDMA, but in my work the output is simply not justified by the input. I always work with individual patients and the time required is too long, and that means the method is usually too expensive for the patient. And they can't drive afterwards, so they had to pay for a taxi too. It simply wasn't cost effective.

*Do all your patients have to pay the full cost of their treatment themselves?*

Some have insurance that pays for part of the cost, but they have to pay at least two-thirds themselves.

Chinese medicine has the advantage that it fits in with 50-minute sessions, and can result in change even without the will of the patient.

*Did anything else put you off using psychoactive drugs? Are they dangerous?*

Not MDMA. LSD can be dangerous, but MDMA is always safe.

*There are cases in England of people becoming psychotic or paranoid as a result of taking MDMA.*

I do not believe that psychosis could be triggered by MDMA except when used it is used with alcohol or other drugs. I have never come across paranoia. But it's possible there are some people who cannot metabolise it, just as there are some who cannot manage alcohol.

### **Dr. Hess**

Dr. Peter Hess is a German psychotherapist who used MDMA in 1984-5 (before it was outlawed) at a German hospital at Frankenthal, Mainz, where he was head of the psychiatric department.

Dr. Hess said that some of his patients were very difficult to treat because they were caught in a vicious circle of low self-esteem, which they reinforced by blaming themselves. "There was a hard core of about twenty patients who failed to respond to any of the treatment available", he says. "I tried MDMA with them, individually, and was astonished with the results. They immediately found solidity and trust in themselves and made steady progress. For most, a single dose was enough, although some had two sessions."

Dr. Hess followed the patients up for two years after administering the MDMA and, apart from three with whom he lost contact, found that none of them had had a relapse.

When the drug became illegal, he tried - without success - to conduct a pharmacological study of MDMA at the University of Tübingen. He also applied to the German government for a license to use MDMA but without success. He now uses musical techniques, such as drumming, to produce altered states of consciousness in group psychotherapy. He says the effect is similar to LSD but does not overwhelm the patient.

I asked whether there were any psychotherapists using the drug in Germany. "Only illegally. There is a lot of interest but no-one has permission. However, I have heard of it being used by a small number of therapists." Dr. Hess did not approve of this. "I think that is stupid: you only have to get one client going through a negative transference to report you, and your career is ruined," he said.

### **Dr. Helmlin**

Dr. Hans-Jörg Helmlin is conducting a pharmacological study of MDMA at the University of Bern.

The study involves monitoring what happens to MDMA as it passes through the body by taking blood samples. Dr. Helmlin started with a pilot study of two patients in 1992, from whom 20 blood samples were taken over a 9 hour period. In Spring 1993 he plans to conduct a more elaborate study, using blood samples taken from 6 patients on the day they ingested the drug and the following day. Dr. Helmlin has no license to prescribe MDMA, so he performs his tests on patients who have been given the drug by Dr. Styk as part of their therapy.

Provisional results from the pilot study suggest that MDMA has a 'half-life' of six to eight hours, i.e. half is left in the body after that time. I commented that this was surprising since the effects of the drug end after a much shorter time. "Yes, it surprised me too. I can only think that there is some sort of 'threshold' effect whereby the drug only has an effect above a certain level".

By means of this study, Dr. Helmlin aims to provide some basic data on the drug, equivalent to that provided by drug companies seeking government approval for a product. When the full results are available, they could be used by lobbyists to overcome a common objection of governments to licensing the use of Psychotropic drugs, i.e. that it would be irresponsible to do so as the drugs have not been subjected to pharmacological tests.

**Dr. Vollenweider**

Dr. Helmlin also told me about the plans of Dr. Franz Vollenweider, a researcher at the University of Zurich Psychiatric Hospital. Dr. Vollenweider has been using Positron Emission Tomography, commonly known as PET scans, to study what is going on inside the brain while people are under the influence of psychoactive drugs. A volunteer is given mildly radioactive sugar compounds which enter the blood stream, and this radioactivity is picked up by the scanner. The result is that the blood flow to different parts of the brain can be monitored while someone is experiencing the effects of a drug. The person can relate their experience at the same time as the equipment indicates what is going on in terms of brain activity. Dr. Vollenweider has already done PET scans on subjects taking Ketamine, a veterinary anaesthetic, and Psilocybin mushrooms, and intends to study MDMA in the future.

**Dr. Benz**

Dr. Ernst Benz has written a dissertation, in German only, on members of the Swiss Medical Society for Psycholytic Therapy and their varied backgrounds.

**Chapter 10: Other uses of Ecstasy**

**For more recent information on this topic, see [Art on Ecstasy and Religious Users of Ecstasy on my site \*ecstasy.org\* online in both \[North America\]\(#\) and \[Europe\]\(#\)](#)**

For large numbers of young people, Ecstasy is the drug that makes raves happen and it has been said that, for many of them, raving is one of the main reasons for living.<sup>(97)</sup> Yet there are other regular users, particularly in the United States, who have only vaguely heard of raves and certainly have never experienced dancing on Ecstasy. Here are some of the ways MDMA is used:

**Psychotherapy**

According to RD Laing, the radical psychotherapist,

What scientists have always been looking for is not a tranquilliser, an upper or a downer but a stabiliser, and in the seventies Alexander Shulgin thought he had found such a drug [in the form of MDMA]. In the context of its use, among very responsible therapists in America, all direct reports, including my own, were positive.<sup>(25)</sup>

Psychotherapists valued the way MDMA helped clients to become open and honest in a way that allowed them to have insights which they could remember afterwards.<sup>(6)</sup> A broad survey among 17 therapists with experience in the use of MDMA just before prohibition showed that they regarded it as of immense value in many, but not all, situations.<sup>(158)</sup>

The therapeutic effects of MDMA are described in a paper called Subjective reports of the Effects of MDMA in a Clinical Setting by Drs. George Greer and Requa Tolbert.<sup>(28)</sup>

Of the 29 subjects, "18 reported positive changes in mood after their session; 23 reported improved attitudes, such as towards self and life in general; 28 reported improvement in interpersonal relationships, and three of the five couples reported benefits lasting from a few days to up to two years; nine reported improvements in their working life; 14 reported diminished use of abusable substances (alcohol, marijuana, caffeine, tobacco, cocaine and LSD); 15 reported beneficial changes in their life goals; and all nine subjects with diagnosable psychiatric disorders reported considerable relief from their problems. . ."

In general, the authors conclude that "the single best use of MDMA is to facilitate more direct communication between people involved in a significant emotional relationship". MDMA was also recommended as an adjunct to insight-orientated psychotherapy, for enhancing self-understanding and was found to be useful in spiritual and personal growth.

According to an article in the American Journal of Psychotherapy(98), the effects of MDMA - heightened capacity for introspection along with temporary freedom from anxiety and depression - 'should be of interest to Freudian, Rogerian and existential humanist therapists'. It is said to strengthen the therapeutic alliance between therapist and client by inviting self-disclosure and enhancing trust. Clients in MDMA-assisted therapy report that they lose defensive anxiety and feel more emotionally open, making it possible for them to get in touch with feelings and thoughts which are not ordinarily available to them.

Psychiatrists also suggest MDMA is helpful for marital counselling by making it easier to receive criticisms and compliments. "There's less defensiveness between us and more leeway for diversity", observed an ex-client. Long-lasting increased self-esteem was also reported by clients. Greer says that another use is in working through loss or trauma, because the issue can be faced and accepted instead of being shut away through fear.(99) However, some therapists are doubtful about how permanent changes may be.(161)

No special techniques are necessary, but some are particularly appropriate such as 'focusing', which helps contact and release hidden feelings.(144)

### **Current use in psychotherapy**

Since prohibition in the States and the ending of the Swiss license at the end of 1993, there is no legally authorised use of MDMA in psychotherapy except in research projects (see [Appendix 2](#)).

In California there is still a considerable amount of psychotherapy involving the illegal use of MDMA. This is partly a continuation by licensed therapists who used it before prohibition and have carried on, even though some have lost their licenses as a result.(134) They believe that it is such an important tool that they are prepared to take the risk. Then there are a growing number of lay therapists, with no license to lose, who offer treatment, though of course this is also illegal.(129) In Europe, where lay therapists are allowed, I have heard of only a few using MDMA in Germany and Britain.

### **Future use in psychotherapy**

One of the most interesting trials is due to begin in Nicaragua in 1994 on the treatment of Post Traumatic Stress Disorder (PTSD or War Trauma) - the psychological damage resulting from torture and violent traumas. At a preliminary trial, 20 'incurable' cases were given MDMA without being told what it was. When it came on, most of them spontaneously formed a huddle and talked about the horrors of war and how they never wanted to fight again. A week later, each was interviewed by a psychiatrist and most were declared cured.(130, 142)

As a result, a protocol is being worked out to begin a properly controlled trial. If the results of this are as good, it should provide scientifically acceptable proof of the psychological benefits of MDMA for the first time, and pave the way for it to become a prescription drug.

### **Amateur psychotherapy**

A commonly held view is that healing can only be done by the willpower of the wounded person, and the therapist merely helps the client to see what is going on inside him or herself. If someone can use MDMA to gain the same insights and to retrieve and face memories of past traumas, then this is a more direct approach.

Representing 'the informed lay user' Robert Leverant wrote:

The therapist is only the personification of the healing aspect within each person. If an individual can tap this force directly from time to time, why not? If by ingesting MDMA, a person can put on a therapist's thinking cap for a few hours and see him/herself with new vision that is presumably empathic to him/herself, why not?(29)

Interestingly, Freud was in favour of lay therapy and wanted to protect analysis from both physicians and from priests (Bettelheim 1983). In fact, he envisioned a profession of secular ministers of the soul, perhaps akin to PhDs.

Some people believe that gain most benefit by taking Ecstasy alone with earplugs and a blind on or even in an isolation tank.(124) However, most believe that it really helps to have a guide for support, but not necessarily a trained psychotherapist. Dr. Roth, one of the Swiss psychiatrists licensed to use MDMA clinically, believes DIY therapy with MDMA is naive, since help is needed to make use of realisations gained, while many professional psychotherapists say that to use untrained helpers is dangerous and irresponsible. An experienced self explorer believes that people can go a long way by themselves, but wise guidance can be valuable in some situations. Two experienced American psychotherapists also thought that a wise helper was essential, but not necessarily a trained psychotherapist.(129, 134, 135)

If you should decide to use E in this 'self-help' way, there are two approaches, i.e. with or without the guide taking MDMA as well. The advantage of both people taking it is the very close communication made possible; the disadvantage is that it's hard for the guide to remain disciplined and devote him or herself to the task rather than go into themselves. One solution is for the guide to take a small dose, about half, as was done by Alexander Shulgin.(2) The dose used for therapy is important and should be about 2mg/kg (100mg per 110 pounds) - too little



may not overcome defenses, while too much may cause a defensive reaction.(134)

There are some worthwhile ground rules for such sessions:

1. The guide is there purely for the benefit of the subject and should take the part of servant and protector during the session. It is the guide's job to prepare the venue and deal with anything that might interrupt the session.
2. The guide agrees to act in the subject's interest, while the subject agrees to follow the guide's instructions. Both agree to avoid sexual contact during or following the session.
3. The guide and subject should discuss beforehand what the object of the session is, and agree how far the subject may deviate before the guide intervenes. Sessions frequently take an unexpected course, and the subject should say beforehand how deeply he or she is prepared to delve into new areas during the session.
4. The guide's job to listen but not to interpret, and to recapitulate when asked. It is also the guide's job to intervene when the subject deviates beyond the limits agreed beforehand. For the subject to relate what is going on to the guide throughout the session tends to keep the experience superficial, but this may sometimes be appropriate.

One example of many described in *Through the Gateway of the Heart*(31), an American collection of positive experiences on Ecstasy, is a 32 year-old man who was at a transition point in his life and career. His aim was "to examine this transition and proceed as quickly as possible to the task at hand".

I gained an important insight into the history and development of my personality and character. My awareness, confidence, and self assurance improved. The session provided me with one of the best opportunities I have ever had for true self-examination. I felt refreshed, vigorous, alert, and happy to an unusual degree.

..

I discovered and understood with a positive and profound conviction that my identity and personality were intact. I had feared, I suppose, that I might find that I had been damaged in some irreversible way. I felt tremendous relief and joy when I learned otherwise.

He added that for him, the most beneficial effects of MDMA were greater presence of mind and being able to talk with clarity.

Another example given in the book is that of a woman who had been raped eight years before she took E. She had the help of two friends/guides. Although LSD was the main drug involved, she was helped by a 65 mg dose of MDMA given 2 hours after the LSD:

My friends asked me to keep silent for ten minutes and to think of and feel what was happening to me. It took a long time before I could do this, always fearing

that I would simply go mad. When I finally accepted it and did it, I could feel the pain take over my body so that the suffering was physical as well . . .

I spoke of the rape. For eight years I have kept the most horrible aspects of that day hidden in the back of my mind, and it was only then that I realized that the little details I had wanted to ignore were eating at me like cancer. The memories became very vivid in my mind and the suffering became more intense . . . I started to feel the horror of that day and started vomiting . . . getting rid of pain, of an evil that had been destroying me.

Nine years later one of the helpers told me that "she is doing great these days".

### **Self therapy**

Some people claim that Ecstasy will help you to open up your heart and rid yourself of neuroses without the need for a therapist, and that in fact it is more direct because there is no transference, no-one else to look to except yourself. An enthusiastic Californian therapist is said to have believed in this so strongly that he gave up his practice and became a dealer instructing his clients in self therapy!(135) However, most professional people feel that a guide is essential to give support, unless the person is unusually good at self direction and without neurotic problems, as neurotic people can be opened up to deeper problems by the drug.(134, 135)

A well-known Hollywood director, who was used to constant attention and praise, made a film that flopped and was ridiculed by the media; meanwhile his wife lost her own high-status position. They were shattered. Taking Ecstasy at home together, they saw their situation in perspective: they had respect for themselves and each other which did not rely on media flattery.(139)

A man wrote to me how about how he feels E helped him:

I could see myself so clearly as this pathetic person who always put on an act of being the nice guy to cover up that I was really scared stiff of people. But on E I wasn't scared. I didn't try to be the nice guy and found that the people I was with liked me more as I was. This made quite an impression on me, and gradually I experimented with dropping the 'nice' me in everyday life. A few months later I had some E again and this time got fascinated what was going on inside myself. I found that it went back to being rejected by my mother who had me adopted: that made me distrust people and look for approval. I can't say it was an instant cure, but I do feel as though I came to terms with the past and now relate to people more honestly.

### **Improving relationships**

Very often couples become estranged over the years, relating to each other in less and less open and intimate ways. This may have advantages, such as providing a working relationship that avoids arguments, but it usually goes together with an empty emotional life. Taking Ecstasy

together has been called a 'marriage saver'. The experience can break through barriers built up over many years and, with these removed, restores intimacy to a relationship.([4](#), [5](#), [25](#), [26](#), [28](#), [99](#), [133](#), [134](#), [165](#), [188](#)) On the other hand, taking Ecstasy before a relationship is well established may be a mistake, leading to bonding without foundations.([132](#))

A typical example is a couple who used to be very close, but, after 3 years of marriage, argued about petty things such as who was doing their share of the work. They spent their time looking out for evidence against one another while ignoring what the other was contributing:

We were at each other's throats when Andrew said, 'Look, this is ridiculous, let's take that E we hid away and try to enjoy life like we used to'. I agreed, with some sarcastic comment about not being able to face the situation without drugs, and after taking it we carried on pulling each other to pieces. I remember saying to myself, 'No drug will make him see sense, I'm going to divorce him.' But as I was preparing my next onslaught I felt my aggression slide away and the intensity of my argument became deflated until I felt a bit silly. Andrew was not yet hit by the drug but, as he told me later, without my anger it felt like fighting a sponge: he couldn't carry on without opposition. I had felt confused: on one hand I was desperately trying to gear myself up to continue the battle, but the ammunition kept melting. I gave in and laughed, and so did Andrew. Soon I was crying, not out of sorrow for how I'd behaved but because we'd wasted so much of our marriage blaming each other instead of enjoying life. We both went through a lot of pain, but we ended up knowing we belonged together, and even now when we row we can see how petty it really is. I don't think we will ever get so bogged down again.

Two years later they were still together

Taking Ecstasy does not always have an obviously happy ending. Another estranged couple who took MDMA opened their hearts to one another, but while the man expressed love for his wife, she confessed that she did not love him and had never enjoyed making love with him. It was too much for the man to accept and the marriage broke up. However, some therapists believe that the best use of MDMA among couples is resolving a peaceful end to a relationship.([161](#))

### **Parent-child**

A woman, whose husband had left her, had become estranged from her 13-year-old daughter. It was a typical teenage rebellion with the girl staying out all night and the mother feeling she had lost control; conversation was limited to hurtful sniping. One day the mother was amazed and delighted to find that her daughter wanted to curl up in bed with her and talk about intimate secrets. Unknown to the daughter, the mother had taken MDMA the day before - although the main effect had worn off, the residual 'afterglow' must have made her approachable. Hostilities returned, but so did these times of closeness.

Another woman took Ecstasy with her 20-year-old daughter at a party. They were on good terms

anyway, but the conversations they had under the influence of MDMA reinforced the deep affection they felt for each other.

### **Brother-sister**

"Siblings always have a lot of shit together".(161) As adults, there are always a number of unresolved issues relating to childhood, such as one bullying the other or resenting more attention from parents. Taking Ecstasy together as adults allows long-suppressed resentments to be looked at and resolved, and the underlying love for one another to be expressed.(139)

### **Family reunion**

As a Father's day treat, a middle aged man chose to spend a day with his family on Ecstasy. The parents and two grown up sons all enjoyed the occasion, and look back on it as one that bonded them together again as a family of adults after the separation caused by teenage rebellion and leaving home.(139)

### **Problem solving**

This is best done on a normal dose within an hour of the effect coming on, as this is when the effect is strongest. It is useful to write down your problem before you start. For instance, you could decide to look at your relationship with your mother and why you avoid her. Or why you don't enjoy your job. Or to find out whether you really love someone (who is not present). It's a good idea to have a tape recorder handy and record how you see things. Failing this, have pen and paper ready, but you may find that thoughts come so quickly that it is hard to write fast enough, and that you are reluctant to make the effort.

This exercise can provide insights; described by some as an unobstructed view, perhaps the way you might see your situation if you were looking back a year or two later. However, studies have shown that judgement can be impaired by Ecstasy(86), so any new insights should be evaluated when you are not under the influence of MDMA, before they are acted upon.

I myself have tried MDMA for problem solving, and the first time got completely distracted into having fun - the exercise takes discipline.(161) The second time I saw everything in a simple and clear perspective; although there were no dramatic insights I felt that it cast a new light on some issues.

There is a danger of getting bogged down in one's own emotional mess. A good way to avoid this is to be with someone else who asks you what's going on and who will keep your attention on the issues at hand. A guide who is not taking the drug provides one way of doing this, but two experienced users can help one another. It's said to work best during the first hour when the effect of the drug is strongest. A lot can be covered in an hour, so it's a good idea to plan to have fun for the rest of the trip, in order to end up on a light note.

### **Picturing the future**

Several techniques taken from Neuro Linguistic Programming (NLP) and hypnotherapy can be used when on MDMA.

While on MDMA it is possible to address a problem you expect to face in the future using proven techniques. For example, you may have a colleague at work who you don't get on with, but whose point of view you can appreciate on MDMA and with whom you could have a much better working relationship if you could be as open and appreciative at work. The technique is to visualize your work situation on E and how you would relate to him, then try to apply the insight to the real life situation.(5)

Another technique is to visualize a situation in the future after you have achieved a goal, such as getting the job you want or marrying the person you desire. Imagine yourself settled in the new job or marriage and look back at how you got there. From this perspective, maybe you can see what was needed more clearly than looking forward, or perhaps you can see other possible ways of achieving your aim.

The third technique is to check whether your goal will really satisfy your needs. Imagine having achieved your goal in the example above and see how it feels. After the initial excitement of the novelty and achievement has waned, are you satisfied? Does it restrict you? What do you look forward to - another goal, or developing this new position? Was it the right goal?

### **Mini vacation**

For people with an intense and speedy lifestyle, Ecstasy can provide as much relaxation in two days as a week on a tropical island. A London acquaintance made the comparison:

I like to work hard without a break, and then have a holiday. But if I go away for a week I spend the first half of it winding down and the last day getting geared up again, leaving only two days of actual relaxation. But about a year ago I started to take MDMA with a friend who is also a workaholic, and now it's become a 3-monthly event. We go to his cottage in Kent for a weekend, sometimes with one or two others. On Saturday morning we take the MDMA along with our first cup of tea, and just allow ourselves to slump into a sumptuous state of relaxation, sometimes dancing a bit but mainly just lying around blissed out. We sort of agree that we are not going to talk much or do anything to distract the others during the first few hours, but in the afternoon we usually go for a walk and talk quite a lot about what happened for us, and how we saw each other. By evening we are hungry and go to bed early, and next day get up late and sit around and talk again. It's all very low key, but actually some of my best ideas have occurred to me on those weekends.

There is an American report on similar use in the US, based on interviews with 100 professional people who have hectic lifestyles.(104) They tend to be people who used LSD in the sixties but have led drug-free lives since. The report describes a very organised approach with much advance preparation and precise doses being matched to the person's weight. Some will rent a house for the weekend and follow a well-worn routine, devoting the actual trip to relaxation and

personal insights, while the next day is reserved for communication and reaffirmation of friendships.

A less structured way of using Ecstasy for relaxation is described by a 42 year-old English man who had not heard of the above paper.

I am one of those people who gets totally involved in my work (computer animation) - it becomes my life until the project is finished, so I work long hours without any let up. This suits me, but a time comes when I wake up rigid with tension and really need to take a day off. Before I discovered Ecstasy I tried country walks, weekend trips to Paris and spending the day in bed with my girlfriend, but I never really unwound, I remained tense and my mind was still on the project. But with Ecstasy I relax completely. It's wonderful to spend a day totally with my girlfriend, laughing and playing and indulging in gentle sex. I think that without these special treats she would not have put up with so little attention from me. I always feel great the next day, and, even though my mind has not been occupied with work, often come up with a new angle on what I'm doing - just like you might after a real holiday.

