1988–1992
Everything starts with an E

1985 saw the first mention of ecstasy in the UK press. It came in the November edition of a style magazine called *The Face*. The magazine dubbed ecstasy as 'the yuppie way of knowledge', showing that back then, the drug was regarded as a vehicle for introspection among the Hampstead dinner party set.

Flash forward to 1988 and ecstasy had become the fuel for a new all-night dance culture called Acid House and the whole rave scene took off. But ecstasy was more than the latest drug on the block. The rise in drug use since 1945 has not been a smooth curve; there have been tipping points which have caused step changes in history. The drug scene of the 1980s was dominated by heroin and solvents, substances associated with deprivation and poverty. At £25 a pill, associated with the aspirational club/rave scene and the belief that the drug was relatively safe, ecstasy sparked a more accepting period of drug use among young use and encouraged experimentation with other drugs including ketamine and cannabis. The mid-90s was the era of 'Cool Britannia'.

But it came at a price; the first official ecstasy death was recorded in Manchester in 1986 and the numbers kept rising over the years. While attempts at harm reduction in this area were initially publicly vilified (see page xx), soon drug agencies, the medical profession and the government all responded with a new stream of harm reduction initiatives aimed at reducing the death toll. Sadly, it is a problem which is not only still with us, but which appears to be on the rise again – most likely as a result of the particular ecstasy currently in circulation, some of which is very strong, while other types have been mixed with the more toxic PMA.

The following articles and news items capture the early history of MDMA in the UK.

‘Huge’ numbers using MDMA, say Release

MDMA – methylenedioxymeth-amphetamine to the chemist but ‘Adam’, ‘XTC’ or ‘Ecstasy’ to its users – is being used by “huge numbers of young people” say Release, the national drugs and legal emergency service. However, police in London and nationally query the validity of their claims.

MDMA, controlled under the Misuse of Drugs Act in class A, is related both to mescaline and to amphetamine, hence its curious psychedelic/stimulant pharmacological profile. Taken by mouth in doses of 100–150mg, after some 20–60 minutes the user commonly experiences a mild but euphoric ‘rush’ followed by up to three hours of heightened sensory awareness, euphoria and a tendency to feel empathic intimacy with the nearest members of the human race.

Unlike LSD, only with atypically high doses is there loss of contact with reality. Though MDMA produces the physiological stimulation characteristic of amphetamine, the accompanying feeling is usually relaxation. Like amphetamine, the energy of the high is followed by fatigue.

What brought MDMA to Release’s attention was the other side of this seemingly rosy picture. Some of the recent spate of callers had been distressed by the psychedelic side of MDMA, days later feeling anxious and worried both by the original experience and by continuing visual distortions, or by events that reminded them of their ‘trip’.

The description of their reports given by Release’s Director, Jane Goodsir resembles the “delayed anxiety disorder” described among a few novice MDMA users in the USA in 1986, and attributed then to MDMA’s release of previously suppressed anxieties, hostility or guilt. The explanation is credible because the drug is universally credited with the ability to dissolve defence mechanisms and inhibitions.

MDMA’s amphetamine side seems responsible for the other type of problem seen at Release. As with the so-called ‘speed run’, MDMA devotees sometimes take frequently repeated doses over several days. Too much of this without a break leaves the user in a “chaotic and burnt-out state” and people “are experiencing extreme anxiety, confusion and depression following heavy use.”

Release say MDMA has become an “indispensable part of the evening” for large numbers of fashionable young people who get stoned together at music clubs and warehouse parties. Most see it as a good-time ‘up’ drug that causes few problems. This picture accords with the *New Musical Express* exposé (16 July) which linked MDMA with the new ‘Acid House’ music scene flourishing in London clubs.

Jane Goodsir believes the first half of 1988 saw MDMA percolate out of elite fashionable circles to a mass youth market, outside as well as inside the capital. Freelance journalist Peter Nasmyth, author of two prescient MDMA features in *The Face*t, says the drug is also being used as a tool of self-exploration in “therapy circles”.

