

# FACTS about DRUGS: MDMA

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the Drug  
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## What Is MDMA?

MDMA (3,4-methylenedioxyamphetamine), commonly referred to as ecstasy, is sold either as a pressed pill taken orally, or as a powder that is snorted or swallowed. MDMA's effects resemble those of both stimulants and psychedelics.<sup>1</sup> It is reported to decrease fear and increase trust and empathy.<sup>2</sup> Street names include ecstasy; E; X; Rolls; Adam; Molly.<sup>3</sup>

People who use ecstasy describe themselves as feeling open, accepting, unafraid and connected to people around them. Typically used in social settings, especially among the rave and dance club cultures, ecstasy's effects are stimulated by visuals, sounds, smells and touch. A typical dose of 100 to 125 mg lasts four to six hours. Some people experience nausea at the outset, but after about forty-five minutes, most people report feelings of relaxation and clarity. Ecstasy causes dilation of the pupils and, often, sensitivity to light. Jaw-clenching and tooth-grinding are also observable effects. People using ecstasy experience heightened sensations and want to intensify these feelings by dancing, talking and touching.<sup>4</sup>

Before MDMA became popular at clubs and raves, it was utilized for therapeutic purposes by psychologists and other mental health practitioners in the 1970s and early 1980s. After MDMA was placed in Schedule I in 1985, a lawsuit challenging this designation won a favorable ruling from the DEA Administrative Law Judge, who concluded that MDMA had "currently accepted medical use" and "acceptable safety", yet it remains in Schedule I today. In 2002, the RAVE Act ("Reducing Americans' Vulnerability to Ecstasy") increased penalties and mandatory minimum sentences.

## Prevalence of MDMA Use

According to the *National Survey on Drug Use and Health*, only 0.2 percent of people aged 12 and older reported using MDMA in the past year. Among young people aged 12-17, 0.4 percent reported using it in the past month, and 1.7 percent in the past year.<sup>5</sup>

Less than one percent (0.8) of students in 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined reported using ecstasy in the past month, according to the annual *Monitoring the Future* survey<sup>6</sup>, while 35.9 percent of 12<sup>th</sup> graders reported that it is "fairly easy" or "very easy" to obtain.<sup>8</sup>

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**"The ecstasy tablet that most recreational users buy and ingest is not necessarily MDMA. Indeed, in many cases, it clearly is not."**<sup>9</sup>

– *British Journal of Pharmacology*, 2012

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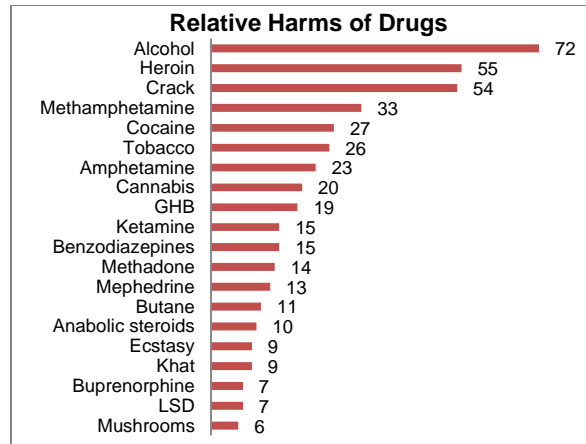
## Reducing Potential Harms of MDMA Misuse

Because ecstasy is illegal – and, therefore, unregulated – it is impossible to know what a "dose" contains. In fact, many ecstasy pills are not MDMA.<sup>10</sup> Besides MDMA, ecstasy pills may contain varying levels of MDA (methylene-dioxyamphetamine), other stimulants such as caffeine, or anesthetics such as Ketamine or dextromethorphan (DXM)<sup>11</sup> – which can significantly amplify potential harms.<sup>12</sup> Testing kits are available to detect if pills contain MDMA or another substance, but cannot determine potency or purity.<sup>13</sup>

Most of MDMA's potential harms derive from the setting of its use.<sup>14</sup> Although few adverse effects have been reported, hyperthermia – a dangerously high increase in body temperature – is the most common problem related to ecstasy. Hyperthermic reactions result from physical exertion (such as dancing) in an overheated environment without replenishing fluids,<sup>15</sup> which is why users take breaks and consume fluids like water or Gatorade.<sup>16</sup> Overdoses are extremely rare

and are also usually linked to dehydration or mixing drugs, rather than as a direct result of using ecstasy.<sup>17</sup>

Some people report feeling depressed for up to 48 hours after using. With prolonged use, people report tiredness, jaw aches and diminished euphoria.<sup>18</sup>



Source: Nutt, David J, et al., "Drug Harms in the UK: A Multicriteria Decision Analysis." *The Lancet* 376, no. 9752 (2010): 1558-65.