### **Keeping fit**

For some women, taking Ecstasy and dancing has replaced aerobics because it has the same effect but is more fun. Dancing for hours without eating or drinking alcohol is an ideal way to lose weight and keep fit. According to Sheila Henderson, who is running a research project on women Ecstasy users in Manchester,

The motivations for raving and keeping fit are similar. They are about pleasure-seeking, socialising, music and body image. The difference is that one's naughty and the other's nice. One makes you feel virtuous, the other you enjoy because it's a bit deviant. The combination of dancing all night and burning up calories is attractive to figure-conscious girls. Lots of women mess themselves up by going on crash diets. Many are now taking Ecstasy to slim.(35)

However, she adds that the switch from the gym to the rave is not so much a deliberate act - more that raving fulfils the same role as the gym, and provides an alternative lifestyle with the same benefits.

### **Artistic expression**

Ecstasy can also be used as an aid to drawing, writing, playing music(123, 139), singing(31) or other artistic activities. Very often the effect of the drug is to open up the artist to a broader perspective, sometimes uncomfortably.(132, 133) There have been creative writing workshops where the participants take a small amount of MDMA, about half a normal dose, and set to work. Some find it good for ideas, others find the E overcomes 'writer's block'.(5) Another method for overcoming writer's block is to focus on the writing while taking a normal dose, but to leave the actual writing until afterwards.

There are some people who put on a private multimedia show with all participants and audience on MDMA.(187)

A user who tried singing on MDMA told me:

It's like singing in the bath, but more so - my voice sounded quite professional, although, mind you, I was the only one who commented on it. Maybe it was awful really, I must try it again with a tape recorder.

And an artist who tried painting said:

I can't say I painted better on Ecstasy, but differently and more freely. It was as though I was free to carry on with the interesting bits without having to do the hard work. I think my style has become looser since then.

### **Yoga and Marshall Arts**

I have had several reports from people who have used Ecstasy while practising yoga and tai-chi besides one who has only taken Ecstasy while doing kung fu and yoga.

I was very aware of soothing warmth permeating my body. I began to put more energy into my form and experienced an increasingly heightened perception, reaching a peak after about 45 minutes.

One of the major aspects that the E shed light on was the use of energy (prana/chi) rather than a focus on muscular strength. My overall impression of the benefits of E usage in Hatha Yoga was that the session overall had its own distinct harmony and produced a highly balanced mode of perception in which contradictions of body and mind were 'synthesised' into a very pleasant equilibrium. The insights gained from the session have been incorporated into my daily practice, so that now the sensations produced by the E can be reproduced by the yoga - rather like a free trip.

The effect of Ecstasy on Kung Fu was to make clear that the user, who was male, was good at the hard or yang movements but had neglected those that were soft or yin:

I found that the softer 'feminine' touch counterposed the external, physically athletic 'male' side of kung fu, the balance of the two working in harmony improved the speed, power and insight into a given technique to quite a considerable degree. . . though I am not sure I would wish to be challenged to a fight under the influence.

### **Rituals**

Some people use MDMA as part of a ritual, either with each individual exploring inwardly and only sharing their experience later, or by interacting as a group, perhaps speaking in turn using a 'talking stick'.<sup>(166)</sup> The group ritual effect is to produce a powerful force and may include rebirthing and tai chi. Rituals are best done on low doses, otherwise it may be difficult to follow instructions.

A community has been taking MDMA together or in family groups for some 12 years twice weekly, and report continuing progress.<sup>(188)</sup> Others use it alone on particular days.<sup>(136)</sup> An example is given here from a German book on MDMA.<sup>(103)</sup>

Some members of The Native American Church use MDMA in place of Peyote for healing ceremonies. The results are described as remarkable, and white people are easily integrated.

The ceremonies take place at night. Participants are asked to fast for eight hours beforehand, and start by sitting in a circle with sage and myrrh burning as incense. Each person expresses their wishes for the session and takes 100 to 250 mg of MDMA with a small amount of distilled water.

When the drug comes on, they perform three dances with a drummer beating out a heartbeat rhythm. For the first dance, the dancers are asked to focus on the animal spirit within. They go round stamping out the rhythm which they feel connects them with the animal world and the earth.

The second is a circle dance, where each follows another round, focusing attention on the circle of people and the cycle of life. This has the effect of connecting individuals to the group.

The third dance is done with two rows facing each other. The dancers stay on the same spot, and allow all their thoughts and feelings to flow.

After the dances, the participants sit in a circle and pass round water. Each person takes a turn with the talking stick in one hand and a shaker in the other. As holder of the stick, that person is allowed to talk, sing or dance while the previous person accompanies them on a drum. The others focus their attention on the speaker but without looking at them. When everyone has had their turn (lasting three or four minutes), water is again passed around the circle and more incense is burned. Finally, they meditate while they watch the sun rise.

A white American participant who attended such an event described it as a socio-therapeutic session. There were 23 participants in her group, and she felt very much part of it all and that there was mutual trust. She felt waves of energy from the others and says she felt in tune with the self, the circle and the world.

## **Imaginary Journeys**



This technique can be used purely for fun or to learn more about yourself. Ask a partner to take you on a journey where you face various difficulties and pleasures. The E state will help you to feel the situations and respond to them emotionally. Your partner notes your responses and discusses them afterwards.

I was told about someone who had decided to go travelling to the third world for the first time. A friend who was a veteran traveller took him on a fantasy journey based on some of his real-life experiences, from the exhilaration of visiting an Amazonian tribe to the misery of being ill with malaria. Even though the guide was not on MDMA, he said that he relived his experiences just because he had such a good audience.

### **Treating addiction and alcoholism**

Although there is no study to date, there are anecdotal reports that Ecstasy can help coke(165) and heroin addicts to break their habit, of which a personal account is included.(appendix 2)

Treatment of alcoholics is another possibility, and a trial is planned in Russia depending on government approval.(101, 142) A trial on alcoholic rats showed that they consumed less alcohol and more water when given MDMA.(102)

### **Relieving pain**

There is growing interest in MDMA's potential as a pain killer. This has been stimulated by two commonly observed effects of the drug: that when people injure themselves while they are under its influence they can easily accept the pain(30), that it appears to enhance the effect of morphine(127) and that it dissolves fear, which can include the fear of death.(70) Dr. Henry of the National Poisons Unit believes that MDMA stimulates opioids, a neurotransmitter, that numbs people so that they do not feel pain, as occurs when people injure themselves at sport.(30)

A trial of MDMA for the relief of pain in terminal cancer patients began in 1993 - the first trial involving humans to be approved in the USA.(24, 127) Russian researchers are also interested in doing research on using MDMA for pain relief, and, with funding from the west, hope to investigate MDMA for the treatment of alcoholism, neurosis and also terminal cancer patients.(101)

### **Psychological research**

According to Enoch Callaway, humanity's most pressing problem is to understand the human mind, yet results of research to date has been disappointing. MDMA, with its unique quality of stimulating feelings of love, could be a useful instrument in psychological research.(100)

### **Training psychotherapists**

Among mainstream therapists, there is a trend away from the Freudian idea of the analyst acting as a blank wall, towards the realization that empathy is important to therapeutic success. It is also becoming more recognised that therapists not only learn an intellectual interpretation of their

own analysis but also understand their feelings. Several people have suggested that MDMA would be an ideal tool for this purpose.([126](#), [135](#))

### **Chapter 11: Suggestions for first time users**

This chapter is not an encouragement to take Ecstasy. It is an illegal drug and in some situations can be dangerous. These suggestions are included for the benefit of those who have already decided to take Ecstasy, so that they may get the best out of it and reduce the dangers to a minimum.

#### **Health**

First check on your physical condition. MDMA puts extra strain on the body, so you should be healthy and rested. In particular, your heart, liver and kidneys all have to work harder. If you have ever suffered from jaundice([106](#)), you may have a weak liver. If you have doubts about your body's ability to deal with the extra strain, then have a check up. Avoid taking MDMA if you are on antidepressants of the MAOI type([107](#), [127](#)) (The SSRI type are OK but you may feel no effect.([142](#))) You may want to follow the more thorough screening code used in therapy by Dr. Greer.([99](#)) If you are especially sensitive to other drugs (such as Contac, sold for colds), then you may also overreact to MDMA and you should first see the effect of a very small dose.([141](#), [178](#))

Your mental health is equally important, and rather more difficult to assess. If you are unsure of this, or have doubts about being stripped bare of your image, then you should avoid taking psychoactive drugs.

It's probably wise to stay off MDMA if you are pregnant([58](#)), although trials show that it does not harm the offspring of rats.([108](#))

#### **Situation**

Find a situation where you feel good. If you enjoy large parties and clubs, a rave could be ideal especially if you are with friends. Taking Ecstasy with a lover can be wonderful, but avoid being with people you are not sure of, especially someone you are emotionally attached to but have doubts about unless you are prepared to use situation explore your relationship. The ideal home setting for taking Ecstasy is a spacious room where you feel secure and can let yourself go without arousing the neighbours.

Alternatively it can be nice to take E outdoors in warm weather and pleasant familiar surroundings. It's important to feel free to express yourself without inhibition or interruption, so choose a place where you will not be seen or overheard.

#### **Looking after yourself**

If you have any doubts at all, take a very small dose and wait an hour (the time it takes to come on) before deciding whether to take more. Half a dose is quite enough for many first time users,

especially women and small people. Drink plenty of water or fruit juice (except black currant(141)) but avoid alcohol and other drugs, and if you are dancing, realise that you may be dangerously overheated even without feeling uncomfortable. Look after friends and get them to look after you. The ultimate precaution would be to use a forehead thermometer, a plastic strip that changes colour with temperature, sometimes available free from Boots to promote their own-brand medicines.

Taking vitamin C and E may help to reduce exhaustion.(36) Get good sleep afterwards.

Folklore has it that calcium and magnesium help prevent jaw clench (and even toxicity). This was suggested in 1984 and has been repeated in popular writings on Ecstasy(7), but is not supported by medical evidence.

### **Guide**

If you decide to take Ecstasy at home, choose a guide who is thoroughly familiar with its effects, and who you can trust completely, to look after you. Although a lover may seem the obvious choice, taking E with someone you are intimate with carries risk that you may 'see through' your relationship or reveal hurtful things to each other. The ideal choice is someone who you know well and have no conflicts with; someone you feel you do not have to impress, and to whom you are happy to reveal your needs and failings.

### **Preparations**

Ensure that you will not be disturbed by visitors or by the telephone. Make sure there are comfortable places to sit or lie down. Have plenty of fruit juice and plain water on hand to drink and some chewing gum to chew in case of jaw clenching. Wear loose, light clothing but have extra clothes and a downy or blanket to hand in case you need to warm up. Line up some of your favourite music, both for dancing and as a pleasant background. Bring some personal objects that you are fond of - things to handle and look at, or perhaps some photographs of people you are fond of. A mirror could be useful for looking at yourself. A tape recorder and camera or video camera can be fun and help to you relive the experience later, but, if you don't have access to these, have a pen and paper ready in case you have the urge to make notes. Earplugs and a blind like the ones used by people who want to sleep on planes can be useful, too. Finally, make the space attractive: have nice things to look at, smell and touch - such as flowers, essential oils and silk.

You really don't have to plan anything for the trip itself; just let it happen and 'go with the flow'. But a guide can help you sample a range of pleasant experiences that you would otherwise miss, as there is a tendency to get absorbed in one aspect of the drug's effect and to be reluctant to switch to something else.

### **Timing**

The full effect of the drug only lasts for three or four hours, but you should allow a minimum of eight hours and it is best to reserve a whole weekend free of commitments.(43) This allows you

time after the trip to go over your experiences with your guide. This is usually really enjoyable and can be particularly valuable if anything came up during the trip which needs resolving.

If you can't take more than one day off, start reasonably early in the morning so that you will have plenty of time with your guide after the trip before going home to get a full night's sleep. If you can't allow yourself a whole day, then start early one evening and make time to discuss the experience the next day.

## Rules

Establish with your guide a clear set of rules for the trip. You may like to keep the rules used in therapy(28), or you may like more relaxed rules such as confidentiality, no sex and no activity that could be destructive or draw attention from neighbours. It's a good idea to write down the rules so as to be quite clear.

## Notes for guides

To be a guide is usually a delightful experience, but it is a responsibility that must be taken seriously. Take time beforehand to find out the aims and expectations of the person you are to guide. You should not only ask them whether they are sufficiently fit and free from emotional problems to take Ecstasy, but also judge for yourself. It's not a good idea to play the guide to someone who is looking for something to 'cure' them unless you are an experienced therapist. But however well you vet people, difficulties can still arise and you must be prepared to deal with them. People used to taking E at raves may react differently when they take it with only their guide for company.(32)

Obviously it is important to make the venue pleasant and free from interruptions, but it is also important to show that you put care into the preparations. As one person remarked, "When I arrived and saw how much care and attention had gone into preparing for my trip I immediately relaxed as I knew I was going to be well looked after". Present yourself as a servant and as a committed supporter.

It is also important that you give the expectation of a wonderful time. If you show signs of worrying, this may make your friend look for something to go wrong with the trip; if you are enthusiastic and expect your friend to have a wonderful experience, you will help to bring this about.(109) Discuss beforehand what the purpose of the session is. If it is just for fun and to experience the effects of the drug, you can offer to give a 'guided tour' of the effects from looking inside to dancing and perhaps a walk outdoors. But maybe the person wants to explore something about themselves, in which case the guide's job is to simply 'be there': to provide security by giving reassurance when appropriate and to be available to talk to, typically as the effects wear off. Side effects very often manifest as a result of emotional problems, and it may be helpful to suggest looking at the underlying cause. People who become 'stuck' can be supported in what they are feeling, and if it is uncomfortable, reminded that they will become unstuck as the drug wears off.

## Chapter 12: What Ecstasy is and where it comes from

**For test results of samples of Ecstasy, see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

Ecstasy is MDMA or, to give it the full chemical name, '3,4 Methylene-dioxy-N-methylamphetamine', pronounced 'Three-Four Methylene Dioxy N Methyl Amphetamine'. To a chemist the name describes what the molecule consists of. The word 'Methyl' is sometimes abbreviated to 'Meth', and the letter 'N' and numbers '3,4' are often omitted, leaving the more usual 'Methylenedioxyamphetamine'. (The 3,4 indicates the way in which the components of the molecule are joined together, as it is possible to produce an isomer which has all the same components joined differently.) Similarly, the initials are sometimes reduced to MDM (although this is old-fashioned) and of course there are the various popular names such as E, Adam, X and Empathy.

Many people believe that the name implies a mixture of ingredients but this is wrong - just as water is not a mixture of oxygen and hydrogen although its molecule consists of oxygen and hydrogen atoms. Like water, MDMA is a compound, not a mixture. So, although the name contains the word 'amphetamine' and the law refers to MDMA as a 'psychedelic amphetamine', MDMA contains no amphetamine. The amphetamine-like effects may be related to dopamine release.[\(38, 186\)](#)

### Is it really Ecstasy?

**See under Testing on my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

What is sold as Ecstasy in Britain is just as often MDA (3,4 Methylenedioxyamphetamine) or MDEA (3,4 Methylenedioxy-ethylamphetamine, also called MDE or Eve). Again, these are pure substances. But in addition, 'Ecstasy' often consists of various other drugs such as mixtures of LSD and amphetamine or caffeine. In America, the last figures published by Pharmchem (1985) show a similar picture - only half the samples were pure MDMA, with nearly half the remainder being MDA or MDEA while the rest was either another drug altogether or fakes.[\(161\)](#)

### Why Ecstasy may not be as good as it was

Many regular users are convinced that the quality of Ecstasy is not as good today as it used to be. Though this may well be true, a person's experience on E depends on several factors quite distinct from the quality of the drug.

The first is tolerance.[\(34, 110, 37\)](#) If you had an unlimited supply of absolutely pure MDMA and took the same dose each day in the same situation, you would find that the most smooth, open, loving experience with the least amphetamine-like effects would be on the first dose. Each subsequent experience will have less of the loving feeling and more speediness until, after 5 days or so, you might as well be taking amphetamine (speed). You would then have to stop taking MDMA for a time before you could experience the good effects again. After a week without MDMA, its effect will nearly be back to normal, although to get the full effect you may have to abstain for as long as six weeks. Even then, the experience may not be as good as your first one - but that is probably due to being familiar with the effect.[\(99\)](#) Tolerance varies according to the

individual, and to the size of dose taken. But as a rough guide, tolerance is noticed by those who take more than one E a week.

The second factor is your state of mind. Although this applies less with MDMA than with many other drugs (particularly LSD), the effect is highly responsive to your mood - in fact one of the drug's effects is to liberate suppressed feelings. You may not even notice that you are uncomfortable about something until the drug takes effect.

The circumstances where you take Ecstasy influences the effect, and it has been suggested that dancing on E may also alter the drug's effect.<sup>(32)</sup> Expectations also play a surprisingly large role in the effect - people get what they expect. Everyone likes to believe that they won't be fooled, but tests in which LSD and hash were substituted with a placebo show that, with those drugs at least, nearly everyone experiences what they expect.<sup>(109)</sup> Alexander Shulgin, who wrote a book on the effects of psychedelics<sup>(2)</sup>, describes how he had an emergency operation on his thumb during the war.

Before the operation he was given a glass of orange juice with white powder at the bottom which immediately sent him unconscious - later he was told the powder was sugar!

Nevertheless, the overall quality of Ecstasy has gone down over the years. When Ecstasy first hit England, it was brought by enthusiastic users from the USA for their friends, and so tended to be pure and strong. Now it comes mainly from illicit factories in Holland and is distributed for profit by entrepreneurs. It may be less good because:

1. It is weaker. Dr. Les King, who is in charge of testing samples of drugs seized by the police, has the impression that the strength of tablets and capsules has gone down by 10-20% over the past couple of years.<sup>(54)</sup>
2. It is MDA, not MDMA. There is as much MDA seized as MDMA<sup>(54)</sup>, and this produces less of the warm, empathic feelings, although it is so similar to MDMA that much has been sold as Ecstasy without anyone realising. The most obvious distinction is that MDA lasts twice as long, 8 to 12 hours.
3. It is MDEA, not MDMA. MDEA appeared on the market in 1992 and the proportion of street sales of Ecstasy that are actually MDEA is rising.<sup>(54)</sup> MDEA is quite similar to MDMA but most people who have compared the two drugs do not like it as much, saying that they are not able to communicate as well or that they feel more stoned and less clear-headed. It lasts the same time as MDMA, 3 to 5 hours.
4. It is a mixture of the above drugs. Many people believe that the effects they experience are due to mixtures ("That one had a bit more speed in it") but in fact mixtures involving MDMA-type drugs are rare.<sup>(54)</sup>
5. It is a cocktail of drugs designed to substitute for MDMA. When MDMA is in short supply, dealers have been known to produce mixtures which they hope will produce similar effects, such as LSD and amphetamine.<sup>(54)</sup> The effect of this combination lacks all of the warmth and

empathy of MDMA and the LSD component lasts for twice as long.

6. It is simply speed. In Holland, 15% of street samples of "Ecstasy" consisted of amphetamine and/or caffeine.(21)

7. It is a fake. About 10% of 'drugs' seized by police turn out to contain no active ingredient at all. This proportion has not changed over the years.(54)

8. It has been contaminated by a poison. This is one of the ideas loved by the tabloid press who have suggested that addictive drugs have been added to pills, a variation of 'the dope peddler who gives the kids free samples to get them addicted' shock horror story. Another variation says that rat poison or broken glass has been found in pills. Lab tests on samples here and abroad have found no such contaminants.(54)

9. The MDMA was badly manufactured and contains chemicals with nasty effects. This is a possibility, but has not been supported by analysis of samples.(54)

Another reason sometimes given is that, in addition to tolerance, the effects of the drug change with repeated use, but this was not found to be the case in trials of MDMA on psychiatrists.(26)

### **How can you find out what it is?**

**See also under Testing on my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

It is not possible to identify MDMA without equipment. Most people judge by the appearance as some 'brands' have a good reputation, but beware of fakes. Lookalike pills can always be distinguished when compared side by side, but its hard to be sure later. Its a good idea to examine each pill very carefully and remember features that are hard to copy such as precise details of the design pressed into the pill. Capsules are obviously far more dodgy, as the same ones may contain different powders which may look similar. The only clue is then taste, and so its a good idea to get to know and remember what good E tastes like.

In Holland, there are several 'safe houses' with which the police have agreed not to interfere, where people can take drugs for analysis.(112) (See [Appendix 6](#) on page 310.) The Dutch government even pays people to buy samples of street drugs and send them in for analysis so that the results can be published(21). However, there is no legal way to have a pill tested in England.

There is a laboratory reagent called Marquis that consists of sulphuric acid and formaldehyde which I have seen used in Amsterdam for testing drugs brought in by dealers (wrongly described in MixMag as a machine for testing Ecstasy). It shows a dark colour with MDA, MDMA and MDEA, but also turns dark with many prescription drugs and even some paper, so is not a reliable test, especially when used by inexperienced people. However, regular users of Marquis claim to be able to acquire the skill to distinguish between several drugs including amphetamine, which shows orange, from MDMA which shows a darker colour, or brown/black-purple.(54)

A drug testing kit is marketed by British Drug Houses and Merck (product code 321761, price

about #35). This consists of 40 ampoules of Marquis; to use it you break off the neck of an ampoule and drop in a tiny bit of the drug. The instructions say that within a minute the Marquis turns violet with opiates and 'yellow/orange/brown' with amphetamines and MDMA-type drugs. Absence of colour indicates none of these drugs are present, and this is what it is used for - as a quick way to check whether a suspect tablet does not contain an illicit drug.

### **Laboratory analysis**

The method used to detect MDMA (and other drugs) is called chromatography. The principle is akin to the coloured rings around a drop of ink as it spreads out on a piece of paper: under controlled conditions, different drugs form characteristic rings. Equipment is set up to test for various drugs by seeing whether characteristic bands are produced, and the method can be used to test samples of pills and to detect the presence of drugs like MDMA in blood and urine. At the National Poisons Unit there is a fair sized laboratory equipped with chromatography testing machines of various types. Each machine is dedicated to looking for a particular drug or poison. Some drugs, like cannabis, can be detected up to "five weeks after a single reefer", while LSD is very hard to detect. MDMA can be detected the day after it is taken and sometimes longer.(30)

### **Physical properties**

Pure MDMA is a white crystalline solid. When the crystals are too small to see it looks like a fine powder, but they are often large enough to sparkle and its possible to grow giant crystals up to a gram. The powder tends to stick to a dry finger but without forming lumps. It is chemically stable so that it does not decompose in air, light or heat - i.e. it has a long shelf life, unlike LSD.(141) It dissolves in water but does not absorb dampness from the air. MDMA has a distinct, strong and rather bitter, taste.