Police are aware of MDMA’s place in the youth/music scene, but dispute Release’s account of the extent of recent use. The National Drugs Intelligence Unit were not aware of any recent upsurge, while Superintendent Maclaurin of the Metropolitan Police Drug Squad said he would “be surprised if it was as widespread as [Release] have indicated.” His reasoning was that the price (Release say £20–25 a tablet, his estimate was £25–30) would make it a poor economic proposition compared to amphetamine, and that, if huge numbers were using, police would be making many more seizures. A quick check with his lab revealed eight or nine MDMA samples in the last couple of months – unusually high, but still, he believed, not consistent with mass use of the drug.

Peter Nasmyth believes there are “definitely more people using MDMA than police would imagine,” but says they are not usually the kind of people that fall foul of the police. Middle class with jobs and money, they have neither the need nor the inclination to run the risk of arrest in order to finance their drug experiences.

A recent record MDMA seizure in London and Release’s concern that the relatively high price could be driven down as large quantities come on to the market, could mean that police and the rest of us see much more MDMA in the future.

New ways with old skill

To agencies, these young people do not present new and unique problems: skills learnt in the ‘love and peace’ era of the 1960s and forgotten in the ‘80s are directly applicable. However, we do need to urgently address ways to provide appropriate risk reduction messages.

This is quite a challenge because our target groups see themselves as quite sophisticated in their tastes – for instance in clothes, music and entertainment – perhaps including their knowledge about their chosen drugs. However, in some respects they are vulnerable:

- they are strongly influenced by peer pressure;
- most do not see their drug use as causing any life problems;
- most do not consider themselves at risk of physical or mental harm.

The ‘casualty’ users who present to DAIS are the easiest to address; they offer us direct access by recognising a problem and choosing our service. If we give useful (and credible) help then we may be able to convince the rest of the peer group that our advice is worth having. So for this group our goals are quite simple:

- continue to raise awareness of our service and build credibility;
- emphasise that we are totally confidential and ‘user-friendly’;
- offer information and counselling and referral for treatment if necessary;
- provide detailed help on specific risk areas such as bingeing, injecting, unsafe sex.

Ecstasy use by young people in Britain

Geoffrey Pearson, Jason Ditton, Russell Newcombe and **Mark Gilman**. Geoffrey Pearson was Professor of Social Work at Goldsmiths' College. Jason Ditton was Director of the Criminology Research Unit at the University of Glasgow. Russell Newcombe is a freelance researcher. Mark Gilman formerly at Lifeline in Manchester – now Public health England.

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. How many use drugs is a matter of contention. There are two extreme views: 'the rave scene is riddled with drugs', as against 'drugs are no more common at raves than at other youth leisure venues'. Despite local and regional variations, the conspicuous use of drugs at raves is generally uncommon.

Ecstasy (MDMA, 3, 4-methylenedioxymethamphetamine – or to the ravers, just 'E') is the ravers' cultural drug of choice. Although reliable indicators of prevalence are absent, some sense of the sheer range of products can be distilled from a list of named brands currently 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. Medically speaking, the American experience is that ecstasy is a very odd drug – "radically different from other recreational drugs". Ecstasy enjoys a benign image – 'no bad trips', 'no side effects' – but experience shows 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 use permanently damages the brain, neurotoxicity has been established in animal studies. 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, usually via headphones, and was always instrumental, except for vocal pieces sung in foreign languages. The genre was classical, ethnic or modern. Typical composers included Mahler, Beethoven, Wagner, Faure, and Deuter."

Similarly, early reports from a more recent American study of 100 ecstasy users are based on the quoted experiences of a "30-year-old civil engineer" or a "46-year-old PhD", a "51-year-old airline pilot" or a "38-year-old psychotherapist".

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.

The vigorous activity simultaneously engaged in Britain 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. There are also reliable reports of paranoid psychosis following use. Such feelings may well be associated with simple ignorance of the drug and how to minimise adverse effects, so the spread of 'raver-friendly' leaflets such as Lifeline's "'E' By Gum" should help calm unnecessary fears as well as transmit the "Golden 'E' Rule" of never taking more than one in a session.

