The effects of E on harm reduction

The news that Leah Betts died from drinking too much water and not ecstasy *per se* has worrying implications for the standard ecstasy harm reduction message to *drink plenty of water*. It may be too premature to say that the message has failed, but clearly, it needs to be urgently re-examined. Perversely, it may have fallen victim to its own success – Leah Betts and her friends had heard versions of it, and in the retelling it has been distorted and simplified to the point where countless young people may believe that drinking water cures the ill-effects of ecstasy.

Leah Betts died from a condition known as dilutional hyponatremia. Simply put, if someone drinks more fluid than they have lost through sweating, this causes a build-up of water in the body, diluting the blood. Usually, they would have to drink a substantial quantity of water – perhaps a gallon – before this began, as the kidneys are able to process water quite efficiently. However, brain cells are especially water absorbent, and so when excess water *is* present, the brain soaks it up. If more and more water is drunk, eventually the pressure within the skull shuts down all brain functions, including breathing, and the person dies.

Hyponatremia is a well known condition and has been widely reported in the medical literature. It must also be noted that the condition is by no means inevitably fatal. It is often a feature of other underlying illnesses and can occur inadvertently in hospital patients given intravenous fluids. Hyponatremia is also a recognised outcome of compulsive-obsessive water drinking rituals in psychiatric patients.

Ecstasy may slow kidneys

What killed Leah Betts, however, may not just have been huge quantities of water. Lab tests have shown that hormones may play a part in water retention. Male rats who previously survived excessive drinking have been found to die when injected with oestrogen and subjected to the same amount of fluid intake. Ecstasy appears to be associated with the secretion of ADH, an anti-diuretic hormone which interferes with the action of the kidneys, making them less able to process fluids.

At least three people (including Leah Betts) have died when taking ecstasy as a result of hyponatremia-induced brain damage. As with 'normal' hyponatremia, death is by no means certain, and there is no obvious way of determining who may succumb. In 1993, Dr John Henry from the National Poisons Unit at Guys Hospital reported the case of a 17 year old girl (an experienced ecstasy user) who collapsed after taking a tablet and drinking five litres of water. She recovered, but according to Dr Henry, "this is very common with ecstasy. We are seeing about three cases a week".

Leah Betts: killed by ecstasy, water or a garbled harm reduction message?

> Water is not an antidote to ecstasy; it is an antidote to dancing

Safer dancing

While continuing to emphasise the importance of drinking fluid to avoid overheating, harm reduction advice will need to be modified to ensure that young people do not misinterpret the message about water.

This has already begun, with the *Lifeline Project* (of Peanut Pete fame) amending its safer dancing leaflet 'Too Damn Hot' on the advice of a number of specialists, including sports nutritionists and the Department of Health. The advice to drink a pint of water an hour remains, but from now on *Lifeline* will be advising users that it's better to sip water regularly rather than drinking large amounts all at once. They also recommend to eat something salty beforehand or drink fruit juice or one of the isotonic drinks to ensure the body retains levels of the essential minerals. Above all, *Lifeline* and everyone who advises young people on harm reduction could do worse than remember Dr Henry's own simple guide: "Water is not an antidote to ecstasy; it is an antidote to dancing."

Phil Defriez leaves ISDD

Philip Defriez, architect of the ISDD database, has left the Institute. When he came in 1977, the database had been in the hands of non-librarians. They were dedicated enough, but inconsistency was rife – the number of ways you can cite the *British Medical Journal* is quite staggering if you put your mind to it!

Phil began to devise protocols for the acquisition of materials, cataloguing and indexing and constructed a thesaurus for the subject which was not only unique for the drugs field, but held up as a model of its type for special librarianship whatever the subject. He also spent several painstaking years modernising information retrieval at ISDD, culminating in the implementation of the MICROCAIRS database package which currently allows in-house searching from various terminals.

My first five years at ISDD were spent working closely with Phil in a number of library tasks. We worked together as union reps for ASTMS (as it then was) and outside office hours sank more than a few pints of Thruxton's Old Dirigible. Despite his love of Black Sabbath and Ozzie Osbourne, he will be sorely missed by me and all the staff at ISDD.

Harry Shapiro

Ecstasy: 'one stop shop' to polydrug use?

Belief that most ecstasy contains other drugs including heroin may make the transition to these drugs more acceptable. This is the conclusion reached by a study conducted by the Centre for Research on Drug Misuse in Glasgow published in the *International Journal of Drug Policy*.

Rather than simply buy in a sample of ecstasy and test it, the researcher asked 135 regular ecstasy users to name and describe the appearance, size, and colour of the drugs they had taken, where and when the drug had been obtained, what effects they had experienced and what other drugs they thought they had inadvertently consumed.

These users came up with 106 different brand names, the most common being *White* or *Love Doves*. Many of the names were based on the alleged content, *Triple X*, for example, being MDMA plus MDA and MDEA, while *Phase 4* was said to refer to there being enough amphetamine in the pill to last four hours. Most believed that the 'ecstasy' they were taking contained other drugs, and over thirty different 'recipes' for E were cited involving a wide range of substances from heroin to lemsip. Thirty eight users mentioned one particular brand, *Snowballs*, but gave 26 different versions of what was in it.

The implication of the research is that for many users, 'ecstasy' is simply a concept rather than a specific drug with known and consistent effects.

With over 100 brand names cited just in Glasgow alone, the futility of the 'name game' was shown by the revelation that when asked what's on offer, some dealers made up brand names on the spot. And while the media and the drugs field seem hung up on eaxctly what's in an 'E', the users interviewed for this survey did not seem that bothered about the drugs they took, so long as they had a good time. What the users are buying is "a feature of a lifestyle not a substance".

The report concludes that the belief that ecstasy tablets contain more than one drug is potentially fraught with danger. Firstly, users will be more at risk of mixing drugs and secondly, they may also be tempted to try some of the drugs they think are already present in 'ecstasy'. And that includes heroin.