### **Manufacture**

**For an interview with manufacturers and review of recipe books , see my site [ecstasy.org](http://ecstasy.org) online in both [North America](#) and [Europe](#)**

There is very little MDMA manufactured for medical use(169), so that (unlike amphetamine) what is sold on the black market is also manufactured illicitly.

Most of what is sold as Ecstasy in Britain comes from Holland. The reason is simple: the sentences for supplying drugs in Holland are lower than other countries and the prisons are more comfortable. It is far less risky to smuggle drugs into England than to set up manufacturing facilities here. The trend is towards manufacture in Eastern countries where the materials and equipment are more easily available and bribes will avoid imprisonment. However, the methods are well known(2, 163, 189) and there are small scale manufacturers everywhere.

One group told me about the problems of manufacturing from their point of view.(167) Far from being an easy way to make money, it sounded like a nightmare of problems from explosions to paranoia. Suppliers are meant to inform police, so materials had to be bought at inflated prices for 'cash and no questions', but this always left them open to blackmail. The synthesis produced



poisonous fumes and sometimes they had to evacuate when things got out of control, returning to find their valuable product dripping from the ceiling. Sometimes fumes billowed out in white clouds and could be smelled miles away. Even selling it was a problem carrying far more risks - and less money - than they had expected.

I have spoken to two people who have visited clandestine factories in Holland.(21, 112) One described a small operation producing MDMA in a private home: the equipment was ex-industrial, consisting of an autoclave and a 14,000 rpm mixer. Neither of the two operatives were chemists, although one had worked in a hospital laboratory. They had no previous experience, they simply taught themselves from books and papers in public libraries. They were cautious about buying the materials, so ordered them separately from suppliers in different countries. The cost of setting up the factory - about #70,000 - came from a criminal who wanted to get into the drug business. It took the operatives six weeks to make a batch, with many failures, but they said they could have done it in far more easily with the right equipment.

Very few clandestine factories have been discovered in Britain. One, in a shed in a garden centre, was found to be producing a batch of 20 kgs - enough for 200,000 tablets - every 24-36 hours.(89)

The manufacturing process produces a raw substance of which between 80% and 95% is MDMA. Incomplete synthesis results in a brownish colour.(110) A filler, composed of an inactive compound such as china clay, is then added to bind the pills and to make them bigger. Pills typically weigh between 200 mg and 600 mg each, of which only 100 mg is MDMA.(54) Sometimes a colour is added. Speckled effects are produced by mixing different colours of filler, giving the false impression that the pill contains several active ingredients.

Pill-making is an art in itself: if the pills are too solid, they may be shitted out whole; if they are too soft, they may fall apart in the mouth - the pressure and filler have to be well controlled. Commercial drug manufacturers use a small piston which forces the ingredients against a die at high pressure, producing a hard, smooth tablet. The die is engraved with a logo or name and can be changed according to the type of pill. Like the big drug companies, clandestine manufacturers use a die to identify their 'brand'. Word soon gets round that a particular brand is good, but before long fake lookalikes are sold and the brand loses its reputation. Brands therefore typically have a life of only three to six months.(54) A single factory will produce different brands for export so as to reduce the risk of being traced.(112)

Because many Ecstasy pills are badly made, pills such as aspirin are sometimes rubbed down to remove their markings and give them the look of illicit manufacture before being sold as fake Ecstasy.(113) Some Ecstasy is also sold as a loose powder or in capsules; this probably comes from small manufacturers who do not have the pill-making equipment.

As much MDA and ???MDEA is sold in Britain as MDMA. MDA is easier to make since it is a half-way stage in one method of manufacturing MDMA, and requires fewer controlled precursors than MDMA. The reason so much MDEA was produced in Holland is because it was legal until 30th July 1993.(160) Police action to prevent manufacture in Britain follows the principle of encouraging the suppliers of precursor chemicals to inform the police of suspicious

orders. A new law making it illegal to manufacture or supply precursor chemicals means the suppliers could also be prosecuted.(114) Illicit laboratories raided to date have all been discovered by tip-offs from informants.(14)

## Distribution

According to the police(89), the typical drug dealer nowadays is a middle-aged criminal who has been in prison many times and probably committed armed robberies when he was younger. Police say that the pattern has changed, and that this kind of person never used to get involved in the drugs trade. The Mafia and other gangs of organised criminals are not suspected. This view is supported in a book called *Traffickers* by Nicholas Dorn.(115) Dorn says that, far from fitting the popular image of organised crime under the direction of "Mr Big", in Britain there are no drug barons and relatively little corruption. Drug dealing is, in fact, 'disorganised crime'.

According to Dorn, there are seven distinct types of dealer, but the situation is fluid; individuals change their method of operation, making it very difficult for the police who, he says, are less flexible in their methods.

At the top end are those who will organise production, such as the criminals who put up #70,000 to set up a factory in Holland. Then there are wholesalers, criminals who buy by the kilo for #20,000 or so (#2 per dose). They sell on to the middle men who buy a thousand Es at a time for #3 to #5 each and re-sell by the hundred at about #8 per E to the dealers who sell to the public at about #15 each, though often these are bought in batches of ten or so at a small discount (such as one or two 'free' tablets). Recently I've had reports of street prices as low as #814 and #9.(79) The price of illicit drugs does not bear the same relation to the cost of production as does the price of legal drugs. Instead, prices seem to start as high as the market will bear but then stay at that figure, defying inflation, or actually falling over time.(40)

A large proportion of the retail trade is conducted by people buying for their friends without making a profit, although usually gaining a few free tablets for their own consumption. Then there are the dealers who are trusted as connoisseurs of the drug, and will describe the subtle qualities of the particular batch from personal experience. This type of dealer never sells to the public but only to regular clients who respect them, so the dealer cannot afford to provide poor quality.

Another variation, more common among working class men, is for friends to arrange a meeting place, usually a pub, before a rave. One person knows of a supply and collects money on behalf of the others, then returns with the drugs which cost each person less than if they had bought separately.(40) This method carries more risk, either of losing your money or of getting poor quality. The person buying for the others also runs the risk of far greater penalties, see [chapter 7](#).

A more commercial form of supply is by individuals who buy 100 or so and are either 'known' at certain clubs, or go around offering them for sale. They may be honest, especially if they are known, but they may also be selling fake Es. A new trend is for 'retail specialists' to sell in a club or at a rave. These are organised gangs, but probably not part of a large syndicate. They cooperate with security staff or the promoters of raves and clubs, and occasionally, so I have

been told, with the police. The club or rave organisers put on a show of heavy security, searching people on their way in so as to exclude dealers. This leaves the way open for the gang to sell inside. Some members go around asking people if they want to buy drugs without carrying stock themselves so that, if arrested, they will not be accused of 'supply' and may get off with a fine. The stock and money is carried by members who are well protected by body guards, and lookouts warn of police activity inside and outside the venue. They have contingency plans worked out in case of a surprise raid, for example members who are free of drugs might cause a fight so as to attract the attention of the police while those carrying drugs and money escape.

Regular ravers tell me that such an operation frequently exists when there is tight security on entry and can easily be observed, yet the police hardly ever attempt to arrest such gangs. I am told that drugs sold this way are generally low quality and are sometimes fake.

A report by Dr. Newcombe of Manchester University suggests that "It would be unrealistic to expect any strategy to substantially reduce the use of drugs at raves", but he does suggest that police attention should be directed towards such gangs. He also believes the gangs are responsible for selling bad quality drugs.(33)

### **Chapter 13: Official Attitudes and Harm Reduction Policies**

There are a range of attitudes towards drug use. At one extreme there is the view still widely held in the USA that all drugs (although, inexplicably, alcohol is excluded) cause enormous damage to young people, and must be stamped out by tough use of the law and campaigns such as "Just Say No" rather than genuine education. The view is that drugs are evil in themselves and that no sane person would choose to take any illicit drug unless he or she had a perverse or inadequate personality. Drug dealers are seen as ruthless criminals who have no respect for their customers, and "give the kids free samples, because they know full well that today's young innocent faces will be tomorrow's clientele." These were the satirical words of Tom Lehrer some 40 years ago, but there are some people who still believe in this view, including police in the drug squad.(89)

At the other end is the Dutch government. Although members of the United Nations and therefore signatories to the Convention on Psychotropic Substances(15), the Dutch have decided not to prosecute people found in possession of drugs for their own use, without actually changing the law. Instead of trying to prevent people from taking drugs, the authorities in Holland give drug users help and information so they can choose for themselves. To this end they employ people to buy samples of drugs sold on the street which are then analysed and the results published. Occasionally there are warnings about particular pills that are very strong or are adulterated: in one case 'Ecstasy' that turned out to be Ketamine. Holland also has a "safe house" policy. This means that certain drug agencies have assurances from the police and authorities that visitors will not be raided or stopped on their way in or out. This provides a link between the authorities and the dealers. The pact gives dealers an opportunity to talk about their side of the trade and to have samples of their wares tested, while it provides the authorities with detailed (although anonymous) information about what is going on.

One might say that Britain is in between. My impression is that the Establishment and police

favour the official American view, while workers in the field sympathise more with the Dutch. In researching this book, I have come into contact with a number of people who are paid by the government including social workers, teachers, doctors, psychiatrists and researchers in the field of drug use. Many of them cannot afford to say openly what they believe, but off the record have told me they believe that Ecstasy has done more good than harm; several have admitted trying the drug for themselves. At one drug prevention agency I was surprised to hear the staff speak positively about Ecstasy just after their head had told me of the importance of warning users about its dangers. The discrepancy was later explained by the need to raise funds for the organisation.

### **Current trends**

There are signs of attitudes softening. In Britain, the Independent and Economist have launched a crusade to legalise drugs on the grounds that prohibition is the route cause of about half the crime, and that present policies simply do not work - a view also voiced by Commander John Grieve of the Metropolitan Police.(164) In America, the Just Say No campaign is losing credibility and is being challenged by more and more critics including the mayor of San Francisco. In Europe, Holland has been leading the way towards liberalisation but faces pressure from other EC countries to tighten up. A Dutch committee has also recommended that MDMA be reclassified to the same class as cannabis.

### **Future change in attitudes**

In June 1993, a paper called 'X at the Crossroads' predicted that E had a high growth potential in the USA, and that public attitude to the drug will change from its present disinterest to either 'marijuana-like acceptance' or 'LSD-like rejection'. Which way it goes will probably depend on chance rather than common sense, since the public are more influenced by media horror stories than statistics.(151, 154)

In Britain, use has been steadily increasing while media coverage has declined. This is partly due to far fewer casualties resulting from successful harm reduction campaigns, but also media burnout. With polls showing that nearly half the population favour decriminalisation of cannabis, and some serious discussion of legalisation of all drugs, it seems likely that attitudes will soften.(151, 164)

On the other hand, there has been concern that "Jobs in traditional leisure industries are being jeopardised by the huge growth in raves which have mushroomed into a #2 billion-a-year industry".(159) The powerful brewery lobby in Britain is likely to put pressure on the government to clamp down on raves.

### **Harm Reduction**

Harm reduction policies(116, 117) are based on the idea that it is of greater benefit to society to put effort into reducing the harm caused by drug taking than to prevent drugs being consumed at all. This was first applied to opiate (heroin) users in response to the AIDS scare by supplying free syringes to prevent HIV being spread through sharing needles.

In relation to Ecstasy use, harm reduction has recently been adopted as a policy by Manchester City Council(118) in the form of a Safer Dancing campaign. Before this, venues were being closed when the police found illicit drugs, with the result that the clientele moved on to other venues - often unlicensed premises. People suffered from heatstroke as a result of taking Ecstasy in badly ventilated venues where water to the wash basins had been cut off, forcing them to buy drinking water at exorbitant prices. At the illegal raves there are frequently other risks too, such as small or locked exit doors and poor fire access.

Instead of closing clubs where drugs are being used, 'harm reduction' policies accept that people are going to take drugs, and that what is important is to reduce the risk of harm. Dr. Newcombe of Manchester University has been one of the main protagonists of this idea, and the policy is now widely accepted by many people working in the field. Dr. Newcombe offers courses on harm reduction including one related to Ecstasy use(119); under the name The Rave Research Bureau, he offers a consultancy service to club owners who wish to have their premises monitored.(120) Many club owners are becoming more responsible(40) and some even employ people to look after ravers who have problems.(118, 121) However, at one event I attended in 1993 in London the water had been cut off to all the wash basins in the toilets and tap water was being sold at #2.50 a bottle; at another, an illegal rave under a railway arch, there was only one unlocked narrow exit for over a thousand people.

### **Safer dancing in Manchester**

In Manchester, however, evidence of sharp practices on the part of a number of night clubs has triggered the beginnings of a consensus that harm-reduction is the way forward. Tony Cross, press officer for Manchester City Council, said: "We had confidential information that a number of clubs were turning off the cold water supply; charging #1.50p for a glass of water; turning up the heating and switching off the air conditioning. A couple of clubs were doing it every weekend". In neighbouring Bolton, a club called the Pleasure Dome which deliberately switched off its water supply on rave nights achieved notoriety when the local paper reported that "drug crazed" girls had been seen drinking from toilets and was forced to close in 1992.

Local authorities have responsibility under the law for issuing and withdrawing clubs' entertainment licenses and ensuring that their premises are safe. Manchester's response, following advice from Dr. Russell Newcombe, of Manchester University's department of social policy and social work, was to introduce a code of conduct which clubs have to conform to as a condition of retaining their licences. A minimum code of conduct, announced in December 1992 with the launch of the "Safer Dancing Campaign", will be followed in 1993 by more detailed requirements.

The minimum code requires clubs to do the following:

1. monitor air temperature and air quality at regular intervals throughout their premises and improve methods of ventilation if necessary;
2. provide adequate facilities for "chilling out" such as a room with a quieter and cooler

atmosphere and comfortable seating;

3. ensure that cold tap water is available in toilets and provide free water at bars;
4. provide customers with up-to-date information about the risk of drug use; how to avoid overheating and where confidential advice and help can be obtained;
5. employ outreach workers to operate on site offering confidential advice, first aid, and a referral service for customers.

There are about seven clubs in Manchester involved in the rave scene and the council is concentrating on these in promoting and following up the new policy. It met with the club owners in March 1993 to discuss the implications of the minimum code and, in conjunction with the non-statutory drug agency Lifeline, it has produced a series of educational posters about E that have been sent to all Manchester nightclubs. By February 1993, one club had been found - by a Lifeline volunteer - to have broken the code by switching off its water. "An enforcement officer will visit that club to review the situation; we will threaten to revoke their entertainment licence and we could then do so," Mr. Cross said. However, Lifeline researchers say that other clubs, notably The Pier in Wigan and The Hacienda in Manchester, have been exemplary in introducing a wider range of safety measures than required by the code. Meanwhile new clubs such as The Parliament in Manchester provide even better facilities than the code demands.

The council is also taking advice from Dr. Newcombe on what to include in the extended code of conduct. He has suggested more stringent steps such as requiring all clubs to cooperate fully with police drug squads and assist with surveillance operations and intelligence; stationing security staff in areas where drug dealing takes place; altering the internal structure of clubs to aid surveillance and keeping a log of all incidents of violence, drug use, drug dealing and other criminal acts.

The policy has aroused great interest from other authorities, private individuals around Britain reporting similar sharp practices and the Institute of Environmental Health Officers. It is likely to become the model for authorities covering other centres of the rave scene.

### **Chapter 14: Conclusion**

There are several very different uses of Ecstasy: spiritual enlightenment, psychotherapy, use in rituals and artistic expression, empathy with others and for fun. The effects of the drug sometimes appear contradictory when described by different categories of users. This is because the drug does not produce any given effect, but rather allows the user to go further in their own direction. It does this by its unique but subtle combination of effects: dissolving fear, while simultaneously relaxing and stimulating. I have always thought that ritual, religious experience and group elation were valuable experiences missing from our sterile society, and I can believe that raves fill the void. They provide a taste of a richness lacking in normal life.[\(122\)](#)

Ecstasy and its effects are an important part of life for a large proportion of people in Britain, and

increasingly other parts of the world, today. The establishment and the media have responded by trying to prevent Ecstasy use by means of scare stories and heavy legal penalties, with very little attempt to understand the attraction of the drug or to provide genuine help and information. This has had the result of making Ecstasy users lose respect for the media. There is a need for the media to report honestly about illicit drug use, and this requires telling the whole truth. There is no justification that I can see for the law preventing willing, informed adults from consuming whatever they want to. However, even those against legalization should support the reclassification of MDMA. The law gives the wrong message by including MDMA among the most dangerous drugs, discrediting the Class A category. Once having taken MDMA and found it to be fun and not harmful, users are more likely to go on to try other Class A drugs such as crack cocaine. The law should be changed to put MDMA in the same category as cannabis.

There has been a disgraceful disregard of human life on the part of the media and authorities who have been using rave deaths as ammunition for the scare campaign against Ecstasy rather than informing users how to take steps to prevent overheating. Manchester's lead in harm reduction policies should be welcomed enthusiastically and similar policies should be adopted throughout Britain without delay.

The police should change their tactics. Instead of trying to prevent people using the Ecstasy by arresting users and user-dealers, they should concentrate on eliminating violent criminals and protecting ravers from exploitation. They should not tolerate the organised gangs who operate at raves and clubs. These are liable to use violence and are obviously much tougher to deal with than user-dealers, but for this very reason they should be eliminated. The police should also help implement harm prevention in areas where such policies have been made law.

MDMA appears to have great potential for use in psychotherapy, but this requires further exploration. As a signatory to the Convention on Psychotropic Substances, the government should act on the Expert Committee's recommendation to facilitate research into the therapeutic use of MDMA.

### **Appendix 1: Reference Section**

This section is written from my notes made while researching the book. The opinions and information are those expressed by the named sources, with the result that some conflict.

Inclusion does not imply that I have checked that they are correct or that I have the same opinion. Where I have added comments, these are within square brackets.

---

[Appendix 1 is available as one 350k HTML file.](#)

---

- [1](#): Report of US Army tests on MDMA, from Rick Doblin president of the Multi-disciplinary Association for Psychedelic Studies in the U.S.
- [2](#): PIHKAL (Phenethylamines I Have Known And Loved); A Chemical Love Story (book), by Alexander and Ann Shulgin. Published by Transform Press (Berkeley USA) at \$18.95. Available from Compendium Bookshop, London
- [3](#): Ecstasy the gentle mind bender? by Nicholas Albery, The Guardian 10/88
- [4](#): Meetings at the Edge with Adam: A Man for All Seasons? by Philip Wolfson from Journal of Psychoactive Drugs Vol. 18/4 1986
- [5](#): Ecstasy: The MDMA Story, by Bruce Eisner (book) published by Ronin Publishing Inc., PO Box 1035, Berkeley, CA 94701, USA. [new edition due out 1993]. My review of this book for International Journal on Drug Policy is reprinted here
- [6](#): Ecstasy Information, from Release, a London drug agency
- [7](#): Xochipilli: a context for Ecstasy, by Laura Fraser, from Whole Earth Review, 1992
- [8](#): Differences Between the Mechanism of Action of MDMA, MBDB and the Classic Hallucinogens, by David Nichols, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [9](#): Why MDMA Should Not Have Been Made Illegal, by Marsha Rosenbaum and Rick Doblin, from the book The Drug Legalisation Debate
- [10](#): Alcohol and Drug Research, Volume 7: Neurotoxicity of MDA and MDMA
- [11](#): Ecstasy Revisited, by Bruce Eisner in Gnosis magazine, winter 1993
- [12](#): The Background Chemistry of MDMA, by Alexander Shulgin, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [13](#): Ecstasy, by Miranda Sawyer, from Select, July 1992
- [14](#): Interview with Greg Poulter, advice team leader at Release, a London information agency for drug users, on 16/2/93
- [15](#): 22nd report of the Expert Committee on Drug Dependence 1985, published by the World Health Organisation as part of its Technical Report Series
- [16](#): Living with Risk (book), published by the British Medical Association, 1990
- [17](#): Ecstasy - The Arrival of a Consciousness-Raising Drug (book), by Arno Adelaars, published by in de Knipscher, 1991
- [18](#): Fax from Home Office, 23/2/93
- [19](#): Manchester RIP, Kaleidoscope, BBC Radio 4, 6/2/93
- [20](#): Drug seizures: Britain's growing habit from The Times, 20/1/94
- [21](#): A visit to Arno Adelaars, a part-time purchaser of street samples of drugs for testing by the Dutch government. Amsterdam, October 1992
- [22](#): Drug Abuse Warning Network (DAWN) figures, published by The U.S. National Institute on Drug Abuse, 1992
- [23](#): Young People's Poll, by Harris Research Centre, January 1992
- [24](#): Analgesic safety and efficacy of MDMA in modification of pain and distress of end-stage cancer, Charles Grob et al.
- [25](#): Laing on Ecstasy by Peter Naysmith International Journal on Drug