Nevertheless, 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, culminating, on one occasion in early August this year, in a rave-in-a-cave near Lake Windermere being policed out with a later recommendation that the cave itself be blown up to prevent future raves!

At the moment, a case can be made for claiming that most of the major problems ravers face are legal ones. Lifeline has produced another leaflet, 'The Drug Laws', to counter the popular sentiment that the law probably treats ecstasy as a 'soft' drug. The reality is that ecstasy is classified as a class A, schedule 1 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 when approaching rave organisers 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 (not heavy friends), chosen in consultation with the police.
- Silence: minimise public nuisance by staging raves away from residential areas, supplying good maps, transport and parking.
- Supply: permitting supply of illegal

Ecstasy deaths

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
- Site: nothing beats working on site, where bouncers and other rave staff can be persuaded to become part of an informal paramedic team capable of dealing with all incidents from feeling bad, through fainting, to full collapse.

Finally, drug agencies have reported that some users telephone seeking advice or reassurance about feelings of irritability, moodiness and 'weirdness' which they experience some hours or even days after taking ecstasy. Typically these 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.

MDMA first came to public notice in this country around 1985–86, but not until 1989 was the first Ecstasy-related death recorded. This involved a 16 year-old girl who collapsed at a Manchester club. However since April this year, five young men under 21 have died in Manchester, Liverpool, London, Slough and Portsmouth. Generally the same symptoms have been noted in each case resembling a condition known as neuroleptic malignant syndrome, a rare reaction to major tranquillisers such as haloperidol and chlorpromazine used in the treatment of acute psychosis and schizophrenia. These symptoms include convulsions, dilated pupils, very low blood pressure, accelerated heart rate, high temperature (in excess of 39°C) and coma while the actual cause of death in most cases appears to have been respiratory failure caused by disseminated intravascular coagulation (DIC).

There are chemicals in the body which determine how and where blood will coagulate so that when you cut yourself, you don't bleed to death. What seems to be happening is that MDMA somehow reacts with these chemicals and blood starts clotting where it shouldn't (DIC) – in this case in the lungs. This prevents air from getting through and the person dies from respiratory failure. In one case, there was also profuse bleeding which suggests that conversely, the blood wasn't clotting where it should.

There is no any indication that Britain's recent victims had any underlying health problems such as asthma or heart disease which could have been fatally triggered by taking MDMA. Nor were other drugs implicated. Many questions remain about Ecstasy fatalities. For example, blood levels appear to correlate poorly with toxicity. The American literature cites cases where users with high levels of MDMA in their blood have survived 'overdoses' whereas users taking a 'normal' dose (approximately 100–150 mg) have died. Then again, American psychiatrists have reported using 100mg doses of (presumably pure) MDMA with patients in therapy with no ill effects at all. In this country, deaths appear to have occurred across a range of dosage levels from one tablet to perhaps five, although it has proved impossible to determine precisely how much of the drug has been consumed.

In terms of health advice, it remains that anybody with a known history of cardiac problems should not take the drug, because of its strong stimulant properties, nor should anybody take any more than one tablet per sesssion. But the exact nature of MDMA toxicity is unknown. Ultimately, it is possible that a completely idiosyncratic reaction is taking place without any way of knowing who might succumb and thus making it very difficult to advise on safety, other than to point out the risk.

Press release rewritten

Earlier on the 29 January (1992) front-page banner headlines in the *Sun* and the *Daily Star* had blasted the Mersey centre's Chill Out leaflet for claiming the "deadly drug ecstasy is good for your sex life" and "telling youngsters it's OK to use ecstasy". The official government line is that ministers had been "actively considering" the Mersey centre's ecstasy campaign but had frozen the grant pending further information about the campaign.