Long-term effects of ecstasy are still under investigation. Some researchers suggest that slight brain changes may result from heavy use, but the evidence is far from conclusive.<sup>19</sup> Ecstasy may affect serotonin and dopamine levels, but it is unclear what impact these changes cause in the long-term.<sup>20</sup> Ecstasy can cause arrhythmia and those experiencing hypertension or heart disease should avoid using it.<sup>21</sup> MDMA use alone does not cause cognitive differences between people who use it and those who do not.<sup>22</sup> Evidence also shows that "[a]dverse effects decrease with... abstinence."<sup>23</sup> Several studies have found that substances like MDMA have far lower potential to cause harm than legal drugs like alcohol.<sup>24</sup>

### Medical and Therapeutic Applications

MDMA-assisted psychotherapy combines traditional psychotherapy with the administration of MDMA.<sup>25</sup> Because of MDMA's unique effect of diminishing fear and enhancing interpersonal trust, it is an ideal adjunct medicine to psychotherapy, and it has been administered to over 500 human subjects in clinical trials without a single serious adverse event.<sup>26</sup> A seminal study published in 2010 found that PTSD patients who received MDMA-assisted psychotherapy reported overwhelming reductions in the severity of their symptoms<sup>27</sup> – reductions which were sustained, on average, for more than three years.<sup>28</sup> Such findings have been replicated by other studies,<sup>29</sup> and additional

research is underway in the U.S., Canada, Israel, U.K. and Australia.<sup>30</sup> Yet the drug war continues to obstruct this vital research.<sup>31</sup>

<sup>1</sup> M. G. Kirkpatrick et al., "A Direct Comparison of the Behavioral and Physiological Effects of Methamphetamine and 3,4-Methylenedioxyamphetamine (Mdma) in Humans," *Psychopharmacology (Berl)* 219, no. 1 (2012).

<sup>2</sup> R. Doblin, "A clinical plan for MDMA (Ecstasy) in the treatment of posttraumatic stress disorder (PTSD)," *Journal of Psychoactive Drugs*, 34 (2002), pp. 185–194.

<sup>3</sup> Erowid.org, <http://www.erowid.org/chemicals/mdma/mdma.shtml>.

<sup>4</sup> G. J. Dumont et al., "Increased Oxytocin Concentrations and Prosocial Feelings in Humans after Ecstasy (3,4-Methylenedioxyamphetamine) Administration," *Soc Neurosci* 4, no. 4 (2009).

<sup>5</sup> Substance Abuse and Mental Health Services Administration, "Results from the 2011 National Survey on Drug Use and Health," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012), Tables 7.3B, 7.5B and 7.6B.

<sup>6</sup> Johnston et al., *Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings, 2012*, Tables 2,3, and 5".

<sup>8</sup> Ibid., "Table 17."

<sup>9</sup> AR Green et al., "Ecstasy Cannot Be Assumed to Be 3, 4-Methylenedioxyamphetamine (Mdma)," *British J. Pharmacology* 166, no. 5 (2012).

<sup>10</sup> Ibid.

<sup>11</sup> National Institute on Drug Abuse (NIDA), "Facts on Drugs: MDMA (Ecstasy or Molly)," <http://teens.drugabuse.gov/drug-facts/mdma-ecstasy-or-molly>

<sup>12</sup> Green et al., "Ecstasy Cannot Be Assumed to Be 3, 4-Methylenedioxyamphetamine (Mdma)."

<sup>13</sup> Holland, Julie, "Minimizing Risk in the Dance Community: An Interview with Emanuel Sferios," in *Ecstasy: The Complete Guide*, Julie Holland, ed. (Vermont: Park Street Press, 2001); <http://www.dancesafe.org>.

<sup>14</sup> A. C. Parrott, "Mdma in Humans: Factors Which Affect the Neuropsychobiological Profiles of Recreational Ecstasy Users, the Integrative Role of Bioenergetic Stress," *J Psychopharmacol* 20, no. 2 (2006).

<sup>15</sup> A. C. Parrott, "Mdma and Temperature: A Review of the Thermal Effects of 'Ecstasy' in Humans," *Drug Alcohol Depend* 121, no. 1-2 (2012); A. C. Parrott, "Mdma (3,4-Methylenedioxyamphetamine) or Ecstasy: The Neuropsychobiological Implications of Taking It at Dances and Raves," *Neuropsychobiology* 50, no. 4 (2004); A. Parrott et al., "Mdma Can Increase Cortisol Levels by 800% in Dance Clubbers," *J Psychopharmacol* 27, no. 1 (2013).