- [26](#): Phenomenology and Sequelae of MDMA use by Dr. Mitchell Liester, Dr. Charles Grob et al., Journal of Nervous and Mental Disease, 180/6 1992.
- [27](#): Hands of Light (book), by Barbara Ann Brennan, Bantam, 1988
- [28](#): Subjective reports of the Effects of MDMA in a Clinical Setting by George Greer and Requa Tolbert from Journal of Psychoactive Drugs Vol. 18/4
- [29](#): MDMA Reconsidered, by Robert Leverant, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [30](#): Visit to Dr. John Henry at the National Poisons Unit at Guy's Hospital, London, 11/12/92
- [31](#): Through the Gateway of the Heart (book) published by Four Trees Publications, San Francisco 1985
- [32](#): A researcher reports from the rave by Russell Newcombe, Druglink, January 1992
- [33](#): The Use of Ecstasy and Dance Drugs at Rave Parties and Clubs: Some Problems and Solutions, by Dr. Russell Newcombe, paper presented at a symposium on Ecstasy, Leeds, November 1992
- [34](#): Recreational MDMA use in Sydney: a profile of Ecstasy users and their experiences with the drug, by Nadia Solowij et al., in the British Journal of Addiction, 1992
- [35](#): Fit for anything, by Sarah Champion, The Guardian, 12/4/93
- [36](#): Nutrients for blocking phenethylamine damage, by Dr. Brian Leibovitz, in MAPS newsletter, Spring 1993
- [37](#): The Phenomenology of Ecstasy Use, by Teresa O'Dwyer, Senior Registrar of Adult Psychiatry at St Thomas' Hospital, Morpeth, November 92
- [38](#): Entry in Micromedex, vol. 75, a hospital database printout from the National Poisons Unit at Guy's Hospital, London
- [39](#): Drugs and Magic, edited by George Andrews, published by Panther, 1975
- [40](#): A visit to Lifeline, a non-statutory drug agency in Manchester, 3 August 1992
- [41](#): Women, sexuality and Ecstasy Use - The Final Report 1993, by Sheila Henderson, published by Lifeline, 101 Oldham St Manchester M4 1LW at #15+#1.50 postage.
- [42](#): Luvdup and DeElited, by Sheila Henderson, researcher for Lifeline, a non-statutory drug agency in Manchester. A paper given at South Bank Polytechnic in May 1992
- [43](#): The Adam Experience, a guide for first-time users, by Starfire, 1985
- [44](#): MDMA and Human Sexual Function, by John Buffum and Charles Moser, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [45](#): A survey of MDMA use in London, by Adam Winstock, a senior house officer in respiratory medicine at the Hammersmith Hospital Royal Postgraduate Medical School (unpublished)
- [46](#): Using Psychedelics Wisely by Myron Stolaroff in Gnosis winter 1993
- [47](#): Phone call to Somerset House: population of Great Britain in various age groups 1991
- [48](#): Young People in 1992, by Schools Health Education Unit, at Exeter University
- [49](#): The Normalisation of Recreational Drug Use Amongst Young People in North West England by Fiona Measham, Russell Newcombe & Howard Parker, accepted by British Journal of Sociology December 1993
- [50](#): The Independent, August 92
- [51](#): Toxicity and deaths from MDMA from The Lancet by John Henry et al. August 1992
- [52](#): Numbers of Ecstasy-related deaths between January 1988 and July 1992, held by the National Poisons Unit at Guy's Hospital on 8 March 1993

- [53](#): A report of five deaths associated with the use of MDEA and MDMA, by Dr. G. Dowling, Journal of the American Medical Association, 1987
- [54](#): Conversation with Dr. Les King, team leader of the drugs intelligence laboratory at the Forensic Science Laboratory at Aldermaston, part of the Forensic Science Service, a Government agency, 14/12/92
- [55](#): Medicine Now, 9/3/92, BBC Radio 4
- [56](#): Phone conversation with Dr. Russell Newcombe, lecturer in social policy and social work at Manchester University, 19/2/93
- [57](#): Effects of MDMA on Autonomic Thermoregulatory Responses of the Rat, by Christopher Gordon et al., 1990
- [58](#): Notes from meeting with Dr. John Merrill of NW Regional Health Authority
- [59](#): MDMA - The Dark Side of Ecstasy, by Gregory Hayner and Howard McKinney, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [60](#): British Medical Journal vol. 305 August 1992 letters in reply to Henry's article
- [61](#): Use of MDMA to relieve symptoms in terminal cancer patients; phase one protocol, by Dr. Charles Grob. (Fax received 17/11/92)
- [62](#): Designer Drug Confusion: a focus on MDMA, by Jerome Beck and Patricia Morgan, from Journal of Drug Education, 16/3/86
- [63](#): Risk assessment and the FDA, by Rick Doblin, 1988.
- [64](#): Markers of Neuronal Injury and Degeneration, by Miller and O'Callaghan.
- [65](#): Fenfluramine Hydrochloride, from Martindale Pharmacopeia
- [66](#): The Neurotoxicity of MDMA and Related Compounds, by Dr. Molliver, in The Neuropharmacology of Serotonin, published in Annals of the New York Academy of Sciences, 1990
- [67](#): Fluoxetine, from Martindale Pharmacopeia
- [68](#): A Trip into the Unknown, by Alison Abbott and David Concar, in New Scientist, 29/8/92
- [69](#): The MDMA Neurotoxicity Controversy: Implications for Clinical Research, by Dr. Charles Grob
- [70](#): Ecstasy Revisited, by Bruce Eisner, Gnosis Magazine, winter 1993
- [71](#): Assessing Neurotoxicity of Drugs of Abuse, by Dr. James O'Callaghan, NIDA monograph 1993
- [72](#): fax from Rick Doblin, president of MAPS, 21/9/92
- [73](#): Neurotoxicity of MDMA and related compounds: anatomic studies, Molliver et al. Annals of the New York Academy of Sciences, 1990
- [74](#): Ecstasy: towards an understanding of the biochemical basis of the actions of MDMA, by Marcus Rattray, from Essays in Biochemistry, vol. 26 1991
- [75](#): Letter from Jeremy Millar, Department of social work, Aberdeen University, 20/11/92
- [76](#): MDMA - Non-medical Use and Intoxication, by Ronald Siegel, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [77](#): Lifeline, Ecstasy, and the world, by Mark Gilman
- [78](#): No more junkie heroes? by Mark Gilman, from Druglink May 1992
- [79](#): Ecstasy and Recreational Drug Use in Wirral by C Toddhunter, Liverpool University
- [80](#): Hansard 17/1/1992. Written answers by John Patten, then Minister of State at the Home Office

- [81](#): Phone call to Mr R Allen, at the Home Office Statistics Dept., 1/3/93
- [82](#): Deaths reported by the mass media related to raving and/or dance drugs, 1989 to 1993, from Rave Research Bureau, 25 Halkyn Avenue, Liverpool L17 2AH
- [83](#): Licensed to Thrill, in New Scientist, 29/8/92
- [84](#): Skiing dangers, The Sunday Times, 24/1/93
- [85](#): Rave- and Ecstasy-related admissions in West Lothian 1991-1992; a review by Dr. P. Freeland submitted for publication to The Annals of Emergency Admission
- [86](#): The Psychological and Physiological Effects of MDMA on Normal Volunteers, by Joseph Downing, from Journal of Psychoactive Drugs, Vol. 18/4 1986
- [87](#): Phone conversation with Mike Evans, at the Home Office 25/2/93
- [88](#): Statistics of Drug Seizures, up to the end of 1991 from Home Office Statistical Bulletin, published by the Government Statistical Service, September 1992
- [89](#): Interview with Detective Chief Superintendent Derek Todd, Drugs Coordinator with the No 9 Regional Crime Squad, at Spring Gardens, London, 16/2/93
- [90](#): Phone conversation with Arno Adelaars, an Amsterdam-based part-time purchaser of street samples of drugs for testing by the Dutch Government, 25/2/93
- [91](#): Interview with Detective Chief Superintendent Tony White, head of the drugs and money laundering branch of the National Criminal Intelligence Service, which is under the control of the Home Office. At Spring Gardens, London 19/2/93
- [92](#): Media Seminar held on 17th November in London 1992 as part of European Drug Prevention Week
- [93](#): 'Ecstasy and intracerebral haemorrhage, by JP Harries and R De Silva, in The Scottish Medical Journal, October 1992
- [94](#): Interview with Rick Doblin, president of the Multi-disciplinary Association for Psychedelic Studies in High Times, December 1992.
- [95](#): The Swiss Medical Society for Psycholytic Therapy. President: Dr. Med. Juraj Styk, Birmannsgasse 39, 4055 Basel, Switzerland
- [96](#): Listening to the Heart of Things (book), by Dr. Samuel Widmer, a Swiss psychotherapist who uses MDMA with some clients, subtitled The Awakening of Love, published by Nachtschatten 1989
- [97](#): Dancing and rave drugs, by Russell Newcombe, 1991
- [98](#): Can drugs enhance Psychotherapy? by Grinspoon and Bakalar, from American Journal of Psychotherapy, 1986
- [99](#): Ecstasy: the clinical, pharmacological and neurotoxicological effects of the drug MDMA (book), edited by Stephen Peroutka, published by Kluwer Academic Publishers 1990
- [100](#): The Biology of Human Information Processing by Enoch Callaway from Journal of Psychoactive Drugs Vol. 18/4 1986
- [101](#) : Research in Russia, from MAPS newsletter, Nov. 1991
- [102](#): Attenuation of Alcohol Consumption by MDMA in Two Strains of Alcohol-Preferring Rats, by Amir Rezvani et al., 1991, from Pharmacology, Biochemistry and Behaviour, vol. 43
- [103](#): MDMA - The Psychoactive Substance for Therapy, Ritual and Leisure (book), by Weigle and Rippchen, published by Der Grune Zweig [no date]
- [104](#): International Journal on Drug Policy, Vol. 2 Oct. 1989 Ethnographic Notes on Ecstasy Use Among Professionals by Rosenbaum Morgan and Beck

- [105](#): MDMA use as an adjunct to spiritual pursuit by Watson and Beck in Journal of Psychoactive Drugs July 1991
- [106](#): Misuse of Ecstasy, letters in the British Medical Journal, 1/8/92
- [107](#): Possible Interaction Between MAOI and Ecstasy, letter to American Journal of Psychiatry, 149:3, March 1992
- [108](#): Behavioural and neurochemical effects of prenatal MDMA exposure in rats, by St Omer et al., in Neurotoxicol Teratol, vol. 13
- [109](#): The Placebo Effect in Healing, by Michael Jospe, 1978, pp 22-25 related to Ecstasy
- [110](#): Psychedelics Encyclopedia, by Peter Stafford, 3rd edition published by Ronin, 1992
- [112](#): Visit to August de Loor, administrator of a 'safe house' which offers drug sample testing and advice to the public - dealers included - from a basement office in Amsterdam Appendix 6
- [113](#): Drugs Arena, National Criminal Intelligence Service, 1990
- [114](#): Ecstasy makers face 14 years jail, from The Daily Telegraph, 10/11/92
- [115](#): Traffickers, by Nicholas Dorn et al., published by Routledge, 1992
- [116](#): High Time for Harm Reduction, by Russell Newcombe, Druglink, Jan. 1987
- [117](#): The Reduction of Drug-Related Harm, a conceptual framework for theory, practice and research, by Russell Newcombe, from The reduction of drug-related harm, edited by O'Hare et al., (book) published by Routledge 1992
- [119](#): Harm Reduction Courses
- [120](#): Rave Research Bureau, 25 Halkyn Avenue, Liverpool L17 2AH
- [121](#): Telephone interview with Marcia Ash of Dance Ambulance, a first aid service in Manchester for ravers, 6/2/93
- [122](#): Marketing in 1992 and Beyond, a paper presented to a Royal Society of Arts conference in 1988 by E Nelson
- [123](#): Phone interview with a couple who use E for playing music
- [124](#): Interview with couple who use E while floating
- [125](#): 'E'sy sex: a cultural myth in perspective paper by Andrew Thomson presented at Medical Sociology Conference, York University 1993
- [126](#): Albert Hoffman Foundation Meeting 12/10/93
- [127](#): Meeting with Dr. Charles Grob 13/10/93
- [128](#): Psychedelic Explosion, by Inner Astronaut, an unpublished manuscript
- [129](#): Interview with Jack, undergoing MDMA therapy with a guide
- [130](#): Visit to Dr. Manuel Madriz at the military hospital in Managua, Nicaragua, 22-24 October, 1993
- [131](#): Psychological Effects of MDE in Normal Subjects by Leo Hermler et al. Neuropsychopharmacology 1993 8/2
- [132](#): Interview with Daniel Kaufman, 27/10/93
- [133](#): Interview with Max Shertz, 27/10/93
- [134](#): Interview with Dr. Smith, a licensed psychotherapist
- [135](#): Interview with Dr. Debby Harlow, 30/10/93
- [136](#): Interview with Martye Kent, 1/11/93
- [137](#): Phone conversation with Dr. George Ricaurte, 16/11/93
- [138](#): Meeting with Clive, 1/11/93
- [139](#): Interview with John, a dealer in California, 11/93
- [140](#): Interview with Jonathan in San Francisco, 2/11/93

- [141](#): Visit from Stuart Frescas of Purdue University, 11/1/94
- [142](#): Faxes from Rick Doblin
- [143](#): Letter from George Ricaurte of Johns Hopkins University, 23/11/93
- [144](#): Letter and manuscript from Myron Stolaroff 1/94
- [145](#): The Times, 14/2/94
- [146](#): Attend rave organised by Club Together, 12/2/94
- [147](#): Phone call to Health Development Club (+44 [0]594 844 991), 14/2/94
- [148](#): Sunday Times 13/2/94
- [149](#): Letter from Kay Thompson on The Lion Path 12/1/94
- [150](#): Ulster, from San Francisco Chronicle 26/10/94
- [151](#): Sunday Times 9/1/94
- [152](#): Letter from Dr. John Henry of the National Poisons Unit, 13/12/93
- [153](#): X at the Crossroads by Dr. J Newmeyer of Haight-Ashbury Free Clinic, San Francisco, June 1993
- [154](#): The Pursuit of Ecstasy - the MDMA Experience by Gerome Beck and Marsha Rosenbaum published Feb 1994 by State University of New York Press at \$14.95
- [155](#): An analysis of the potential for HIV transmission among stimulant-using ravers by Drs Hilary Klee and Julie Morris, Manchester Metropolitan University, June 1993
- [156](#): Chronic MDMA use: Effects on Mood and Neuropsychological Function? by George Ricaurte et al. in American Journal of Drug and Alcohol Abuse 18/3, 1992
- [157](#): Serotonin Neurotoxicity after MDMA: A Controlled Study in Humans by George Ricaurte et al. 1994 Neuropsychopharmacology in press.
- [158](#): Survey among therapists with experience of MDMA-assisted therapy by Dr. Debby Harlow (unpublished).
- [159](#): Raves threaten jobs in drinks trade, article in The Times, Oct 1993
- [160](#): Dutch drug makers surrender bucketfuls of Eve from Reuters, 29/7/93
- [161](#): Meeting with Dr. Jerry Beck and Dr. Marsha Rosenbaum, 3/11/93
- [162](#): Killer paracetamol, Sunday Times 14/11/93
- [163](#): The Complete Book of Ecstasy by U.P. Yourspigs from Synthesis Books, PO Box 610341, Birmingham, Al. 35261, USA
- [164](#): The Independent May 1993 and 3/3/94; The Guardian 14/5/94
- [165](#): Letter from Clive 14/2/94
- [166](#): The Nature of the MDMA Experience by Ralph Metzner and Sophia Adamson in ReVision, Spring 1988
- [167](#): Interview with illicit manufacturers of MDMA, 2/94
- [169](#): Manufacturers of MDMA in Switzerland
- [170](#): Ecstasy by Nadia Solowij in Current Opinion in Psychiatry 6/3 1993
- [171](#): Police to stop raves in The Guardian 25/2/94
- [172](#): Ecstasy and Eve, leaflet by Lifeline
- [173](#): MDA and Snowballs, leaflet by Lifeline
- [174](#): Letter from Sheila Henderson, 26/2/94
- [175](#): Visit to The Fridge, a gay club in Brixton, 26/2/94
- [176](#): Mapping Toxicant-Induced Nervous System Damage with a Cupric Silver Stain: A Quantitative Analysis of Neural Degeneration Induced by MDMA by Karl Jensen et al. 1993 in Assessing Neurotoxicity of Drugs of Abuse, NIDA monograph 136:133-149

- [177](#): Metabolic and Thermoregulatory Responses of the Rat maintained in acrylic or wire screen cages: Implications for Pharmacological Studies by Christopher Gordon in press Physiology and Behaviour 1994
- [178](#): Metabolism of 'ecstasy' by CYP2D6) by Tucker et al. published in abstract form in Br. J. Clin. Pharmacol. 36:144P, 1993
- [179](#): National Audit of Drug Misuse in Britain by the Institute for the Study of Drug Dependence 1992
- [180](#): Ecstasy' ingestion: a case report of severe complications in J. Royal Soc. Medicine April 1993
- [181](#): Young People in 1992 by John Balding, University of Exeter
- [182](#): The Ecstasy Study by Lifeline, 1993 published as part of Sheila Henderson's Final Report [see reference 41]
- [183](#): Turn on, Log in, Reach out, leaflet advertising SFRAVES
- [184](#): Reinforcing Subjective Effects of MDMA May be Separable from its Neurotoxic Actions by McCann and Ricaurte, J. Clinical Psychopharmacology 6/1993
- [185](#): Effects of [MDMA] on acoustic and tactile startle reflexes in rats by Kehne et al. in. J Pharmacol Exp Ther 1/1992
- [186](#): MDMA-induced dopamine release: effect of dopamine uptake inhibitors by Nash and Brodtkin in J Pharmacol Exp Ther 11/1991
- [187](#): Phone call from Clive 5/3/94
- [188](#): Phone call from Graham 5/3/94
- [189](#): Secrets of Methamphetamine Manufacture, \$24 from Loompanics and Books by Phone.
- [190](#): Effect of MDMA on sexual behaviour of male rats by Dornan et al. in Pharmacol Biochem Behav July 1991
- [191](#): Effects of MDMA on sleep by Allen et al. in Sleep September 1993
- [192](#): Illicit psychostimulant use in Australia by Dave Burrows et al. monograph, Australian Government Publishing Service, 1993
- [193](#): Amphetamine Use among Young Adults in Sydney by Julie Hando and Wayne Hall, National Drug and Alcohol Research Centre, 1993
- [194](#): Letter from myself in New Scientist, 18/12/93
- [195](#): Independent 7/3/94
- [196](#): Letter from Fiona Measham, 2/94
- [197](#): Letter from Kellie Sherlock, 3/94
- [198](#): Session with therapy group using Ecstasy, 3.94
- [199](#): Attitudes and Ecstasy Use by Mark Conner and Kellie Sherlock, University of Leeds. Paper presented at a conference in Lisbon September 1993.
- [200](#): Phone call from Andrew Thomson, 3/94
- [201](#): London Programme, ITV 27/3/94
- [202](#): Interview with a Benedictine monk, 2/4/90
- [203](#): Interview with a rabbi at the West London Synagogue, 5/6/94
- [204](#): Visit from a Zen monk and teacher

## Appendix 2: Personal Accounts

[A tragedy](#)

[Acting on intuition](#)

[Letting go](#)

[Spiritual awakening](#)

[Heroin addict](#)

[Guided tour](#)

[Love rekindled](#)

This is a small selection of first-hand accounts of Ecstasy use that I have chosen so as to include a wide range of experiences in different situations. I advertised for 'life-changing accounts', but only received the one negative story included below.

### A tragedy

A woman of 22 enjoyed Ecstasy at first, but after two years the dream turned into a nightmare.

Five years ago I dropped my first Ecstasy tablet. I'd tried other drugs such as LSD and speed, but this was different. I can't describe the exact feeling except that I was in a completely euphoric state of mind, a mystical trance. My friends and I couldn't stop hugging and saying how much we loved each other. I soon realised that drugs and the dance scene went hand in hand, and I thought it was pretty amazing, all these people dancing, being totally out of it and having a ball. And I was somewhere in the midst of it thinking how wonderful it was to be so high.

I had a good job as a personal assistant in a television advertising agency, and so could afford the #20 tablet every Friday night, and sometimes on Saturdays too. Two years later I was more obsessed with raving than ever. I was getting bored with my job and couldn't believe my luck - I was made redundant and given #3,250, and found a new job starting a few weeks later. But I found out my boyfriend was seeing someone else, so I did the proper thing and kicked him out.

After this I went completely mad, going out to raves, dropping Es, taking speed and even taking LSD again - it was the time of my life. But then a letter arrived saying that my new job had fallen through, and I was devastated.

Things went downhill from there. After over three months of soul-destroying job hunting, the only thing I enjoyed out of life was dropping my E. But they didn't seem so strong and I was scared of coming down again. I began to sink lower and lower. I felt like I was in hell - I wanted out.

I was living with a friend who was dealing E, and one day I took his stash with me and went up to Hampstead Heath. I swallowed the lot - 100 tablets - and, though I was in E land, I was scared stiff. I blacked out, but woke in the morning very hot and with my body in spasms. Eventually I ended up in a psychiatric hospital called Napsbury. It was the most frightening experience of my

life. I'd never before come into contact with mentally ill people and it freaked me out. I discharged myself as soon as I could and moved in with my boyfriend.

Before long we went to a rave, and as I was feeling pretty good, I thought one E wouldn't hurt me and I had to feel that buzz again. It was the worst trip I had ever had. Was it Ecstasy? It was like LSD and speed mixed together. I was more paranoid than ever and, looking round, I could see how all the other people on drugs looked more mental than the patients at Napsbury.

Some time later I went to a big rave with my sister. I had run out of anti-depressants and I knew I couldn't dance without an E, so I bought one. The paranoid feelings went and I began to feel like the old me, well, me on drugs, in Heaven. I really enjoyed it except that, in the back of my mind, I knew that I would some day come down to my evil existence.

A few days went by and I gradually came down and down and down. My reality was totally destroyed; distorted with feelings of intense paranoia. I didn't think it was the E, I thought I was just going crazy.

On Thursday 27th of June 1991 I didn't want to go to work but my boyfriend wouldn't let me stay at home. He'd had enough time off work already and he was scared about leaving me on my own. So he took me with him. I promised I'd try my best. All morning the feelings of being in a paranoid, anxious state were getting stronger. I was sweating and the feelings of wanting to run away increased.

Lunchtime came and friends asked me if I was coming to lunch. I said I'd be along shortly. I picked my purse up and headed for the stairs. After climbing the stairs I walked down towards the fire exit and came to a ladder leading up to the roof. I climbed up on to the roof. It was a beautiful sunny day. I walked around for a few minutes and peered through a glass dome and looked down at all the people having their dinner. Then I walked to the edge of the building and saw a few people getting out of a car, I ducked down and waited for them to go. At this point I was feeling pretty pleased with myself because I knew that I would never go back to the office because I was going to die.

I lay down on the edge of the building as something told me I couldn't jump. It was a 60 ft building. I closed my eyes and I rolled myself off. It was as easy as that. Getting rid of myself was the only way of stopping the chaos in my mind.

Nine days later I came round in hospital. I'd been on a life support machine and I was now breathing on my own. I had suffered very bad head injuries and I broke both my legs. When I was able to walk on crutches they sent me back to Napsbury, the hospital I'd been scared of. I stayed there for nearly 5 months and then my parents got me admitted to a hospital near them in Preston.

