

“Everything starts with an ‘E’”

AN INTRODUCTION TO ECSTASY USE BY YOUNG PEOPLE IN BRITAIN

1 BUT PETE'S MIND WAS ON OTHER THINGS. HE DREAMED OF GOING TO TONIGHT'S BIG RAVE.....



2 YEA, I WANT SOME 'E', DISCO BISCUITS, BIG BROWN ONES, LOVE DOVES, M-25'S, BURGERS, PINK SKUDS, DENIS THE MENACE. CALM DOWN LAD!



3 LISTEN, BOLLOCK BRAIN, THERE'S LOTS OF SHIT 'E' ABOUT, BUT 'E' CAN TAKE AN HOUR TO START. DON'T GO TAKING MORE, IN CASE THEY ALL START WORKING, YOU'LL END UP MONGED!



OVER THE LAST ten years, the flexible location acid-house pay-party scene of the early 1980s has matured—at least in the north west of England—into one where an estimated twenty to thirty thousand young people go to ‘raves’ every weekend.¹ How many use drugs? There are two extreme views: ‘the rave scene is riddled with drugs’, and ‘drugs are no more common at raves than at other youth leisure venues’. Despite variations, the *conspicuous* use of drugs at raves is generally uncommon.

Ecstasy (MDMA, 3,4-methylenedioxyamphetaminine – or to the ravers, just ‘E’) is the ravers’ cultural drug of choice. Reliable indicators of prevalence are absent, but some sense of the sheer range of products can be distilled from a list of ‘brands’ now available in the thriving Manchester club culture: Love Doves, Disco Biscuits, Burgers, Big Brown Ones, New

Yorkers, Californian Sunrise, to name, as they say, but a few.

It is hard to assess now what problems the use of ecstasy will create. US experience is that ecstasy is a very odd drug – “radically different from other recreational drugs”.² Ecstasy enjoys a benign image – ‘no bad trips’, ‘no side effects’ – but experience is that it can produce paradoxical effects. Increased doses and longer periods of use are commonly associated with fewer positive effects and more negative effects, such as disorientation.

Although there is no evidence that recreational human use permanently damages the brain, neurotoxicity has been established in animal studies.³ Compulsive use is unknown, so ‘addiction’ – however defined – very unlikely.

Culturally, American research does not seem very relevant. One famous study monitored ecstasy use among a group for whom “time was sometimes spent in silence, prayer or meditation before taking the MDMA. After ingestion, the patient sat quietly waiting to feel the effects, or lay down, donning eyeshades to decrease outside distractions. Music was played ... The genre was classical, ethnic or modern. Typical composers included Mahler, Beethoven, Wagner, Faure, and Deuter.”⁴

Similarly, early reports from a more recent American study of 100 ecstasy users are based on the quoted experiences of a

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4 PETE HAS ARRIVED AT ORGASMA^{#3}



5 THE 'E' STARTS TO TAKE EFFECT ERE WE GO! (I'M LOVELY, YOU'RE LOVELY EVERYBODY'S LOVELY!)



▲ Peanut Pete wants to go to the rave, and ② his Fairy Godfather provides the ‘E’ and some useful advice ③. At the rave ④ the ‘E’ finally takes effect ⑤, and the Fairy Godfather is on hand to warn against overdosing ⑥ and mentions the golden rule ⑦. He then steps aside ⑧ and offers a cautionary legal tale ⑨.

"30-year-old civil engineer" or a "46-year-old PhD", a "51-year-old airline pilot" or a "38-year-old psychotherapist".⁵

The social chasm between such respondents and ecstasy users in a typically British setting invalidates any plausible cultural comparison. Ecstasy use here is by dense packs of young people meeting in the small hours and dancing until after dawn. This vigorous activity may well even interact chemically with the MDMA to produce experiences qualitatively different to those felt when the body is relaxed (and listening to Beethoven).

Indeed, several deaths have been attributed to ecstasy use in Britain.⁶ Reliable reports of paranoid psychosis following use^{7,8} may well be associated with simple ignorance of the drug and how to minimise adverse effects; the spread of 'raver-friendly' leaflets such as Lifeline's 'E' By Gum (excerpted left and below) should help calm unnecessary fears as well as transmit the "Golden 'E' Rule" of never taking more than one in a session.

The standard British response of making it illegal (Graham Bright's private Entertainment (Increased Penalties) Bill) and then sending in the police has failed to do much but create conditions of open warfare, cul-

minating, this August in a rave-in-a-cave near Lake Windermere being policed out and a later recommendation that the cave itself be blown up to prevent future raves!