Alerted by the press coverage, Home Office and Department of Health ministers had obtained copies of the leaflet and were concerned that it might form part of the project they were being asked to fund. Ministers were planning the next day to extract PR benefits from the allocation of the Seized Assets Fund; the PR risks from the revelation that part of the money might support a publication branded as encouraging drug use were enough to force a last-minute decision not to fund the Mersey centre's project.

In fact, Chill Out was not to be part of the Mersey ecstasy campaign, which is planned to involve prevalence research and harm reduction information for parents.

The storm over Chill Out illustrates that, despite increasing professional and government acceptance, a high profile harm reduction approach can still generate sufficient media reaction to threaten official funding. But hints from Whitehall that the grant will be reinstated once the fuss has died down and the regional health authority's defence of the leaflet suggest that officials and politicians may now feel confident enough to stop short of a withdrawal of support.

Into the Pleasuredome

The 'Pleasuredome' is Brighton's central entertainment area with young people's clubs, pubs and music venues. An open drug market developed involving cannabis, LSD, ecstasy and amphetamines. Use of these drugs became part of the area's youth leisure culture and 'casualties' approached the Drug Advice and Information Service (DAIS) with problems related to stimulant and hallucinogen use. Health education strategies were devised to incorporate risk reduction messages into this group's leisure lifestyle.

Andrew Fraser, Laura Gamble and **Peter Kennett**. Andrew Fraser was Director and Laura Gamble was Information Officer at Brighton's Drug Advice and Information Service (DAIS). Peter Kennett was a detective chief inspector with Sussex police.

Nine o'clock on a warm summer evening and Brighton's 'Pleasuredome' marketplace is crowded with traders and customers. Business is brisk as style-conscious young people mill around the traders' pitches – but the goods on sale aren't look-alike designer labels or bootleg cassettes – they're drugs.

The 'Pleasuredome' is our nickname for the entertainment centre of Brighton – an area of less than a tenth of a square mile which forms the focus of local young people's leisure activities. A magnet for young people, the area is a complex network of narrow lanes and pedestrian precincts lined with boutiques, pubs, wine bars, live music venues, fast food outlets, bordered by Brighton pier with all its attractions and amusement arcades.

Use of drugs is considered by many young Pleasuredomers as a valid component of their leisure, along with their dress style, choice of friends, music and clubs.

Development of a visible, organised street drugs market catering specifically for Pleasuredome customers posed unique problems for the police. Because of the narrow, low age-band of both customers and traders, undercover work by plain clothed officers was impractical and intelligence from the market was of poor quality. The street market employed look outs, runners and minders; dealers used radio pagers and public call boxes to conduct business: overt uniformed police action would have been fruitless.

As the only practical option, an expensive, labour-intensive video surveillance operation led to the conviction of a number of the street dealers for possession and supply of cannabis, amphetamine sulphate, ecstasy and LSD.

The dealers' response was to retreat from the streets into the clubs and pubs of the Pleasuredome. In April a TV programme demonstrated that it was still possible to score drugs in less than a minute by just asking any young person walking in the Pleasuredome.

Last year DAIS began to see an increasing stream of young drug casualties from the Pleasuredome. They came with the classic symptoms of problematic use of hallucinogenic drugs or stimulants – paranoia, disorientation, panic attacks, depression, anxiety, flashbacks, or simply trips that didn't stop – reminding older staff of festival medical tents in the '60s.

A younger DAIS worker commented

Risk reduction campaign

that the Pleasuredome drug scene had "brought in a different and nicer type of drug user into DAIS". To test whether they really were "different" we examined the data sheets for 92 Pleasuredome 'casualties' who presented to DAIS from June to December 1990.

Most lived within a 15-mile radius and were aged 18–22. Equal numbers of men and women use the Pleasuredome, but more young men than women came to DAIS. This may be explained by more frequent drug use among young men, or by male peer groups encouraging excessive drug use while young women's groups discourage it as unacceptable.

The casualties were almost all in employment or further education. Living at home with their parents meant that, even on low wages, they had a significant disposable income for leisure. A very small percentage either had a history of offending or a criminal record.