One day I was sitting on my bed, crying. Another patient who'd come in a few days earlier asked me if I ever prayed. I said no - I didn't. She told me that I should and I decided that maybe it was a good idea. I didn't have anything else, so from that day I began to pray. As each day went by I began to feel more myself. My sanity began to come back. After seven and a half months I was



ready to come home. I don't know if it was the praying or the change in medication, or both that cured me, but whatever it was I still have faith. It's stronger now than ever.

Its been five months since I came out and now I'm back in shape, mentally and physically, though I have a few scars. A few of my friends have stopped taking Ecstasy since my accident which I'm glad to see, but it still goes on now more than ever, and it's growing. I know, because I still go raving. I can still dance the way I used to except that now I'm on a natural buzz. I'm proud to say, I love it. People don't think it will happen to them, but I've tried drug-induced living and it nearly killed me.

Taking LSD and Ecstasy changed my perception, changed my life. I don't regret what has happened to me and I don't regret taking drugs; I had a good time while it lasted. But those days are over and I've learnt that drugs are more harmful no matter how mind-expandingly good you think they are. It seems so positive at the time, but it's just taking you backwards. If you take an E, it takes you very high and if you keep doing it, you eventually start to sink lower when you're not on it. How can you be in control of your life if you can't live without drugs and you can't dance without them? The drugs are in control of you.

You may think you're in Heaven. But you could be going to Hell.

### **Acting on intuition**

Christiania is a community of about a thousand people in Copenhagen that was started in 1970. Although hashish is sold openly on street stalls, other drugs are rare and at the time of this story (1988) Ecstasy was virtually unknown. Lise was working in the Green Hall, the community's maintenance depot, and had just been accepted by West Surrey College of Art. She was 23 at the time.

The next day I had to leave my home community, Christiania, to study art in England for the next three years. I was in a very sentimental state, sad and a bit scared of the impending change, as though I was being forced to confront a new way of life. I had lived in Christiania since I was 17 and loved the place and really did not want to leave.

My last night was a night of dancing and celebration and all the people I loved were there - hundreds of them and we danced and got a bit drunk, but maybe I was rather tense; making myself ready for my new life.

My old boyfriend, Herbert, had come from Paris, and brought some Ecstasy with him, something he had always wanted to experience with me. I had actually never had any experiences with drugs before, and I did not feel safe to take it with him, especially as he had described the effect as an aphrodisiac. However, I felt obliged to take it after he had brought it all the way from Paris, although I was actually crying with fear.

I took a small dose, probably less than half, but maybe because I was in sensitive state and a bit drunk that night, I seemed to react very strongly.

At first I felt pretty weird, shivering a bit, and was aware that everyone was watching me to see how I reacted. Gradually I became disgusted with Herbert and the others on Ecstasy. They seemed like complete 'spacecases' to me, suspiciously happy and sexual in extremely feminine ways. I felt they were circling around me trying to draw me in together with them, and it made me want to escape.

I became aware that this feeling originated from everyday contact with this group of people. I could see clearly that I didn't trust them and I did not want to get close to their lives.

So I felt them watching me and searching me all the time, while I became more introverted and scared. However, a strong feeling gradually developed that I should follow my own intuition, spontaneity and feeling of love for life. I danced and danced and floated around and ended up seducing a very beautiful man who was only 19 years old. The seduction was so nice as there was such a happy sexual and euphoric energy about the whole thing.

Forgetting all about England, I convinced him to travel to =C5rhus with me to go to a music festival. While waiting for him to come back that morning, I walked around Christiania while the sun was rising, and I saw the place more clearly and felt my love for it more strongly than ever before. It was not a naive, stoned way of seeing, but a much more intense, completely open way of seeing things how things really are without fences and borders. I could see all the years I had spent at this place, and how I had been embraced by it and taught by it - and I just walked around and looked and looked and looked and looked and felt so safe and full in my life from knowing that this place existed. Every house was so beautiful because I knew who was sleeping in there. Then I walked through Copenhagen and met my lover and travelled to =C5rhus.

Although he had not taken Ecstasy he seemed to see with the same eyes as me. We just looked at each other for hours and days and felt our eyes smiling to each other with attraction and energy.

We spent three days in =C5rhus, looking at each other, making love for hours and hours and playing chess.

During the whole day of the music-festival we sat in the middle of the crowd, completely immersed in our chess game, as if nothing else existed. Although the Ecstasy trip must have stopped a long time beforehand, the atmosphere of it prevailed - the way it had taught us to touch each other, to sense and to see.

This is what I find beautiful about Ecstasy. In situations in life where I have been worried, busy, stressed or tense and in relationships with people who are less open and trusting than they could be, I have found it a strong and gentle teacher, reminding me who I really am - that I am an intuitive and spontaneous person and that I have to allow myself to be that person.

### **Letting go**

An English consultant discovered MDMA while running stress management courses for executives with big American companies.

In 1982 I came across MDMA in Los Angeles. I had just flown in and was having dinner with my editor. During our conversation she mentioned that there was a new drug around that was attracting a lot of interest from people in the "consciousness movement". It was a substance that opened one up to a deeper loving of others, and was, she predicted, set to become a major drug in the future.

My initial response was one of mild disdain. I had used LSD and various other psychedelics in the sixties, but since then had not taken anything - apart from the very occasional toke on a joint. As far as I was concerned that was a phase I had gone through; I was on a different path now. "Thanks for the info," I said, "but I'll pass on it."

The next evening I visited a friend across town, and one of the first things to catch my eye was a sheet of paper lying on the kitchen counter. On it were about twenty comments. Things like: "I have never felt so open to another person." "A sense of the divine." "The most beautiful experience of my life."

"What's this?" I asked. "Oh," my host replied, "we had a gathering over the weekend at which a group of friends took an interesting new drug. Afterwards everyone summarized their experience on this sheet." My interest had been tweaked. Maybe there was something different here. Perhaps my disdain was unwarranted.

The following morning I was meeting with an old friend. We were deep in a discussion on spiritual issues when she suddenly asked, "What are you doing the rest of the day?" "Nothing," I replied. "Good, let's go home, I want to tell you something." No prizes for guessing what she told me. And since I take note when things come in threes, and particularly when the third recommendation comes from such a quality source, I decided to end my fast and give it a try. But just half a dose.

Although my friend stayed with me the whole time, only I took the MDMA. It was about twenty five minutes before I noticed anything. I could begin to feel my state of consciousness shift, and initially it felt like the onset of LSD or some other psychedelic. My initial reaction was slight fear. "What have I done now. Is this going to be OK? Or am I about to enter some uncomfortable space?" I expressed my fear to my friend, and almost instantly it disappeared - never to return the whole trip.

Over the next half hour I sank into a very quiet and peaceful state. I felt very at home in myself, and found that not only had my fear of the drug had disappeared but also many of my other fears. I could not recall ever having felt so at ease with myself and with other people.

Several visitors dropped by during the eight or so hours that the effect lasted, and I had the feeling that I was able to relate to them in a way that seemed perfectly natural both to me and to them. The effect of the drug was so subtle that I could choose to get up and walk around, re-enter everyday life and behave perfectly normally. Then, on sitting down again and quietening my mind, I could return to a deep state of inner serenity.

The most powerful impact of that day for me was the spiritual freedom that I experienced. I was in touch with myself in a new way. I could be myself, express myself more freely and also understand myself much better. I began to see how so much of what normally occupies my attention was unnecessary - a product of my own inner fears. If I fear what others think of me and how they might judge me, I find myself withholding from them, or following "shoulds". In this state it became absolutely clear how unnecessary such fear was, and also how much it got in my way. It was such a wonderful relief to taste life without such fear. As I said to my companion, half jokingly but also very seriously, "This is going to put psychotherapists out of work".

I remember summarising my insights with the phrase, "All I have to do is let go." Let go of out-dated beliefs; let go of "shoulds"; let go of my various attachments; let go of wanting things to turn out the way my ego wanted. And the path to all of these was to let go of fear. It became absolutely obvious why the book *A Course in Miracles* talks of love as "letting go of fear". Without that background level of psycho-social fear, true unconditional love was able to flow freely.

Ecstasy in its spiritual connotation may be a very apt description - an experience that takes one out of one's self - but too often today Ecstasy is associated with sex. As far as the drug is concerned this is quite misleading. I never felt any inclination to get into sexual engagements while on MDMA - even when cuddling someone I was feeling very close to. Sex seemed totally inappropriate, a response of the ego rather than of my true self.

About half way through this first experience on Ecstasy I began to appreciate the truth that lay behind the great religions. All the sayings of the great spiritual teachers suddenly came alive. I thought I had understood them in the past, but now my understanding was augmented by an experience of the state of consciousness they were describing - or one very similar. They were talking of this state beyond fear, beyond judgement, beyond attachment to material things. A state of inner peace, of acceptance, and of love.

And the effect lasted. The next day I went to visit Yogananda's temple-garden in Pacific Palisades. Amongst the shrubbery there are many little signs with sayings from the Buddha, Christ, Shankara, Mohammed, Lao Tse and other religious leaders. Every time I came across one of these sayings I felt a deep inner knowing of their truth. It was all absolutely obvious. The veil had been removed.

For the next two weeks I lived in a state of grace. I felt completely at ease inside myself as I carried out my business in San Francisco, and more at ease with those I met than I had ever been. People who had no idea what I had done commented on how at peace I seemed to be. I had no desire at all for alcohol, or for anything else that would have lowered my state of consciousness.

Over the next couple of years I took MDMA a number of times - probably once a month on average. But now I no longer have any interest in it. As many people have noted, the effect becomes less strong the more one takes it. And one thing I did not want to do was to increase the dosage in order to regain the effect. My body didn't really like the drug, and I felt that it did have some toxicity. Besides, I felt that the MDMA-state was a room I had explored well. The insights

I had gained were indeed valuable, but I did not want to have to keep returning to that space to have those insights - that is the beginning of dependency. The real challenge for me now is to turn the many things I have learned through MDMA into actualities. To practice letting go of fear in the midst of normal daily life.

### **Spiritual awakening**

A woman of 39 who had left her husband and four children to live with a new partner, Robert, found that a single Ecstasy trip changed the direction of her life towards a spiritual path.

I have smoked cannabis since I was 18. However, since my separation in 1985 I was increasingly reluctant to smoke because I became very paranoid - it gave me an alternative vision of people and their subconscious behaviour and motives (including my own) that I felt very disturbing, and this was always the case, even under the veneer of laid-back coolness. It all seemed completely artificial and almost embarrassing. I have also tried LSD, speed, opium and cocaine, but the only one I liked was cocaine and that was too expensive. Alcohol is definitely "my" drug, though it wouldn't bother me if I never drank again.

For the three years since I left my husband and children I had been living in Wales with Robert, but had great emotional problems due to guilt and I still hadn't integrated into the community. However, I was very much in love with Robert, and this was mutual.

I was keen to try E because of stories told me by friends of its effects in terms of social/sexual relationships, and the "fact" that it apparently had no "bad trip" syndrome, and not too bad a hangover. I certainly didn't feel happy about the prospect of a bad trip, I didn't need more of a hard time! We took one capsule each at 10 am, and were anxious about it until it took effect half an hour later, when all feelings of unease vanished.

The circumstances of the trip were a day's walking and exploring outside. We kept walking all day, due to the 'speedy' effect, and explored children's playgrounds and swings, empty old houses, the village high street and shops, the river, woods, an old ruined church and graveyard, moorland, bog and hill. It was a trip of external variety in stimulation, mostly sensual in effect: a ray of sunshine through a cleft rock, a halo of misty vapour over the grass. Everything became brighter and more colourful, with more impact. MORE REAL! This was the definite feeling for me, as though the world came into focus, from being a bit blurred. Sound was amplified too, and, again, more distinct and real. Infinite tones and timbres of subtlety remarked and appreciated. A grating "squeak squeak" rhythm appeared through the (literal) mist as an old man on an old bicycle, pedalling painfully and slowly uphill - a delightful event.

Each tiny sound accompanying a movement - the rustle of a jacket, click of buttons, rasp of paper in pocket - all distinct and jewel like in their preciousness.

The sense of touch changed too. One could savour the cool, hot, smooth, rough, dry, wet, flimsy, solid aspects of all material things. Basically the experience was of the world being reborn, until it occurred to me that it was ME being reborn, into a world that is, always, just as it is! I was regaining a sense of newness, awe and fascination with the smallest apparently insignificant parts

of this world around me, as well as the largest. The impression of a veil being blown away from my awareness was overwhelming.

This extended to my connections with people; with Robert words were unnecessary and we were like two companionable souls who wandered around mentally, emotionally (and physically) hand in hand. But with chance strangers or acquaintances in the street the sense of "knowing" and "connectedness" persisted and for the first time in decades I felt at ease, completely, able to communicate and flow with unselfconsciousness and without the barriers of mental prejudice or emotional fears and suspicions. Actually my 'ego' didn't need protecting because the sense of everyone's being 'here and now' altogether removed the isolation normally felt by it. I felt a natural part of a natural universe, along with everyone else, who all became as valid, interesting and important as me.

One overwhelming memory I have is of this tiny, wrinkled little old Welsh lady in her raincoat and plastic hat, with huge shopping bag, at the till in the local Spar, with bright little eyes and quick bobs and shakes of her head, counting out her change and packing away her groceries, for all the world like a busy little blue tit, and as unaware. It seemed a perfect balance for me as observer and participant. All judgement was in fact removed, and I could act and receive spontaneously. Also, what I gave out in terms of liking, amusement, interest and curiosity seemed reciprocated, and for all the world it was as if I were a three-year-old again, with a three-year-old's unaffected enthusiasm and gaiety, drawing equal response from an unthreatened world.

But an important element of this, which was to change my future fundamentally, was my recognition that this was not a new experience for me, but one I felt as familiar from the well-spring of my childhood. In other words it was something I'd always had and hadn't lost, even yet; it was within me still and retrievable. The Ecstasy was a means of opening all the doors that through the years I had shut, or which had been shut for me. Disappointingly, the effects started to wear off after about mid-afternoon and by the time evening came, they were just a misty lingering. We started to make love, but visitors came and so we went happily with what was happening . . . things just were as they were and one way of spending one's time was as interesting and valid as any other.

The result of this time was my determination to retrieve this 'lost' world of my beginnings and to do so by my own efforts at self-awareness and spiritual growth, which a year or so later manifested as an opportunity to take up Shiatsu and Zen meditation, which path I still walk.

I took E once more in the desert in Egypt, but the effect was much less startling and, so I was told, resembled more the effects of heroin. I concluded that as a device for me it had ceased to be important, and too variable, given the contamination it was open to with other, and nameless, drugs.

I shall remain a staunch defender of relatively pure Ecstasy though, as it thrust upon me the need to take responsibility for my own minute-to-minute, day-to-day awareness and change.

### **Heroin addict**

A 49-year-old heroin user, who has kept his addiction under sufficient control to lead a normal life, found that Ecstasy had a profound effect on him.

I have been an intermittent opiate abuser for nearly thirty years; for most of that time I have regarded the cyclical descent into narcosis as the bane of my life. Until recently my single most seminal drug experience had been my initial LSD trip in Katmandu in 1965.

Three months ago I detoxified from a bad Heroin addiction and determined "never again". I divorced and moved to an English town to be near my twenty-year-old daughter. Although I regarded myself as an expert on drugs, I knew nothing of the rave scene or E and was very suspicious of it. My daughter, although at one time a regular raver, had learnt to limit her intake; she told me many times that E would do me good. I was fearful of the physical effects on my body and suspicious of the validity of the emotional content. I also did not want to replace opiates with yet another drug. The quality of street E, some of which is known to contain opiates, also put me off.

As it happened, my first experience of Ecstasy was not at a rave, but in a London house with only four persons present. The setting was a studio with skylights over which the full moon crossed; books and paintings lined the walls and we sat or lay on comfortable rugs and cushions; the E was known to be pure MDMA and the only drink was several bottles of mineral water. The persons present were my daughter, her step-father and his lady, all known to me for at least fifteen years. It was a most reassuring setting. My state of mind and body was much less reassuring; it was only four weeks since detox and my body was still weak and I felt almost continuously tired. I was subject to strong emotional swings, positive one moment and depressingly negative the next; real contentment continued to evade me and several times every day the thought of taking an opiate popped up and had to be dealt with. I believed that this battle would continue for the remainder of my life. I felt a painful emptiness - which I believed in my heart could be filled with love, with other people, with life - but which instead continued to demand narcosis and withdrawal from real emotional commitment. I really had no expectations of the E except that it would be very strong. I was taking it for enjoyment rather than for any therapeutic reason.

Since so much of the experience was non-verbal, it is hard to describe. There were long periods of silence, a very warm and loving silence; the essential kindness and beauty of my companions shone brightly in the darkened room. When conversation occurred, it was very much to the point. Since it was my initial Experience and I had taken a very large dose, I spent most of the time feeling and watching and listening, although I was perfectly able to communicate verbally when it seemed necessary.

Several outstanding emotional issues, feelings of guilt or suspicion, were resolved with verbal economy and emotional purity. It seemed impossible and unnecessary to lie or dissemble. After about six hours we disbanded and I lay down alone to rest. No sleep took place and I was able to review the events of the evening with great emotional satisfaction. The next day we drove back to our country town.

I had been warned by my daughter that the comedown would last several days, but I had not believed her. The warm empathic glow continued for nearly three days, with normal sleep, until an external event, a friend taking Heroin, plunged me into one of the worst depressions of my life. Nevertheless I was able to use this period positively, as it caused me to seek further professional therapy and to enquire deeper into my mindset. It has now been six weeks since the initial Experience; my desire to consume opiates, though not entirely absent, has definitely reduced. In fact, both my drug and alcohol use have declined substantially.

I also took Ecstasy, a half dose only, at a private country party. This was most enjoyable and I rediscovered dancing. A slight depression, on the third day following, was cured by having a haircut, spending several hours in the local sauna, and eating a good meal with a bottle of wine. At some point in the future I will definitely go to a full-size rave in order to experience the mass tribal togetherness that has been reported; there is no hurry.

A week ago I wrote to a friend: "My first E was the most extraordinarily therapeutic, uplifting, productive and communicative event. It was also my first drug intake for many years during which I did NOT say to myself, 'This is great, but it'd be even nicer with some gear (Heroin)'. A lot of the past was reviewed and cathartised in a non-intellectual sense, that has definitely, speaking six weeks later, had a permanent value and effect. I recognised the hallucinatory content, the speedy energy bit, even the chill-out component, but there was something extra; defining it as empathetic gives an idea but is too limiting. Has to be Experienced - like all true spiritual passages, words are not enough. "The comedown, which didn't really start until 48 hours later, took me completely by surprise, even though K had warned me, and it plunged me into a Dostoevskian maelstrom during which a lot of emotions surfaced that were very painful but needed dealing with. I think I got almost as much out of that as the actual Experience, though it was, of course, decidedly less pleasant. It took me a week to recover fully, though this was partly due to not being back at full strength after the debilitating months earlier this year.

My conclusion at the time, which I see no reason to modify - is that the planned, controlled, therapeutic use of MDMA can be of very great value in this individualistic and emotionless world humanity has created. I also have the greatest respect, almost fear, for the power of, "the exhaustion of continuous love"; it is not something to be trifled with or to be done more than necessary. So - there it is. My first new psychoactive discovery in twenty five years of use and abuse; since my initial Owsley acid in Katmandu in 1965. And it has also made me re-evaluate other drugs; acid can be valuable but lacks the emotional content of Ecstasy; cocaine has definitely shifted to the back seat. Curiously enough Ecstasy has also made me want to spend more time absolutely straight, without even cannabis or alcohol. A whole new perspective on validities and priorities.

To summarise - firstly; the beneficial powers of E should not be over-emphasized; giving it away to junkies is NOT a solution. Those who wish to close themselves off emotionally will continue to do so. However, for those who, like myself, had become habituated to the opiate crutch, yet in the end want seriously to find a better path, the emotionally liberating and cathartic experience of E can be an eye-opener.



Secondly, the E experience IS real; when the initial experience is done correctly, and I was very lucky in that respect, long-closed doors can be opened, which remain sufficiently ajar, so that the determined reformer CAN go through them without drugs, if he wishes.

Thirdly, the initial E experience can generate real insights, both emotional and intellectual, that can be worked upon following the drug experience. Some of these are quite simple; for example, the great feeling of togetherness that I experienced on E made me very conscious of how lonely I had been; the solution was to communicate better and to go out and ask people to be friends. My sense of self-respect increased.

Fourthly, relationships that have become polarised or static, can be revived, reaffirmed, kick-started as it were, through the E experience.

### **Guided tour**

An English woman in her mid thirties was given a formal introduction to Ecstasy by an American 'guide'.

Ecstasy! I was intrigued by its name. My curiosity was heightened after talking to a knowledgeable enthusiast called Rick. I was vaguely aware of its hazards but had never made any detailed inquiry. It was only after a session had been arranged that I began to wonder just what I was getting myself into, and asked for fuller details before going ahead. Even as I made my way to the appointed place, I was ready to opt out if that seemed saner.

When I got there, I quizzed Rick on some of the more sinister effects I had heard of concerning the drug, and he pointed out that the damage referred to was true of overdose situations, in cases where the taker had allowed herself to become dehydrated and in cases where the production of the drug was suspect, rather than of doses of the size and purity of the one he offered. I decided to trust his judgement, but to take a half dose in any case. Reassured on that score, I now felt nervous because I knew my host only slightly, and felt that I might feel terribly isolated if the trip was good and I had no-one I felt I could share it with. Once again he reassured me that he would be there for me. He then gave me a paper outlining the basis on which the session was to be run, with regard to safety and propriety, giving me the option of his remaining a minder or joining me on the trip. I opted for the former and then I got on with it.

Rick had asked me to bring with me any music or art that I might care to explore under the influence. I had brought with me a handful of cassettes, and he had set out a few tactile and visual objects himself. In the event, with the exception of the music, these were not used, but they gave me the pleasure of knowing that some thought had gone into the preparation of the session. He suggested tape-recording my reactions at the onset of the effects and I agreed to this. I was made very comfortable on something soft on the floor, with plenty of fruit juice and water by my side, while my host massaged my feet with fragrant oils and responded to my request for stories about good times had on Ecstasy. I started imagining I was feeling the effects well before they could possibly have begun. Impatience or autosuggestion or both. I felt relaxed and happy. Half an hour on, he suggested I lie down with eyeshades on and explore the feeling of being inside my body. I lost track of time, my inner voice died away and I simply was. By and by, I

became aware of the dryness of my mouth and sat up to drink; meanwhile my host checked on my progress.