A case can be made for claiming that most of the major problems ravers now face are legal ones. Lifeline has produced another leaflet on *The Drug Laws* (excerpted above right) to counter the popular sentiment that the law probably treats ecstasy as a 'soft' drug. The reality is that ecstasy is a class A substance in the Misuse of Drugs Act, attracting the same severe maximum penalties as heroin or cocaine.

So what could (or should) hard pressed agency personnel do? Experience in some parts of the country is that rave organisers are highly responsive to advice and consultancy on drug-related problems. Key issues to raise are:

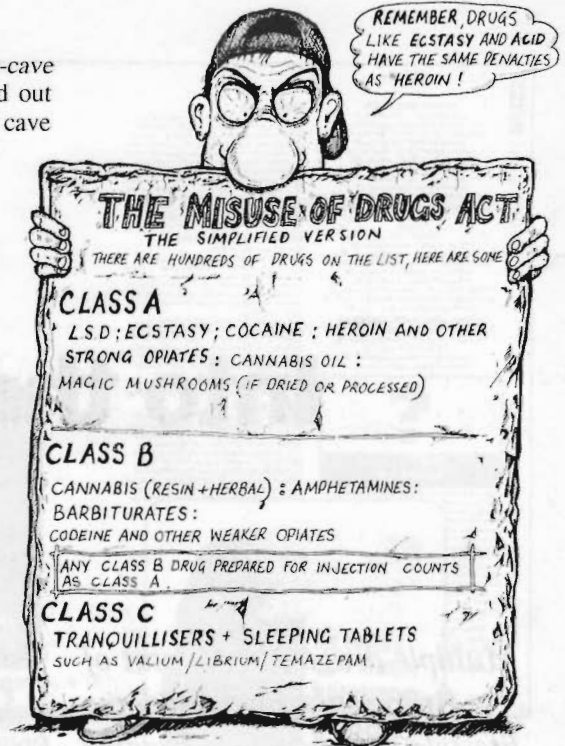
- Safety: rave organisers need to provide more than the legal minimum, and this probably extends to crush barriers, better ventilation, chill zones and rest areas.
- Security: trained bouncers, chosen in consultation with the police.
- Silence: minimise public nuisance by staggering raves away from residential areas, supplying good maps, transport and parking.
- Supply: permitting supply of illegal drugs on the premises is illegal and neither this nor promotion of drugs should be tolerated.
- Sense: pass health information to ravers to help minimise harm – the two leaflets excerpted here are available from Lifeline at 101-103 Oldham Street, Manchester, M4 1LW (phone 061-839 2054).
- Site: for drug workers nothing beats working on site, where bouncers and other rave staff can be persuaded to become part of an informal paramedical team capable of dealing with all incidents.

Drug agencies have reported that some users telephone seeking advice or reassur-

ance about feelings of irritability, moodiness and 'weirdness' experienced some hours or even days after taking ecstasy. Typically calls are received on Monday mornings, and callers only rarely visit the agency for face-to-face consultation.

For workers receiving such calls a detailed assessment is clearly impossible, but callers do need clear and confident advice. 'Es' have a benign image leading users to attribute bad effects to themselves rather than to the drug, so the first message to give is that unpleasant and frightening experiences can occur – especially when users have done 'too much, too often'. Then callers should be encouraged to stop using for at least a month and get back to the agency if after this break the effects persist.

The challenge for drug workers is to devise means to monitor their scattered experiences and pool their knowledge of ecstasy related problems so that practice can begin to be informed by the distinctly British context. ■



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 3. Shulgin A.T. "The background and chemistry of MDMA." *Journal of Psychoactive Drugs*: 1986, 18(4), p.291-304.
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 5. Rosenbaum M. et al. "Ethnographic notes on ecstasy use among professionals." *International Journal on Drug Policy*: 1989, 1(2), p.16-19.
 6. Farrell M. "Ecstasy and the oxygen of publicity." *British Journal of Addiction*: 1989, 84, p.943.
 7. McGuire P. et al. "Chronic paranoid psychosis after misuse of MDMA ('ecstasy')." *British Medical Journal*: 1991, 302, p.697.
 8. Winstock A. "Chronic paranoid psychosis after misuse of MDMA." *British Medical Journal*: 1991, 302, p.6785.
 9. Cartoons from: 'E' by gum! Manchester: Lifeline, 1991.
 10. Cartoon from: *The drug laws*. Manchester: Lifeline, 1991.