<sup>16</sup> Holland, "Minimizing Risk in the Dance Community."

<sup>17</sup> G. Rogers et al., "The Harmful Health Effects of Recreational Ecstasy: A Systematic Review of Observational Evidence," *Health Technol Assess* 13, no. 6 (2009).

<sup>18</sup> A. C. Parrott et al., "Ecstasy/Mdma Attributed Problems Reported by Novice, Moderate and Heavy Recreational Users," *Hum Psychopharmacol* 17, no. 6 (2002); M. J. Baggott, "Preventing Problems in Ecstasy Users: Reduce Use to Reduce Harm," *J Psychoactive Drugs* 34, no. 2 (2002).

<sup>19</sup> S. de Sola et al., "Auditory Event-Related Potentials (P3) and Cognitive Performance in Recreational Ecstasy Polydrug Users: Evidence from a 12-Month Longitudinal Study," *Psychopharmacology (Berl)* 200, no. 3 (2008); Grob, C. 2000. Deconstructing Ecstasy: The politics of MDMA research. *Addiction Research* 8 (6): 549-88.

<sup>20</sup> M. Baggott and J. Mendelson, Does MDMA Cause Brain Damage? In *Ecstasy: The Complete Guide*, edited by Julie Holland, MD. Vermont: Park Street Press.

<sup>21</sup> Goode, Erich. 1999. *Drugs in American Society*. Boston: Mc-Graw Hill College.

<sup>22</sup> J.H. Halpern et al., "Residual Neurocognitive Features of Long-Term Ecstasy Users with Minimal Exposure to Other Drugs," *Addiction* 106, no. 4 (2011); A. C. Parrott et al., "Dancing Hot on Ecstasy: Physical Activity and Thermal Comfort Ratings Are Associated with Memory and Other Psychobiological Problems Reported by Recreational Mdma Users," *Hum Psychopharmacol* 21, no. 5 (2006).

<sup>23</sup> John E. Fisk et al., "Modelling the Adverse Effects Associated with Ecstasy Use," *Addiction* 106, no. 4 (2011).

<sup>24</sup> David J Nutt, Leslie A King, and Lawrence D Phillips, "Drug Harms in the UK: A Multicriteria Decision Analysis," *The Lancet* 376, no. 9752 (2010); David Nutt et al., "Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse," *ibid.* 369, no. 9566 (2007).

<sup>25</sup> R. Doblin, "A clinical plan for MDMA (Ecstasy) in the treatment of posttraumatic stress disorder (PTSD): partnering with the FDA," *J. Psychoactive Drugs*, 34 (2002):185-94.

<sup>26</sup> Multidisciplinary Association of Psychedelic Studies, <http://www.mdmaps.org>.

<sup>27</sup> M. C. Mithoefer et al., "The Safety and Efficacy of (+/-)3,4-Methylenedioxyamphetamine-Assisted Psychotherapy in Subjects with Chronic, Treatment-Resistant Posttraumatic Stress Disorder: The First Randomized Controlled Pilot Study," *J Psychopharmacol* 25, no. 4 (2011): 439-52.

<sup>28</sup> M. C. Mithoefer et al., "Durability of Improvement in Post-Traumatic Stress Disorder Symptoms and Absence of Harmful Effects or Drug Dependency after 3,4-Methylenedioxyamphetamine-Assisted Psychotherapy: A Prospective Long-Term Follow-up Study," *ibid.* 27, no. 1 (2013).

<sup>29</sup> See, e.g., P. Oehen et al., "A Randomized, Controlled Pilot Study of Mdma (+/-)3,4-Methylenedioxyamphetamine)-Assisted Psychotherapy for Treatment of Resistant, Chronic Post-Traumatic Stress Disorder," *J Psychopharmacol* 27, no. 1 (2013).

<sup>30</sup> "A Randomized, Triple-Blind, Phase 2 Pilot Study Comparing 3 Different Doses of MDMA in Conjunction with Manualized Psychotherapy in 24 Veterans, Firefighters, and Police Officers with Chronic, Treatment-Resistant PTSD", 2012, [http://www.maps.org/research/mdma/MP8\\_amend4\\_final\\_7Feb2012web.pdf](http://www.maps.org/research/mdma/MP8_amend4_final_7Feb2012web.pdf).

<sup>31</sup> Christina M. Sheerin et al., "A New Appraisal of Combined Treatments for PTSD in the Era of Psychotherapy Adjunctive Medications," *J Contemp Psychother* (2012) 42:69–76.