Then I became aware of how wonderful I felt. He showed me my reflection in a mirror and I saw myself in bloom. I luxuriated in the feeling of well-being, the cat-like sensuousness of my flesh, and was overcome by a desire to s-t-r-e-t-c-h and rub my head against the cushions. I caressed my limbs and thrilled to my own touch. I rolled over and over on the floor so that the whole of me could be in contact with any other surface. The pleasure was indescribable. Rick suggested I got up and danced, so I did and it was delightful. Then I wanted him to join me, to hold me, so he did; and then I wanted him to caress me, but he gallantly suggested turning our attention to other things, although I was clear that at this moment that my only desire was to be held and caressed. He said that he felt a little awkward so we agreed that he should take a half dose himself. This he did.

At various points he suggested moving on to something different, but I felt no interest in anything else, the pleasure of his touch was so intense. My sensuality quickened rapidly into sexuality, but in spite of fervent entreaties, my host remained true to his rules. The situation became excruciatingly funny and I realised in alarm that all this was possibly on tape, and I panicked. I think it would have been a better idea for the cassette to have been my property or to have listened to it at the end of the session instead of fretting about the horrible possibility of my indiscretions being immortalised and exposed to the vulgar gaze of the multitudes, through some ghastly mistake.

What I will say, however, is that I felt an unqualified trust in my partner and an exquisite rapture in this extraordinary intimacy with a man who was to me no more than a reputable stranger. It was utterly uncomplicated and innocent and free. It was perfect. It was as if he and I were fused in time and space for the duration, moving together as one undulating line. Whether in the room or in the garden under the chill rain, I felt that our skins and eyes and hearts were in a state of bliss. "Our eye beams twisted and did thread our eyes upon one double string". When I looked into his eyes, which I did to my heart's content, I experienced a terrible tenderness, "as looks a mother on her lovely babe as death doth close his tender, dying eyes." I fell in love with those eyes and even now, several days on, my mind superimposes his eyes on other people's faces. The first time I became aware of this bizarre delusion was on the tube returning home after the session: I saw his eyes on a poster depicting Nelson. And I fell in love with his voice, with its precise depth and richness, with nice details such as the way he enunciated his aspirate consonants, especially "ch", (sic!), with the way his mouth looked when he laughed. Previously I had scarcely been aware of any of these things. Ecstasy was Vision, was Gravity, was Love-in-Idleness. O Eros, drawing together the moon and the earth!

I talked too much and I could not sleep. I was absurdly thirsty all through the session and for the whole of the following day. I was scarcely hungry, which is interesting, considering that I had not eaten since the previous afternoon. A small but healthy supper, a few bites of peach and some coffee was all that I could manage over forty-eight hours, although I must have drunk my way through several horse troughs of water, which is what really matters. I had very little appetite for a total of four days, including the day of the session, and I have to say that I felt weak and queasy during the days that followed. I do not think it did my health the world of good,

but on the other hand I do not believe it did any noteworthy damage either. Would I have preferred the session to have been run differently? Yes, and then again, no. Yes, because I think it is too intense a shared experience for people who have no intention of being in an intimate relationship with one another: I was unprepared for this. And no, because it was lovely. Perhaps the solution would be a post-session opportunity to talk through the confusions and mirages with the host, to relocate the reality, the reason that has temporarily slipped away from under the voyager's massaged feet.

Would I do it again ? I do not think so. Several people have told me that the first time is the best. I realise that my experience was not as multi-faceted as it might have been, but I am content with what I had and am apprehensive about the degree to which it interfered with my metabolism. I tried it because it was there and now I know why it is called Ecstasy. I have got what I wanted.

### **Love rekindled**

"X"; the beginnings of a book about the experience of a couple taking Ecstasy, as yet unfinished, by a follower of Bhagwan Shree Rajneesh in his mid forties.

It came on very fast.

First a steep ascent in body temperature - then nausea.

We were lying together on the window-seat, not particularly comfortable; I had my eyes shut, I could hear the birds singing in the trees outside, but they sounded queer, disjointed somehow, at once close and far away. I was still feeling as though I might throw up when the first waves of relaxation began to steal over me. I noticed my breathing had become deep and regular and a warm streaming sensation had begun to flow through the muscles of my arms and legs. My eyes were still closed when I felt Asha get up, noting, with a rather odd clarity, subtle changes in the pressure of the cushions as she did so.

There was a silence, and then she said "I'm a wise woman", seemingly apropos of nothing, from somewhere in the middle of the room. I tried to understand what she meant but my mind didn't seem to be working properly. What was striking was the profound silence in the room. I could hear each of the movements she made as she went over to the stereo and clipped a tape in the deck.

Suddenly my teeth started to chatter - and to chatter violently. They seemed completely out of control. She did sound wise too, I thought drunkenly, and so did Smokey Robinson sound wise as he began to sing Just To See Her. Personally I felt completely idiotic.

Not until this point did I open my eyes. Nothing appeared to have changed, though the flat did have a pastel, slightly out of focus look about it and seemed to be somehow subtly flickering. A potted begonia on the window sill was glowing a little.

Then I looked up at Asha.

I don't think I'd ever seen her look so beautiful; it was as though a light had been lit inside her.

I'll never forget the expression on her face, though I'm not sure how to describe it. Surprise - a strange, guarded amazement; a wild hope which was frightened of believing in itself; and I could feel the next moment she was going to turn away and hide it from me. Everything was slowed down. The sense of flickering was increasing.

Then she moved across the room, sat down beside me and we were in one another's arms.

The drug broke over us like a wave. We clung to one another while the light grew brighter and brighter and all around us the room was flickering and flashing wildly. . . Yet there was a curious absence of any sense of threat. On the contrary I couldn't find any trace of fear in myself at all. What I was feeling was . . . With what must have been an almost comical expression of amazement, the penny dropped for me too: What I was feeling was love. This was how Asha and I had been during our first few stolen hours together, all those years before.

Neither of us had a clue what was happening. We had thought it was going to be something like LSD, sort of speedy watered-down LSD, but this was nothing like LSD or mescaline at all. This was purely emotional. I couldn't believe the sense of reverence, of wonder I felt at her. . .

I remember murmuring, "There's no inside". At first there would be waves of the flickering and flashing, at the height of which my teeth would start to chatter like mad again, but apart from that there was little or no sense of a personal or "inner" life. I was empty. I seemed to have become pure presence. Everything revolved around her, not me. Never, ever have I seen so beautiful a woman. Nor could I believe the way she felt, the texture of her skin and hair: it was as though all my life I had been wearing gloves and for the first time was free to feel the infinite variety to the touch of things. . .

Talking was transformed in much the same way. I didn't seem to have anything to say . . . but it was as though I had never listened properly to anyone before. At times as we sat there in the sunlight she would tell me how, over the years, I had done this or that and how it had hurt and I would listen with this peculiar undisturbed attention. There was none of that yes-but-what-about thing, I felt no need to defend myself. I just listened and it was quite clear that what she was saying was correct. There was nothing "moral" about it, I want to emphasize that: what I felt was extreme interest in what she was saying. I felt objective. "An ecstasy of listening", I remember that phrase coming into my mind, and wondering: does that come from a poem?

Not that we talked that much. Most of it was cuddling. I remember endlessly exploring her long fine hands, the battered scarab ring she treasured, each finger as complex as another world. Incredibly erotic and yet not sexual at all. Well, actually, that wasn't strictly true. I don't think we really knew what to do. I supposed I should have felt like making love, but actually I didn't feel much like it at all: there didn't seem to be too much more of it you could make.

In fact later in the afternoon we did decide to go to bed.

By the time we went into the bedroom I was really apprehensive.

"I'm shy" I said, as she started to undress. "So am I" she said. I think she was blushing, but she was so beautiful I could only look at her for a moment at a time.

We had been together for more than ten years. But even lying naked together, alight with a sensual contact I would never have believed possible, there was no actual "desire". Sex wasn't centred in the way it normally is. Total contact seemed possible at any point. "This really has put you in touch with your feminine side, she laughed.

Sometime towards the end of the afternoon - at any rate the brightness had gone out of the day - the experience began to ebb. You could feel it fading, and fading fast. We remembered we had to go and pick up our young son who was playing at a friend's flat. We dressed and went downstairs, holding hands which seemed to be welded together. That continued, the extraordinary sensitivity of the skin.

Walking past the trees and parked cars I remember thinking, well you come down pretty fast. Yet there was still something strange continuing, which I only put my finger on later. Everything looked more normal than usual. I didn't get that at all - not until much later.

We were pretty washed-up afterwards.

That was one of the few things we'd heard about Ecstasy, it was amphetamine-based and the come down was bad. Someone told me they'd felt as sick as a dog for days but, at least from our experience, that was highly exaggerated. If anything it was like one of those 'flu-type things people get; and that was the second day after, the first one was OK. So long as you could lie around and didn't have much to do, it wasn't that bad.

What was really disturbed was our sleeping pattern. For nights after our trip we would have these crazy dreams - not nightmares, but that kind of obscure but highly significant dream, the ones which feel as though they're trying to convey something to you but your mind just can't grasp it. These woke us up time after time in the night.

But none of that seemed very important. What mattered was understanding what had happened to us. Were we truly in love with one another that much? Or was that degree of passion just something we were capable of - our potential, so to speak, a state we could only touch in exceptional moments? Or was the whole experience literally drug-induced? An emotional equivalent of hallucination?

A couple of times I caught Asha eyeing me with a puzzled, wary sort of an expression. One that was not very flattering to me. We'd be doing the dishes or tidying up the kid's toys when suddenly the bottom would fall out of it and we would be left standing there, abruptly aware of one another in this intense quizzical way. You see . . . we had been very much in love. I'd never loved anyone the way I loved Asha, we seemed to be made for one another, and we had kept that honeymoon intensity going for a good few years; and then imperceptibly, with coming to live in London, with the birth of our son, we had begun to lose it. . .

But where - how - had it gone? For it had gone, hadn't it? The trip had shown us that. By resurrecting, however briefly, the reality of love it had shown us the emptiness of what we, from day to day, called "being in love". I don't mean we didn't like one another; I don't mean we didn't enjoy living together, or making love, or playing with our child. But that wasn't really love; love was something else, something far greater and far more intense, capable of revealing an entirely different world, something we'd once had and which we had lost. And yet at the same time the trip had showed we were still in love - or at least were capable, eminently capable, of being so.

Take some more, that was the only answer; and it was obviously the only answer right from the first. So I would say in our case the old line about take it once and you are addicted was pretty much true. Even looking back at it today I can't see we had any real alternative.

I am surprised it took as long as it did. Two, no almost three weeks, before the evening we managed to pack our child off to spend the night at his best friend's house and we were alone.

Outside it was dark. We tidied the flat up, took the phone off the hook and, to make it look as though we were out, turned off the lights at the end of the flat you could see from the street. A mise en scene was beginning to form. We each took our capsule with a glass of water. I caught her eye over the rim of the glass: we were both distinctly wary. Lighting a three-candle candlestick she had, there seemed an edge almost of defiance as she struck the matches.

We sat around in the candlelight waiting to feel nauseous.

In a sense the future of our relationship did hang on that trip. We both felt we couldn't go on in the same old way. What was this incredibly intense love we could feel for one another - and why did we feel it so rarely?

The minutes ticked by. Was anything starting to happen? Was I feeling a little queasy, was that a flicker in the corner of the eye or was I just imagining things? Surely last time it didn't take as long as this? Certainly we weren't very relaxed, at one point Asha was actually pacing up and down the room. . .

Did her paces slow down? Exactly how it went I can't remember. Just that there was this silence which suddenly went deeper and deeper. I was looking at Asha and for a moment (though this I only saw clearly much later) something seemed to pass across her face, for the barest instant sort of swam or rippled and. . .

We needn't have worried. Even before the rush hit us we were in one another's arms. It was just the same as before, it could have been one and the same trip. The room flickered, though more gently this time, and again she was so lovely it was as though I'd never seen or held her before. . . The rush sort of pulsed. At times it would go all speedy then, quite without warning, become utterly still. So still was it that nothing seemed to move at all, there was just this extraordinary silence in which everything was fused. Deeper and deeper it would become as we gazed into one another's eyes, more and more poignant until it actually began to hurt. We would panic and look away.

What we were seeing was a vision of the world as love. Love and love alone was truly substantial. All pain was to be redeemed. All those years we'd stuck together having what was basically such a miserable time were transfigured. If we hadn't lost one another how could we ever have found one another so profoundly again? Everything was made for joy. . . On this second trip it wasn't just that we reconnected with our love for one another, we saw that this love opened out into love itself, love with a capital L. Each of us was a door through which the other could discover love - but once discovered this love went beyond either of us. This second trip was mystical.

Yet when we came back, late, from the hyacinth garden,  
Your arms full, and your hair wet, I could not  
Speak, and my eyes failed, I was neither  
Living nor dead, and I knew nothing,  
Looking into the heart of light, the silence.

"- You can't put love in a pill!"

I'm not saying you can. There's a very basic misunderstanding here about the ways Ecstasy works. I don't think the drug is manufacturing an experience of love. I think it is doing something far humbler and more specific than that. It takes fear away. It is as a consequence of this subtraction of fear that love appears.

Instinctively we ritualized taking it.

Flowers, fresh linen, candlelight . . . for the drug was a tryst with our true selves.

What we'd do was this. Every second or third Friday, after picking our kid up from school we'd pack him off to spend the night at his best friend's house. Then we'd clean up the flat. We'd only just moved there and apart from carpeting it and painting it white we hadn't done much to it at all. In the living room there was just the window-seat piled with cushions, the stereo which was on the floor, our boy's toy box and a small pile of books in one corner.

Once the flat was clean and bright and empty again Asha would arrange the flowers she'd bought, masses of them, all around the room. Then, as the winter evening settled in, we would both bathe, put on fresh clothes, generally something loose and white, and light the incense and the candles. Strange how psychedelics seem to throw their shadow before them! Even before we'd actually swallowed the capsules and washed them down with what was by now their ritual wine glass of water, the flat seemed to be getting brighter, beginning to sparkle and twinkle quietly to itself. Never have I looked forward to anything so much since I was a kid. It was like Christmas Eve.

One evening Asha, in an inspired moment, took the white duvets from her and the boy's bed and, heaping them with white pillows, made a massive snow-white bed in the middle of the living room floor.

"The Cloud Bed", she said, part grand, part shy.

After about 20 minutes I would begin to feel as though something deep within me was rearranging itself. To one another we called this "centres lining up", and in fact it was as though the body, the mind and the emotions, normally all tugging in different directions, were lining up and beginning to function harmoniously. I felt either giddy or sick. After about 30 minutes the relaxation hit. Step by step you could feel the muscular tension disappearing, and warmth replacing it. It appeared to consist of two things. Firstly, my inner monologue began to falter and then stop. There would be gaps when I wasn't thinking of anything at all. At the same moment I would enter the immediate present. Past and future disappeared without a trace.

This state of total let-go seems to be the key thing in the whole trip. I would say that the only time I completely relax is when I take X.

Over the next two or three minutes this mental silence would get deeper and deeper. This was something quite different from silence in the sense of absence of sound: this was silence in its own right. There was a piercing mystical quality to these moments. Some extra-ordinary relation seemed at hand. Strange how when there's complete mental silence the whole distinction of the world into inner and outer begins to break down and disappear. . .

The rush swelled out of this silence like a wave. Christmas morning, waking up as a child on Christmas morning, that really was it. The sense that the very next moment held this vast unknown wonder. "The sparkling white rush", Asha called it. Light was certainly a vital part of it, a light you seemed to feel as much as see. . .

And Asha - we seemed extraordinarily in sync at these moments - Asha would be standing at the door. "All real living is meeting" says Buber. We just melted.

### **Appendix 3: Human rights and the use of drugs**

[An American viewpoint](#)

[A British viewpoint](#)

#### **An American viewpoint**

Just as the United States is the origin of most trends in recreational drug use, Ecstasy included, so its political campaigns against drug use tend to influence policies against drug use in other countries.

The criminalisation of MDMA is a case in point. When the US government outlawed MDMA in the US in 1986, it also pressed the World Health Organisation to make the ban worldwide. The US government's 'War Against Drugs' is deliberately international in scope, involving cutting off supplies at source.

Alexander Shulgin is one of the few people campaigning against the American 'Just Say No' campaign on civil liberty grounds. Below is an extract from a lecture he gave to students of the



University of California, Berkeley. Though anti-drug policies differ between the US and Britain, the underlying issues are the same.

A subtle and insidious form of freedom loss can be seen in our schools. There is de facto censorship being implemented within the colleges and universities by the Government, in the way it funds research and thus controls its direction. There is an outright propaganda campaign being presented through the informational media, and there is no challenge being brought by those who know the facts and should be insisting on adherence to truth. Let me touch on these one at a time, as each of them is directed at a different population target.

In the public schools, the efforts are being directed at the student. The message is, "Just Say No." There is no effort to inform, to educate, to provide the complex body of information that will allow the exercise of judgement. Rather, there is given the simple message that drugs kill. This is your brain. This is your brain on drugs. Sizzle, sizzle, sizzle, and the egg is suddenly fried. Your sweet, virginal daughter was killed because she didn't learn about drugs. She should have learned to, "Just Say No." None of this can be called education. It is an effort to influence behaviour patterns by repeating the same message over and over again. It is propaganda.

All kinds of drugs are deeply, permanently, infused into our culture, into our way of life. Their values and their risks must be taught to our children, and this teaching must be done with honesty and integrity. And what is the status of research in the medical schools, and the universities, and the industrial laboratories across the nation? I can assure you that since psychedelic drugs are not officially acknowledged as a valid area for human research, there is no money being made available in any university or medical school for the exploration and study of their actions and effects in humans.

It is a fact of life that all research today, at the academic level, is supported almost exclusively by federal funds, and if a grant application does not meet the wishes or needs of the granting agency, the research will remain unfunded, thus it will not be done. In the controls which have been put into place over the pharmaceutical industries, there is another effective mechanism of prohibition of inquiry. Research on drugs can only be approved for eventual medical use if the drugs involved have accepted medical utility. And there is an official statement that there are no drugs, not one single drug, in the fascinating area of the psychedelics, that has an accepted medical use. They are all, you understand, Schedule I things, and - by definition - neither they, nor any of their analogues, have any medical utility.

As for the messages being pushed in the media? All too often, a lurid story is presented, and a later retraction is ignored. A couple of examples can illustrate this.

Consider the phrases, "Even the first time can kill," and "Even pure material can kill," as applied to cocaine use. Both were promoted as statements of fact, as an outgrowth of the tragic death of a sports figure named Len Bias, who died from an overdose of cocaine. This happened at a critical time, just weeks before the biannual drug bill was to be voted on. According to the newspapers, the autopsy report stated that the young man was a first time user, and that he had used pure cocaine. This is patent nonsense. Neither the purity of a drug, nor the frequency of its use in the past, can be gleaned from an analysis of the body's tissues after death. When the final autopsy

report was released, it was published in the Journal of the American Medical Association, and it seemed apparent to the scientists involved that Mr. Bias had been given a large quantity of cocaine by mouth (in a soft drink, perhaps, as there was no alcohol in him) and the suggestion was advanced that it might not have been self-inflicted. Translated, that means there was a possibility that he had been murdered. This latter view was not advertised, and the two catchy phrases are still used for their "educational" value. Even the first time can kill. Even pure stuff can kill.

The anti-drug bill, needless to say, passed by an impressive margin.

Then, there was a train crash outside the city of Baltimore, in early 1987, that killed 16 people and injured 170 others. The newspapers trumpeted the discovery that the engineer responsible for the accident was found to have tested positive for the presence of marijuana in his body. This has been one of the major driving forces in focusing the public's attention on the need for urine testing as a necessary aspect of public safety, especially in transportation.

Six months later, a review of the evidence in this case resulted in the appearance of a report which showed that the supervisor of the testing laboratory which had presented the marijuana findings (the FAA lab in Oklahoma City) had been fabricating drug test results for months. Results were being reported from tests that had never been performed, because there had been no one in the laboratory who knew how to run the sophisticated instruments.

When an effort was made to challenge the specific findings in the case of this engineer, the original computer data had apparently been lost. And there was none of the original blood sample left for a re-analysis. It will never be known if that engineer had indeed been impaired by marijuana, but political and emotional capital is still being made from the original story.

The constant repetition by the press of the very term "Drug War," has an insidious influence on public opinion. It evokes an image of our side, as opposed to their side, and the existence of a struggle for victory. Not to be victorious is not to survive as a nation, we keep hearing. There is a continuing message being advanced, that most of our nation's troubles - poverty, increasing unemployment, homelessness, our monstrous crime statistics, rising infant mortality and health problems, even dangers to our national security involving terrorism and foreign agents - are the direct results of illegal drug use, and all of these problems would neatly disappear if we would simply find an effective solution to this one terrible scourge.

Do you remember hearing the word, Krystalnacht, from the history of the rise of the Nazisto power in Germany, in the late 1930's? This was the night of broken crystal, when there was a sweep of the state-empowered police and young Nazis through the Jewish sections of the German cities, when every pane of glass that was in any way related to the Jewish culture - be it the window of a store, a synagogue, or a private home - was shattered. "If we rid ourselves of the scum known as Jews," the authorities said, "We will have solved the social problems of the nation."

I see a comparable move here, with merely a few changes in the words. "If we rid ourselves of the drug scum of our society, if we deprive them of their homes, their property, their crack houses, we will have solved the social troubles of the nation."

In Germany the Jewish population was attacked and beaten, some of them to death, in a successful effort to focus all frustrations and resentments on one race of people as the cause of the nation's difficulties. It forged a national mood of unity and single-mindedness, and it allowed the formation of a viciously powerful fascist state. The persecution of the Jews, needless to say, failed to solve the social problems of Germany.

In our present-day America, the drug-using population is being used as the scapegoat in a similar way, and I fear that the end point might well be a similar state of national consensus, without our traditional freedoms and safeguards of individual rights, and still lacking resolution of our serious social troubles.

How severe is the illegal drug problem, really? If you go down through the generalized statistics, and search out the hard facts, it is not very large. From the point of view of public health, it is vanishingly small. Just the two major legal drugs, tobacco and alcohol, are together directly responsible for over 500,000 deaths a year in this country. Deaths associated with prescription drugs are an additional 100,000 a year. The combined deaths associated with all the illegal drugs, including heroin, cocaine, marijuana, methamphetamine, and PCP, may increase this total by another 5,000. In other words, if all illegal drug use were to be curtailed by some stroke of a magic wand, the drug-related deaths in the country would decrease by 1 percent. The remaining 99% remain just as dead, but dead by legal, and thus socially acceptable means.

The drug problem may not be the size we are being told it is, but it is large enough for concern. What are some of its causes? There is a feeling of helplessness in much of our poor population, particularly among young Black and Hispanic males. There is a total absence of any sense of self-worth in most of the residents of our inner cities. There is extensive homelessness, and an increasing state of alienation between the middle-to-upper and the lowest classes. On one side, there is a growing attitude of "I've got mine, and the hell with you," and on the other, "I've got nothing to lose, so screw you."

There is a shameful public health problem of massive proportions (AIDS, teen-age pregnancies, rising infant mortality and the abandonment of any serious effort to help those with debilitating mental illnesses). There are children who have no families, no food, no education, and no hope. There is near anarchy in the streets of our big cities, matched by a loss of community integrity in the rural areas. All of this is blamed on the "drug problem," although the use of drugs has nothing to do with it. Drug use is not the cause of any of these terrible problems. It may certainly be one of the results, but it is not the cause. Nonetheless, a major national effort is being made to convince the American people that winning the "War on Drugs" will indeed cure us of all ailments, if we would but relinquish a few more individual rights in the pursuit of victory.

This war cannot be won. And we will only lose more and more of our freedoms in a futile effort to win it. Our efforts must be directed towards the causes, not just the consequences of drug misuse. But, in the meantime, things are going downhill at a rapid rate. People tell me that I am a

defeatist to suggest the obvious answer, which is to legalize the use of drugs by adults who choose to use them.

I have been accused of giving the message that drug use is okay. Remove the laws, they say, and the nation will be plunged overnight into an orgy of unbridled drug use. I answer that we are already awash in illegal drugs, available to anyone who is able to pay, and their illegality has spawned a rash of criminal organizations and territorial blood-lettings, the likes of which have not been seen since the glory days of Prohibition.

Yes, it's possible that with the removal of drug laws a few timid Presbyterians will venture a snort of cocaine, but in the main, drug abuse will be no worse than it is now, and - after some initial experimentation - things will return to a natural balance. There is no "Middle America" sitting out there, ready to go Whoopee! with the repeal of the drug laws. The majority of the population will, however, benefit from the return of the criminal justice system's attention to theft, rape, and murder, the crimes against society for which we need prisons. Pot smoking, remember, is not intrinsically antisocial.

Let me ask each of you this simple question. What indicators would you accept as a definition of a police state, if it were to quietly materialize about you? I mean, a state that you could not tolerate. A state in which there is a decrease in drug use, but in which your behaviour was increasingly being dictated by those in power?

Each of you, personally and privately, please draw an imaginary line in front of you, a line that indicates: up to here, okay, but beyond here, no way!

Let me suggest some thoughts to use as guides. What about a requirement for an observed urination into a plastic cup for drug analysis before getting a welfare check, or to qualify for or maintain a job at the local MacDonaldis, or to allow your child enrolment in the public schools? Would any one of these convince you that our nation was in trouble?

More and more companies are requiring pre-employment urine testing, and insisting upon random analyses during working hours. Not just bus drivers and policemen, but furniture salesmen and grocery store clerks. Some local school districts are requiring random urine tests on 7th graders, but as of the present time they are still requesting a parent's permission. Recipients of public housing, of university loans, or of academic grants must give assurance that they will maintain a drug-free environment. Today, verbal assurance is acceptable, but what about tomorrow?

What about the daily shaving of the head and body so that no hair sample can be seized to provide evidence against you of past drug-use? There are increasingly strong moves to seize and assay hair samples in connection with legitimate arrests, as a potential source of incriminating evidence of past illegal drug use.

What if you had to make a formal request to the government, and get written permission, to take more than \$300 out of the country for a week's vacation in Holland? Or \$200? There used to be no limit, then the limit dropped to the current level of \$10,000, but this number will certainly

continue to drop as legislation becomes more severe with regard to the laundering of drug money.

A lot of what I have been talking about has to do with the "other guy," not you. It is your drug-using neighbour who will have to live in fear, not you. It is easy to dismiss these invasions of personal rights when they don't affect you directly. But let me ask you a not-quite-so-simple question, the answer to which is very important to you, indeed: where are your own personal limits?

To what extent do you feel that it is justifiable for someone else to control your personal behaviour, if it contributes to the public's benefit? Let me presume that the idea of urine tests for cocaine use is okay with you. You probably don't use cocaine. Would you allow demands upon you for random urine tests for tobacco use? What about for alcohol use? The use of coffee?

To what extent would you allow the authorities into your private life? Let us presume that, having committed no crime, you would permit a policeman, who is visiting you officially, into your home without a warrant. But what about officials entering your home in your absence? Would you still proclaim, "I don't mind; I've got nothing to hide!"

I doubt that there are many of you who feel disturbed about the existence of a national computerized fingerprint file. But how about a national genetic marker file? What about police cards for domestic travel? How would you react to a law that says you must provide hair samples upon re-entering the country from abroad? How would you feel about the automatic opening and reading of first class mail? Any and all of these things could be rationalized as being effective tools in the war against drugs. Where would you personally draw the line?

Each of us must carefully draw that line for himself or herself. It is an exquisitely personal decision, just where your stick is to enter the ground to mark that boundary. This far, and no further.

There is a second and equally important decision to be made.

Let's ease into it by recapitulation. The first requirement is to establish a line, up to which you will allow the erosions of liberties and freedoms, all in the good cause of winning the drug war.

The second requirement is to decide, ahead of time, exactly what you will do, if and when your personal line has been breached. The point at which you say, "This has gone too far. It is time for me to do such-and-such." Decide what such-and-such really is. You must figure it out well beforehand. And beware. It is so easy to say, "Well, my line has been exceeded, but everything else seems benign and non-threatening, so perhaps I will relocate my line from right here to over there." This is the seductive rationalizing that cost millions of innocent people their lives under the Nazi occupation in Europe.

If you can move your line, then your line was not honestly positioned in the first place. Where is your line? And if your limits are exceeded, what will you do?

Stay continuously aware of where things are, politically, and in what direction they seem to be heading. Think your plans out ahead of time, while doing everything in your power to prevent further dismantling of what rights and freedoms are left the citizens of your country.

Do not give away your rights simply to make the police enforcement of criminal law easier. Yes, easier enforcement will catch more criminals, but it will become an increasing threat to you, as well. The policeman's task should not be easy; the founders of this country made that clear. A policeman's task is always difficult in a free country.

A society of free people will always have crime, violence and social disruption. It will never be completely safe. The alternative is a police state. A police state can give you safe streets, but only at the price of your human spirit.

In summary, remember that the accused must always be assumed innocent, and allowed his day in court. The curious citizen must always have open access to information about anything he wants, and should be able to learn whatever interests him, without having some other person's ideology superimposed on him during the course of his learning.

The maverick must be allowed to retreat to his private domain and live in any manner he finds rewarding, whether his neighbours would find it so or not. He should be free to sit and watch television all day long, if that's what he chooses to do. Or carry on interminable conversations with his cats. Or use a drug, if he chooses to do that. As long as he does not interfere with the freedom or well-being of any other person, he should be allowed to live as he wishes, and be left alone.

I believe that the phasing out of laws regarding drug use by adults, and an increase in the dissemination of truth about the nature and effects - positive and negative - of different drugs, the doing away with random urine testing and the perversion of justice that is its consequence, will certainly lead to smaller prison populations, and to the opportunity to use the "drug-war" funds for desperately needed social improvements and public health matters, such as homelessness, drug dependency and mental illness. And the energies of law-enforcement professionals can once again be directed towards crimes that deserve their skill and attention.

Our country might possibly become a more insecure place in some ways, but it will also be a healthier place, in body and spirit, with no further profit to be made on drugs by young men with guns on the streets of our cities. Those who abuse drugs will be able to find immediate help, instead of waiting for six months or more, in confusion and helplessness. And research in the area of drug effects and possible therapeutic use will come alive again in our centres of learning.

And we will once again be the free citizens of a free country, a model for the rest of the world.

Finally, I want to read an excerpt from a letter I received only yesterday, a letter sent by a young man who has found the psychedelics to be of great value to him in his growth as a writer:

Is it any wonder that laws prohibiting the use of psychoactive drugs have been traditionally ignored? The monstrous ego (or stupidity!) of a person or group of persons, to believe that they

or anyone else have the right, or the jurisdiction, to police the inside of my body, or my mind! It is, in fact, so monstrous a wrong that, were it not so sad - indeed, tragic! - it might be humorous.

All societies must, it seems, have a structure of laws, of orderly rules and regulations. Only the most hard-core, fanatical anarchist would argue that point. But I, as a responsible, adult human being, will never concede the power, to anyone, to regulate my choice of what I put into my body, or where I go with my mind. From the skin inward is my jurisdiction, is it not? I choose what may or may not cross that border. Here I am the Customs Agent. I am the Coast Guard. I am the sole legal and spiritual Government of this territory, and only the laws I choose to enact within myself are applicable!!!

Now, were I to be guilty of invading or sabotaging that same territory in others, then the external law of the Nation has every right - indeed, the responsibility - to prosecute me in the agreed-upon manner.

But what I think? Where I focus my awareness? What biochemical reactions I choose to cause within the territorial boundaries of my own skin are not subject to the beliefs, morals, laws or preferences of any other person! I am a sovereign state, and I feel that my borders are far more sacred than the politically drawn boundaries of any country.

To which I can only say amen.

### **A British viewpoint**

In Britain, one of the few civil liberties arguments against the suppression of Ecstasy comes from the ranks of the Young Conservatives. Paul Staines is a former member of the radical right Committee for a Free Britain, who ran a "Freedom to Party" campaign at the Conservative Party conference in 1989. His arguments for legalising Ecstasy and acid house parties (and putting LSD in the punch at the Young Conservatives Ball), are expressed below:

Imagine a regime so totalitarian that it will not allow its young citizens to dance when they want. Imagine that this regime introduced a law which banned dance parties unless they were authorised by the state, and even then the parties would only be allowed to be of limited duration and on state-licensed premises. Naturally this regime would, in line with its ideology, only apply these laws to parties held for profit.

The populist pro-government newspapers would of course launch a propaganda campaign against what it would call evil dance party organisers. The pro-government press would conduct a hysterical smear campaign, describing the party organisers as criminals.

In order to combat the subversive profiteering free-market dance party entrepreneurs the state would form Lifestyle Police. Using undercover agents they would infiltrate the parties, discover where they were to take place and then, using helicopters and road-blocks, they would try to prevent the parties going ahead, by turning away thousands of dissident party-goers and arresting the organisers.

This is truly a regime of which Stalin or Hitler himself would be proud, implementing socialist policies to protect the citizens from their own moral weakness.

If you think this is hyperbole see The Guardian, 3 February, 1990: "Police fear Acid House boom in spring". This reports "a combined intelligence unit drawn from twelve police forces, the Home Office's most powerful computer system, sophisticated radio scanners, monitoring of underground magazines, light aircraft, helicopters, roadblocks and arbitrary arrests." These are surely the hallmarks of a totalitarian state.

### **The lifestyle police and the safety Nazis**

Sadly the above is not a fantasy, it is based on reality. In Britain in 1990 all this happened, not under a Communist regime, but under an increasingly authoritarian Conservative government. What the tabloid press called the Acid House Party generated a momentum for yet more restrictions on our civil liberties.

This is another example of the Lifestyle Police in action, but the Lifestyle Police are not the police in uniform, they are the conservative, intolerant bigots who demand uniformity. The Lifestyle Police and lifestyle policies are supported by comfortable suburbia and the reactionary readers of the Daily Express. For them different means dangerous. They truly believe that they represent decent values when in fact they have narrow intolerant values.

The Lifestyle Police have infiltrated almost every aspect of our culture. They are the foot soldiers of organisations like the National Viewers and Listeners Association; Mary Whitehouse is the Lifestyle Policewoman par excellence. The Lifestyle Police are controlled by members of a powerful but little known clandestine entryist political party known as the Safety Nazis. They are politically active in the Conservative Party and the Green Party. In America the Safety Nazis' greatest political success was the Prohibition Act. Only the valiant actions of the Mafia managed to save America by machine gunning leading Safety Nazis.

Safety Nazis want to ban things: video nasties, cigarettes, drink, drugs, loud music, pornography, toy guns, real guns, artificial additives, swear words on TV, fast cars, unusual sexual practices, dancing around Stonehenge on the solstice and Acid House parties. They also make you do things for your own good, like wear a seat belt and watch public information films. Overt Safety Nazis are active in the Royal Society for the Prevention of Accidents, the Health and Safety Executive, the Health Education Authority, Alcohol Concern and Action on Smoking and Health.

Safety Nazis have a secret greeting: Sieg Health. Their ultimate totalitarian objective is to take over the world and make it a nice, safe place.

The difference between the Lifestyle Police and the Safety Nazis is one of degree. Safety Nazis are politically motivated. They are consciously in favour of safety, despite the ramifications for freedom of choice and individual liberty. Safety Nazis positively enjoy food scares. They go out of their way to deliberately protect the public, they think up laws and regulations, they smile a lot, they care and they are boring. Extremely boring.



The Lifestyle Police are everywhere. Your grandmother could be one. They mean well. They have proper jobs. They are normal. They exert a subtle pressure on their peers and offspring. They think it's disgusting, even though they do not think very hard. They are decent upstanding members of the community. Their methods are so subtle that even they themselves do not realise that they are Lifestyle Policemen. They are unwitting collaborators with the Safety Nazis.

### **What an acid house party is**

The Lifestyle Police and their allies the Safety Nazis do not like people enjoying themselves. Why else would they introduce a law to stop people dancing all night? Graham Bright MP introduced a private members bill, The Entertainments (Increased Penalties) Bill, to prohibit Acid House parties. The penalty for having a good time is six months in prison and unlimited fines. Since I derived a great deal of pleasure and a substantial proportion of my income from these parties I want to use the example of Acid House parties to illustrate the anti-libertarian nature of the Lifestyle Police.

Before going any further it would be wise to explain what an Acid House party is, since I assume that the majority of people reading this have not attended such a party.

The origin of the term Acid House is the subject of some debate. It was claimed in the debate in the House of Commons, as well as endless articles in the music press, that contrary to popular belief Acid House Parties did not derive their name from the colloquial term for the hallucinogenic drug LSD. The term acid, it was claimed, comes from the streets of Chicago, where it is a slang word meaning to steal, and acid music takes its name from the fact that an acid music track will include samples of music stolen from other recordings and then mixed in to form an end product. Since this particular musical style grew out of the Chicago House sound it was christened Acid House. That at least is what it says in Hansard and you can't get much more official than that can you?

I know this to be completely untrue because I made up this explanation at a press conference held to launch the Freedom to Party Campaign at the Conservative Party conference in October 1989. I was attempting to desperately play down the drug aspect in a forlorn attempt to discourage anti-party legislation, reasoning that the British public might accept massive noisy parties, but thousands of teenagers on drugs were definitely not acceptable. (This, incidentally, is the most successful lie I have ever told. Japanese music journalists have solemnly repeated it to me in the course of interviews and from MTV to ITN it has been broadcast as a fact. Only once was I caught out, when at a seminar held at the DMC World Disc Jockey Mixing Championships, a DJ from Chicago stood up and told the 1,000 or so people in the hall that I was talkin' a complete load of fuckin' bullshit - which I was. This proves that if you tell a lie often enough people will believe it - except when they know it's complete bullshit.) Despite my best efforts the Safety Nazis simply changed their reasons for wanting to ban the parties. They wanted them banned not because they were party pooping killjoys, worried about drugs, but because they were concerned about the physical safety of party-goers at unlicensed venues!

The Safety Nazis outwitted my best lie by changing their tactics.

The parties got their name from the widespread use of the drug LSD (acid) at the parties in the early days. The whole scene revolved around drugs, anybody who knows anything about it will tell you this, unless you are a journalist or a policeman. A plentiful supply of drugs is sure to make the party kick - LSD, MDMA, cocaine, cannabis - the more the merrier. Combine this with pulsating music played at 80 plus beats per minute, thousands of young people dancing wildly, more lasers than the Strategic Defence Initiative, a 50,000 watt sound system and special effects that would make Steven Spielberg proud and you have a truly superior form of entertainment. It might not be to your taste, but for those of us who do like that kind of thing, it is unbeatable. The fact that we had to beat police roadblocks to get in made it even better, since forbidden fruit tastes sweeter.

### **Britain's puritanical licensing laws**

Britain's archaic licensing laws demand that public entertainments such as nightclubs must be licensed, not just for fire and safety as one might reasonably expect Safety Nazis to demand, but also to serve drink, to play music and to allow dancing. Why do you need a licence? Because the Safety Nazis want to make sure that you're safe! Why do the licences only let you dance till a certain hour? Ask the Safety Nazis. Licences allow music and dancing only until a certain hour, usually 3.30am in London. Few nightclubs in London are licensed beyond that hour. In effect there is a state enforced curfew, strictly monitored by the Lifestyle Police. Break the curfew and you lose your licence, putting you out of business. The whole situation is crazy and without any logic.

I have been to nightclubs in pre-perestroika Moscow that were open all hours. I know of nowhere else in the world - except Ireland - that has more restrictive licensing laws, and in Ireland nobody pays the law any attention. If ever there was an area crying out for Thatcherite deregulation it's the archaic system for the licensing of music and dancing.

### **Hedonistic resistance**

Fortunately over the years illicit underground warehouse parties have developed to cater for those people who quite reasonably like to party all night despite the law. People would set up a sound system in an empty warehouse and hold a party. If you were in the know you could turn up, pay cash at the door, and party till the next day in the company of a few hundred other party-goers. Drinks would be sold off the back of a van from crates. A little rough and ready, but fun.

Then in late 1987 and early 1988 a new style of music became popular in Ibiza, the sunny holiday hideaway isle for London's avant garde. The music was energetic and people liked to dance to it all night under the influence of a new designer-drug called Ecstasy. The loose Ibiza lifestyle encouraged parties that lasted for days, and if you were reasonably fit, took the right drugs and refrained from alcohol, you could dance around the clock. Ibiza, you will understand, does not have licensing laws or Life-style Police.

When the holiday was over, so was the party. Some of the more enterprising party people decided that they could recreate the atmosphere by holding warehouse parties. As London's party culture absorbed Ecstasy, the demand for underground warehouse parties grew, hundreds of

people wanted to do the new wonder drug and dance all night. If you could not get any Ecstasy then some old fashioned acid would do.

Amongst the enthusiastic crowd who went to the parties was a young man called Tony Colston-Hayter. An imaginative, entrepreneurial technocrat with a relaxed attitude to legal formalities, he revolutionised the scene. He thought big. Instead of using dark, dodgy warehouses in London's docklands catering for a few hundred party-goers, why not organise parties for thousands of people in bigger venues?

How he did it provides a fine illustration of free enterprise's ability to innovate by taking advantage of technological developments. The parties were attracting the attention of the police, who would raid them and close them down as soon as they found out the location, unless the party was already in full swing, in which case they just turned people away rather than precipitate a riot.

Colston-Hayter reasoned that if he could get the people to the location in large numbers before the police arrived, the party would be unstoppable. He made use of a system called TVAR - Telephone Venue Address Releasing. The system worked as follows. During the day a production team would set up the venue, which could be a large warehouse or even an aircraft hangar. In total secrecy generators, sound systems, lighting, lasers, crash barriers, fire extinguishers, portaloos, merchandising stalls, food stands, soft drink stands and even a first aid room would be set up.

At a given time Colston-Hayter would use his cell phone to call a computer which would digitally record his spoken directions to a meeting point, usually somewhere on the M25 orbital motorway which circles London. The computerised system was linked to hundreds of phone lines.

The phone number would be printed on the tickets, and at a given hour would be party-goers (and the police) would phone that number and within minutes thousands of callers from all over the South East of England would be in their cars and on the way to the meeting point. At the meeting point accomplices with cell phones would report back to him. Once a critical mass had been reached, and this might be as many as a thousand cars, he would record a new message giving the venue location. The sheer weight of numbers would render the police unable to stop the convoy of freedom loving party-goers heading for the party.

The profits on a party attended by over 10,000 people could be up to #50,000. The total turnover could easily be in the region of #250,000 - fines for licensing offences were a maximum of #2,000.

### **Lifestyle police brutality**

The police and the authorities became tired of being outwitted and resorted to roadblocks, bugging phones, harassing organisers and mass detentions - at one party 836 people - only 12 of whom were charged - were detained overnight at 30 police stations. The tabloid newspapers waged an hysterical scare campaign, branding party organisers as evil drug pushers who were

poisoning Britain's youth. A special police unit was set up to deal with the parties and undercover police were used. The police pressurised the phone companies into preventing organisers using the TVAR system. Pirate (i.e. free market) radio stations which broadcast party location information were raided and shut down.

Civil liberties were crushed in order to stop young people committing the heinous crime of dancing all night without a licence. If that was not enough a draconian new law was introduced in July 1990 which meant that party organisers could face up to six months in prison and confiscation of all profits. It was at this point that I decided to get out of the business.

### **The Safety Nazis advanced another step on their long march.**

Late last year Dr. Timothy Leary, the guru of psychedelia, was refused entry into Britain. He was due to speak about his ideas [on 'Virtual Reality' computer software] to willing audiences. The Home Office refused him entry, but where were the human rights activists protesting about restrictions on freedom of speech? If a NORAID fund-raiser for the IRA had been refused entry, endless left-wing Labour MPs would have protested. If a bloodthirsty, CIA-backed African guerilla leader intent on publicising his anti-Marxist struggle had been refused entry, every Conservative MP who has been on a free trip to South Africa would be up in arms.

Timothy Leary is an interesting man with interesting ideas, yet I am not allowed to hear what he has to say.

The Lifestyle Police strike again.

### **Self liberation and uptight Conservatives**

I have fond memories of taking LSD and pure MDMA, trance-dancing and thinking that I had turned into a psychedelic, orgiastic wisp of smoke - it was the most staggeringly enjoyable, mind-warping experience I have ever had. The sense of self liberation was awesome and is to be recommended. The only word to describe it is WOW!

Acid House parties represented the perfect environment for drug taking, they provided a marvellous market place for drug distributors and consumers. The chances of being arrested were minimal because of the massive number of people. The atmosphere allows you to enjoy your trip in conducive surroundings, safe in the knowledge that thousands of others are doing the same. The feeling that it is a shared experience is very powerful, people are friendly. If you should bump into someone Ee'd Up on Ecstasy they will just smile, you will say sorry, they'll say it's okay, you'll smile and dance off - in a bar even the most minor collision is likely to result in an unpleasant exchange of words, if not a fist fight. Alcohol leads to aggression, MDMA encourages tolerance.

A lot of my Thatcherite/Libertarian friends get very suspicious when I tell them about the love and peace aspects of taking Ecstasy. To them love and peace equals hippies equals leftist. The feeling of unity and shared enjoyment to them smacks of collectivism, not the rugged individualism that they favour. But the drug actually removes inhibitions, liberating your mind

from petty concerns. You feel a sense of solidarity, but it is totally voluntary, there is no coercion. Libertarians are opposed to coercive collectivism, but if I as an individual choose to enjoy a collective experience because I want to, than that is up to me. I suspect that a lot of right-wingers, Conservative, Thatcherite or Libertarian, cling to their inhibitions and are actually afraid of letting go. Many Conservatives by their very nature fear the dynamic. They are wary of the unusual and prefer tradition, stability and the conventional. The idea of losing their inhibitions to the extent that they might say or do something embarrassing horrifies them.

Some people, particularly those of a Conservative inclination, have an irrational dislike of drugs, often based on what they believe or know about drug addicts. Somehow drug pushers are evil, akin to poisoners. A lot of drug pushers are unpleasant, but that is because it's an illegal business, and criminals are often unpleasant, violent people. Some drug dealers I know are ruthless, dishonest, dangerous psychopaths, while others are honest, peace loving, fair minded people who just happen to be in a business of which the majority of people are said to disapprove. If alcohol or tobacco was made illegal a similar situation would arise with them. Most British Conservative groups are not at all sympathetic towards legalising drugs, the Committee for a Free Britain being the only one that has come down in favour of decriminalising drugs. This might have something to do with the fact that during my time at the Committee for a Free Britain we got through quite a lot of the stuff.

Yet uptight Conservatives are probably the people who would benefit most from taking drugs, particularly Thatcherites, with their machine-like obsession with efficiency and abstract attachment to the freedom to make money. I'm as much of a believer in Capitalism as the most earnest of Young Conservatives, but couldn't we put acid in the punch at the YC ball and then really have a party?

From a leaflet published by The Libertarian Alliance, 25 Chapter Chambers, Esterbrooke Street, London SW1P 4NN (071-821 5502) =A9Libertarian Alliance 1991

#### **Appendix 4: Bibliography**

An annotated bibliography on MDMA generously contributed by Alexander Shulgin

---

[Appendix 4 is available as one 300k HTML file.](#)

---

[Legal History](#)  
[Biochemistry](#)  
[Metabolism](#)  
[in vitro Studies](#)  
[Pharmacology](#)  
[Neurochemistry](#)  
[Clinical Studies](#)

[Animal Toxicology](#)  
[Human Toxicology](#)  
[Chemistry](#)  
[Analytical Methods](#)  
[Reviews & Social Commentary](#)  
[Quotations from reviews](#)

## Appendix 5: Research

### Ongoing research projects into MDMA and/or its effects

An ethnographic study into the impact of Ecstasy on the drug taking habits of a group of young men in the Greater Manchester area, by Mark Gilman, a research officer with Lifeline, Manchester. Started October 1991; expected completion date October 1993. Lifeline, Globe House, Southall Street, Manchester M3 1LG. Tel: 061 834 7160.

Gilman is studying the behaviour of the young men, who include football supporters, by means of informal social meetings over the two-year period.<sup>40</sup> See also chapter 5.

Beyond the Spectacle - The Matrix of Drugs and Computers, to be published by Routledge, 1993/4 by Dr. Sadie Plant, lecturer in cultural studies at Birmingham University. Department of Cultural Studies, School of Social Sciences, Birmingham University, Edgbaston, Birmingham B15 2TT. Tel: 021 515 3531

Plant says: "The argument developed in my book concerns the convergence of drugs and information technology, and it is in this context that I am looking at Ecstasy as the site of a migration beyond the spectacular, visual domain and into a new tactility 'behind the screens' of the reality studio (to pinch a line from Burroughs). I don't see drugs as the improvement of the human (or its values); what I am looking at is the extent to which the human being is being reprogrammed by the drugs and technologies it uses."

The use and misuse of Ecstasy (MDMA) in Scotland: a pilot study, by Kellie Anderson, research associate, at the University of Edinburgh. Kellie Anderson or Professor Martin Plant, Alcohol Research Group, Department of Psychiatry, University of Edinburgh, Morningside Park, Edinburgh EH0 5HF123

This paper is awaiting approval from the Scottish Office, which funded the pilot study, for release of its results. The aims of the study were: 1. To examine available evidence on use. 2. Review its implications. 3. To establish priorities for the future.

It looked at Ecstasy use among mature students in five Scottish cities.

Survey of alcohol use and deviance among 776 school children aged 14 to 15 years in the north west of England by Professor Howard Parker et al, Department of Social Policy and Social Work, Manchester University. Started October 1991, expected completion date October 1993. Manchester University, Dover Street, Manchester M13 9PL. Tel: 061 275 4762.

Funded by the Alcohol Education and Research Council. For preliminary findings see reference 49.

What are the relationships between alcohol use, drug taking, deviant behaviour and social background among young people in the 90s? To answer this question three studies are being conducted:

1. A three year longitudinal survey of a cohort of 776 14-15/16-17 year-olds.
2. Interviews with up to 100 18-25 year-olds on probation orders and their probation officers comparing problem drinkers with other clients.
3. Fieldwork in pubs and nightclubs involving interviews with up to 100 young drinkers and staff of clubs and pubs.

70% of the sample were 14; 30% 15 years. 54% boys; 88% white; 70% Christian; 84% had fathers in paid work and 68% had mothers in paid work.

Assessing psychiatric morbidity associated with taking Ecstasy, by Adam Winstock, at the Hammersmith Hospital, London. Tel: 081 743 2030 bleep 094

Winstock is starting a National Ecstasy Research Project involving thousands of respondents examining what effect Ecstasy has had on them.

The E'sy Sex Survey: risk factors and social contexts, by Andrew Thomson, research officer with Southend Community Care Services NHS Trust. Started June 1991; expected completion date June 1996.

Thomson is undertaking a five-year research analysing the risk factors of Ecstasy use. The study is being funded by the Southend Community Care Services NHS Trust.

The project, which Thomson claims is the largest piece of Ecstasy-related research in Europe, involves an assessment of the health needs of Ecstasy-users, and results are intended to provide information for harm reduction policies. 250 Ecstasy-users and 250 non-users between the ages of 16 and 21 are being studied by in-depth interview. Their sexual behaviour is being compared (with allowances made for other differences between the two groups) with a view to finding out whether Ecstasy-users are more likely to have unprotected sex and with more partners. For preliminary results, see reference 125.

A socio-psychiatric investigation of health and other consequences of MDMA-use in a chain-referred sample of Glasgow users, by Dr. Jason Ditton, Director, Criminology Research Unit, Glasgow University. Started Spring 1993; expected completion date Spring 1995. Sociology department, University of Glasgow, University Avenue, Glasgow G12 8QQ. Tel: 041 339 5413

Dr. Ditton has a grant of #150,000 from the Scottish Office. He aims to recruit about 225 people, including 25 light, 25 medium and 25 heavy users, who are "initiates", "mid-career-users" and "ex-users". (9 categories in all) for psychiatric trials. Subjects will be interviewed to determine the level of depression, anxiety, paranoia and craving they experience. Urine and hair samples will be taken to establish which drug(s) the subjects have taken. Urine samples have to be taken within 8 hours of ingestion of a drug, whereas samples of 6" long hair can reveal drug usage over the preceding 12 months. The tests cost about #45 each. A similar test on Lord Byron's hair confirmed that he took opium.

Dr. Ditton is dubious about the results of attitude surveys. He says that, when asked, people tend to report about half the usage revealed by urine tests and that hair analysis (which includes a complete history of drug use) doubles the figure again: people tend to underestimate their drug use fourfold. In a previous study of Ecstasy-buying habits among University students, he found that 15% of his sample had taken Ecstasy, making it second only to cannabis in popularity. By clubbing together to buy for friends, students risked the enormous penalties attached to supplying an illegal drug.

A study of the effects of MDMA on gene expression in brain cells, by Dr. Marcus Rattray, lecturer in biochemistry and Dr. JV Priestley, senior lecturer in biochemistry, both at the United Medical and Dental School at Guy's Hospital, London. Started September 1990, expected completion date December 1993. UMDS, Guy's Hospital, St Thomas's Street, London SE1 9RT. Tel: 071 955 4529

Drs. Rattray and Priestley's study takes findings in animal studies that MDMA is neurotoxic as a base line. But where previous studies have concentrated on examining whether MDMA causes damage to the nerve endings in the brain, theirs is looking at whether the drug harms the neuronal body of rats' brain cells and in particular the mechanism by which the manufacture of serotonin is triggered when a cell runs out of serotonin. Changes to the cell body affect the level of expression of some of its genes, and this is being measured in populations of neurons by a semi-quantified method called in situ hybridisation to determine whether Ecstasy is causing damage. The rats are given 4 or 8 very high doses of MDMA: 10 mg per kg of body weight, and their brain cells are examined 24 hours and 2 weeks afterwards. This procedure reveals temporary damage but is not a reliable indicator of permanent damage.

They are looking in particular at genes in the serotonin transporter, a protein present in the nerve endings of serotonin-manufacturing cells and in tryptophan hydroxylase, an enzyme mostly produced in serotonin-manufacturing cells.

"We're finding that if you have a population of cells that all make serotonin, some seem to be more affected than others - about five per cent of cells don't seem to recover. We're trying to find out what it is about the affected cells that makes them more sensitive," Dr. Rattray said. They have found that changes to the serotonin transporter after rats were dosed with MDMA coincide with the level of messenger RNA going well down, but that a sharp fall in the level of tryptophane hydroxylase, appears to be accompanied by the level of messenger RNA going up.

They are going on to examine the effects of single doses at a much lower levels, comparable to the doses taken by human users.

A descriptive study of psychological disorders among Ecstasy-users presenting at the Maudsley Hospital, London and A study of the effect of regular use of Ecstasy on human users' brain cells, by Dr. Philip McGuire, honorary senior registrar in psychiatry at the Maudsley Hospital. The descriptive study started in February 1990 and was completed in February 1993 and the second study began in February 1991 and the completion date is not known. Genetics Section, Institute of Psychiatry, Decrespigny Park, Denmark Hill, London SE5 8AF.



The descriptive study is based upon in-patients and out-patients at the Maudsley with a history of Ecstasy use. From 1990 to 1993, all psychiatrists at the Maudsley who discovered that a patient with a distinct psychological problem had taken a lot of Ecstasy, referred the patient to Dr. McGuire's research team to be interviewed.

"The patients were typically young people who took Ecstasy at the weekend, and usually were multiple drug users", Dr. McGuire said. 13 patients are described in detail. Of these, eight had psychotic syndromes; two had visual disorders such as hallucinations, distortions and palinopsia (in which after-images behind moving objects are prolonged); one had severe depression; one suffered from panic attacks and one experienced 'depersonalisation'.

The second study is examining the effect of Ecstasy on the bodies of brain cells in human subjects. Dr. McGuire advertised in Drug Link, a magazine for social workers, to find regular Ecstasy users who were mentally and physically fit to act as subjects in the research.

Prior research into the effects of Ecstasy on the brain has used animals [and involved dissection]. This study, in common with research on animals, uses long-term reductions in the level of the chemical serotonin in the brain cells as an indicator of brain damage. Serotonin is released by the brain cells when they are stimulated by a number of drugs, including Ecstasy. The release of serotonin in turns stimulates release of the hormone prolactin into the blood.

In this study, Ecstasy users are given the drug Fenfluramine, a widely-available slimming drug, which also stimulates the release of serotonin. Blood samples taken from the subjects are then tested for the presence of prolactin. If this is not present, it is inferred that serotonin has not been released and therefore levels of serotonin in the brain cells must be reduced, indicating brain damage.

No provisional results were available. But Dr. McGuire said: "If the results of our study are similar to those on monkeys, a lot of people are going to be brain damaged". [The assumption that a reduction in serotonin levels implies brain damage has been disputed.<sup>71</sup>]

A study of the effect of MDMA on activity levels and body temperature in rats, by Dick Dafters, lecturer in psychology at Glasgow University. Started January 1993; expected completion date autumn 1993. Psychology Department, University of Glasgow, University Avenue, Glasgow G12 8QQ. Tel: 041 339 8855 X4559

This study is funded through Glasgow University but Dafters has applied to the Scottish Office Home and Health Department for funding to conduct a parallel study examining MDMA's effect on body temperature and activity levels in humans. He also hopes to publish this second study in autumn 1993.

In the study on rats, both the animals' temperature and gross body movements are measured using remote biotelemetry; a technique in which readings are taken from a tiny

transmitter cell that is implanted under the animals' skin. The rats are divided into two groups, one of which is injected with MDMA and one with a placebo, and measurements are taken on both.

Provisional findings from readings on temperature indicate big increases in rats' body temperature after they have been given MDMA under normal temperature conditions, but substantial decreases in the animals' body temperature when they are given the drug in a cold environment. Mr Dafters said there was also a clear increase in rats' activity level. He is going on to examine tolerance to MDMA in rats.

"I'm driven by the human problems, such as does going into a 'chilling out' room reduce your temperature and how long does it take?" Dafters said. "I'm asking how do you examine [such problems] in an animal model in a way that's going to give useful information".

Because of ethical considerations, the planned study of the effects of MDMA on humans cannot be anything like as thorough as that on rats. But, given that mammals respond in very similar ways to stimulation by drugs, the hope is that, taken together, the two studies will provide a reasonably accurate measure of the effects of Ecstasy on human body temperature and activity levels. The study on humans will be specifically designed to identify differences of degree between the effect of the drug on rats and on humans. It will be conducted at Glasgow clubs known to be frequented by regular Ecstasy users. Ravers will be invited to take part in a study of changes to people's body temperature and activity levels in a club environment, but not told that it is aimed specifically at Ecstasy users. To correlate the findings with drug use, those taking part will be asked, without revealing their names, to answer a questionnaire about their use of drugs and to give a urine sample. The urine sample will show whether or not a person has taken Ecstasy but not how much they have taken.

Mr Dafters expects to be able to provide informed guidance for authorities and agencies that are drawing up codes of conduct for clubs catering to ravers from his conclusions about the effects of ambient temperature on Ecstasy takers and about tolerance to MDMA.

A survey of the use of Ecstasy in Glasgow and surrounding areas, by Alex Meikle of Possil Drug Project, 101, Denmark St, Possilpark, Glasgow G22 5AU. Meikle is gathering data on users' expectations and experiences of Ecstasy; how much they take, and in combination with what other drugs; where they take it and what further help, advice and information they want about E and other rave drugs.

The aim is to build up a knowledge base for the use of workers in the field. Asked what problems users had with Ecstasy, Alex said they reported restlessness, paranoia and over-use affecting their performance at work - most users had jobs. Typical E use in Glasgow follows the "weekend binge pattern" - kids take up to 4 different drugs together (such as E, LSD, cannabis and amphetamine), often starting on Thursday night. Some problems are due to users taking Temazepam, a prescription drug sold on the black market for #1.50 to #3.00 after an Ecstasy trip in order to get a good night's sleep. Temazepam is a

good sleeping pill in normal doses and 2-3 tablets can help E users come down and rest after an E trip, but it is often used in overdose, resulting in a "zombie-like" state. Alex says that users soon find Ecstasy has no more good effects and go off it, but try it again later. Most users have no grasp of the idea of tolerance to a drug.

### **Appendix 6: Sources of information**

Institute for the Study of Drug Dependence (ISDD) 1 Hatton Place EC1N 8ND (Phone 071 430 1993)

The ISDD has the best reference library of papers on MDMA although quite a few are missing, presumed stolen. The staff are extremely helpful, and will obtain papers for you that they haven't got, though I have been waiting over 3 months for one. The library is open to the public with no questions asked, though you do need to phone to make an appointment before you come. The ISDD publishes Druglink which is obtainable on subscription for #19 a year. This contains articles and news, mainly sociological.

Multidisciplinary Association for Psychedelic Studies (MAPS), 1801 Tippah Avenue, Charlotte, NC 28205, USA (Phone (0101) 704 358 9830, Fax 704 358 1650)

MAPS is a charitable trust 'working to assist psychedelic researchers around the world design, obtain government approval, fund, conduct and report psychedelic research on humans.' Run by Rick Doblin, MAPS is supported by donations. Overseas subscribers pay a minimum of \$40 which includes a fair-sized quarterly newsletter.

MAPS has had remarkable success recently in obtaining government approval for human trials involving MDMA in the USA, mentioned in this book. It is currently supporting a number of projects, and has recently provided financial support for a project in Russia which, subject to government approval, will test the use of MDMA in the treatment of alcoholism and neurosis.101

Books on MDMA

see index under 'Books'

Drug Consultation Bureau. Kerkstraat 258sous, 1017, HA Amsterdam, Holland (Phone 20-6237943)

This is a 'safe house' where people can have their drugs tested and get information without the risk of arrest. A fee or donation is asked for. Ring for an appointment.

Psychotherapy using MDMA in Switzerland

See reference 95, page 174.

### Appendix 7: Glossary of terms

- **2CB**: bromodimethoxyphenethylamine
- **5HT**: serotonin -- a substance in the brain that effects mood
- **adrenalin**: a natural substance in the brain that prepares the person for 'fight or flight'
- **ambient**: peaceful variant of House music
- **armouring**: tensioning of the body to avoid feelings
- **arrhythmias**: unusual heart rhythm
- **axons**: part of brain cell that connects with others
- **bulimia**: eating disorder when the person eats and vomits in order to eat more
- **carriers**: those who hold drugs and money for gangs of dealers
- **chillout**: (1) time spent after a rave (2) to cool down (3) used to describe a quiet, cool room for relaxing at a rave
- **club**: nightclub licensed for public entertainment
- **cop**: copulate
- **cortex**: part of the brain
- **dance drugs**: drugs normally taken include: MDA, MDMA, MDEA; amphetamine and LSD.
- **DEA**: Drug Enforcement Administration (US)
- **designer drug**: a drug designed to have similar effects to a known illegal drug, but which is not illegal itself. Example is MDEA (eve). Does not apply in Britain, because law is different to USA.
- **designer drug**: drug designed to avoid the law.<sup>6</sup>
- **DIC**: disseminated intravascular coagulation, a result of overheating
- **DMT**: short-acting but powerful psychedelic drug
- **dopamine**: natural substance in the brain that effects pain
- **draw**: cannabis
- **endorphins**: natural substance in the brain that causes pain relief
- **Esalen**: a new-wave centre for psychotherapy
- **FDA**: Food and Drug Administration (US)
- **feely feely room**: room for sensual contact
- **fly agaric**: type of mushroom with psychedelic effects
- **grand mal**: epileptic fit
- **happening**: orgasmic trance dance atmosphere created by best DJs
- **haematoma**: blood clot within the body tissue
- **hippocampus**: important part of the brain
- **holotropic**: breathing technique involving hyper-ventilation
- **hyperthermia**: when the body temperature rises above 41 degrees C
- **hypothermia**: when the body temperature drops to a dangerous level without normal reactions such as shivering
- **ICPO**: International Convention on Psychotropic Substances
- **joey**: person employed by dealer gang to sell to customers

- **Ketamine**: anaesthetic which can produce altered state of consciousness and hallucinations, but very different in effect from hallucinogens
- **kicking**: orgasmic trance dance atmosphere created by best DJs
- **luvdup**: feeling loving and lovable, a group feeling of togetherness
- **mandala**: circular drawing of mystical significance
- **MDA**: methylenedioxyamphetamine
- **mental**: orgasmic trance dance atmosphere created by best DJs
- **metabolite**: substance produced in the body [as a result of digesting a drug]
- **MAOI**: monoamine oxidase inhibitor
- **MAPS**: Multidisciplinary Association for Psychedelic Studies
- **minders**: heavies employed by gangs to protect themselves
- **mushies**: magic mushrooms
- **narcissism**: excessive involvement with oneself
- **Neuro Linguistic Programming**: a 'patent' method of psychotherapy
- **neurotoxicity**: damage to nerves or brain cells
- **neurotransmitter**: natural substance in the brain concerned with transmitting information between cells
- **NIDA**: National Institute of Drug Abuse (US)
- **opioids**: a natural substance found in the brain that effects pain
- **puppy piles**: people making sensual contact
- **party**: a small rave for members or invited people only
- **pharmo-**: prefix denoting to do with drugs
- **phenethylamine**: group of chemicals which includes psychoactive drugs
- **plassie**: part-time raver, not a real raver
- **poppers**: amyl nitrite
- **primates**: animals such as monkeys and humans
- **Prozac**: Drug prescribed for depression of the SSRI type
- **psychodrama**: psychotherapeutic group technique of acting out a situation
- **psilocybin**: common English psychedelic mushroom
- **R&B**: rhythm and blues
- **rave**: large one-off event with all night dancing to House music in the open air or in marquees, warehouses or other large buildings (is also used to cover other events where people dance to acid house music)
- **raver**: person who attends venues where people dance to acid house music
- **salsoul**: rhythmic fusion of R&B and Latin music
- **serotonin**: 5HT -- a substance in the brain that effects mood
- **skag**: heroin
- **smack**: heroin
- **snarlers**: those who try to find customers for drug dealers at raves
- **snake slithering**: group of people making sensual contact
- **speed willy**: shrunk penis from taking E or amphetamine
- **spinners**: dancers who go out of control
- **SSRI**: Selective Serotonin Re-uptake Inhibitor
- **stacking**: taking multiple doses, usually spread out over a period in order to prolong the effect
- **synapses**: points at which brain cells communicate with each other

- **tachycardia**: abnormal increase in heart rate
- **taxing**: when security staff/police get a cut from dealers in exchange for being allowed to operate exclusively and being warned of police raids
- **techno**: heavy metal electronic version of house music
- **thermoregulatory**: temperature controlling
- **tolerance**: when a drug has less effect after it is taken frequently
- **tranx**: tranquilisers
- **trips**: LSD
- **whizz**: amphetamine
- **WHO**: World Health Organisation