Over 90 per cent of the young Pleasuredomers said they came to DAIS became of problems caused by the use of either cannabis, amphetamine sulphate, or ecstasy, but their drug use profiles over the past month revealed a different picture. All were dedicated polyabusers, using not one drug but a whole range of different drugs concurrently: cannabis, ecstasy, amphetamine sulphate, LSD, and excessive alcohol consumption being the order of frequency of use.

The typical Pleasuredome casualty was not a daily drug user: they used once or twice a week, always in association with peer group leisure activities. Their leisure 'binge' would consist of two or three illegal drugs, usually with alcohol. Before gravitating to the Pleasuredome, they had used cannabis from the age of 13–14, amphetamine from 15–16, LSD from 16, and had started to use ecstasy and binge polyabuse within the last year: nice, middle class young people, living at home with their parents, with conventional, orderly lives, but at weekends drug bingeing – the 1990s version of the 1980s lager lout.

As a group they were strongly anti-heroin: "It isn't a fun drug and it's not lively enough to be appealing"; "It's a socially unacceptable drug so there's a lot of peer pressure not to get involved"; "It's an estate drug that's popular among young people in high unemployment areas".

But a quarter had injected amphetamine and of these nearly half admitted sharing syringes. This high rate of sharing could be predicted with a group of 'impulse' rather than regular injectors, who would therefore not have their own syringes.

What is much more difficult is to reach the 'happy consumers' having a good time out in the Pleasuredome and unaware of any risks. There could be at least a thousand of these and perhaps as many as two thousand at any one time.

They are difficult to target with risk reduction messages; although they gather in the Pleasuredome, they live over a large area and have little else in common. They see their drug use as pure enjoyment and can easily afford it. Almost certainly they see traditional anti-drug campaigns as irrelevant; any media messages directed at them need to be new and sophisticated.

For our FACTLINE '91 campaign, based as in previous years on a recorded telephone message, we are attempting to incorporate relevant risk reduction information directly into the leisure lifestyle of young Pleasuredome devotees. Promoting FACTLINE in local entertainment magazines, on the backs of gig flyers, and on club coasters, is intended to make this information part of the club/pub/live music leisure package.

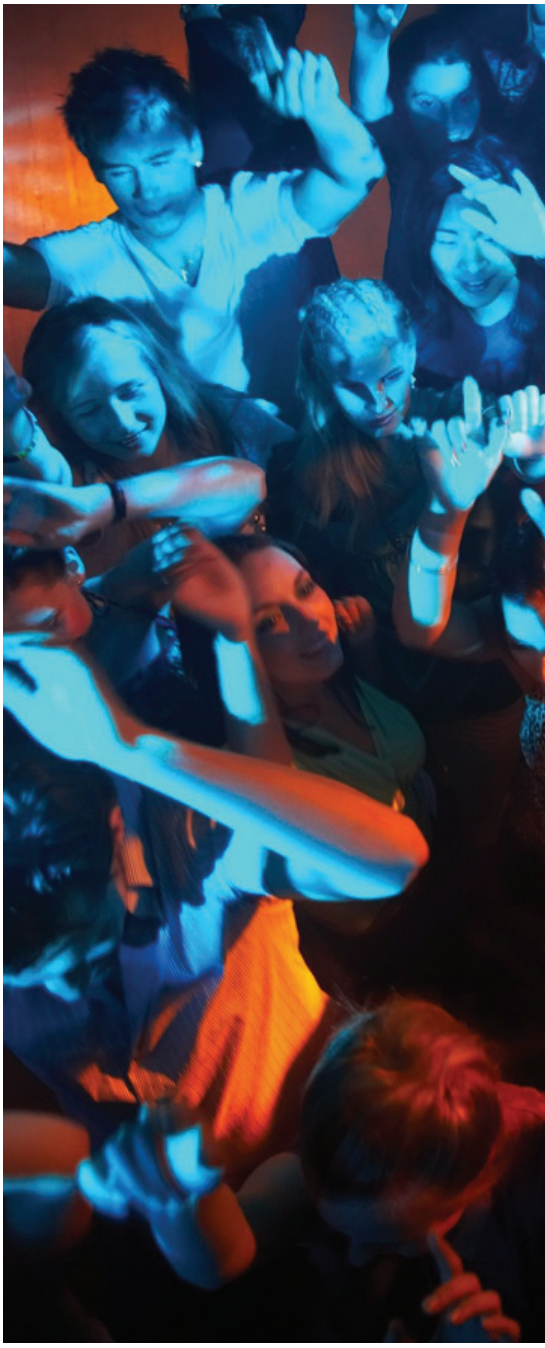
Tailored to the leisure context, the risk reduction messages spotlighted are:

- take 'one drug at a time' – don't mix;
- beware fake ecstasy tablets of dubious composition;
- take a break from speed if you feel paranoia creeping.
- avoid sexual intercourse when stoned;

Those already part of the Pleasuredome scene may well have strong peer-group pressure to conform with what we would see as excessive behaviour, and the group may encourage a kind of stylised recklessness. A small-scale local study of how young people obtain information on a range of issues confirmed that friends are the major source. Asked who they would talk to if they needed help, 91 per cent replied "a friend" and 77 per cent said they would use "friends" if they wanted information. Whether drug use or alcohol-use patterns can be linked to social activities is more controversial, but the survey showed that 62 per cent of whose who go regularly to night clubs said they had used drugs recently – against only 22 per cent who do not go to clubs. And the figures for pub-goers are 53 per cent as against 18 per cent. 'Infiltrating' this peer group is therefore a key tactic. We also hope to influence some of the 15 and 16-year-olds, the 'apprentice' group, waiting in the wings to enter the Pleasuredome.

‘Heatstroke’ cause of ecstasy deaths

Surprise evidence of liver damage in long-term users



An analysis from the National Poisons Unit at Guy’s Hospital of seven ecstasy deaths confirms that heatstroke caused by a combination of the drug and the rave environment caused all the deaths. But the report in the *Lancet* July 1992) adds the surprising finding of potentially serious liver damage after long-term repeated use.

From January 1990 to December 1991, the Poisons Unit monitored in detail seven sudden deaths directly related to ecstasy (MDMA), though Dr John Henry, consultant physician at the unit, admits there may up to 20 deaths in total. Also studied were five cases of severe reactions short of death, five ecstasy-related road traffic accidents, and seven cases of liver damage.

Invariably the main drug found on analysis was MDMA, with a few examples of MDA and amphetamine and one of MDEA as additional drugs. All the cases had taken MDMA, rather than some of the more exotic mixtures which have been turning up at raves and parties. The report is clear that the deaths and severe reactions were not due to excessive doses – “the pattern of toxicity seen was not a result of overdose”.

All the deaths and most of the severe reactions were associated with rave environments, confirming that combining ecstasy use with vigorous dancing in very hot atmospheres for hours on end, risking severe dehydration, can result in potentially fatal heatstroke in sensitive individuals.

MDMA’s role in these reactions seems twofold. Its stimulant effects help prolong and increase the vigour of the dancing, which itself increases body temperature, but this is a property shared by other amphetamines (such as amphetamine sulphate), not generally associated with heatstroke. Although the Poisons Unit cites one paper which refers to amphetamine-related overheating, it might be significant that no spate of heatstroke deaths was reported during the ‘60s when amphetamine pills fuelled mod dancing in hot, steamy clubs, nor in the ‘70s when speed was taken both by punks in similar circumstances and by the all night dancers on the Northern Soul circuit.

The key to why heatstroke deaths have been seen with MDMA but not amphetamine sulphate may be the fact that ecstasy itself appears to directly raise body temperature, aggravating the impact of stimulant-supported dancing in atmospheres sometimes deliberately kept hot and steamy and where fluids may be sold at exhorbitant prices.

The Poisons Unit’s findings point to a clear harm reduction route for ravers who despite the risks take ecstasy, validating advice to take advantage of the ‘chill out’ areas made available at some raves and to drink lots of water or soft drinks to prevent dehydration.

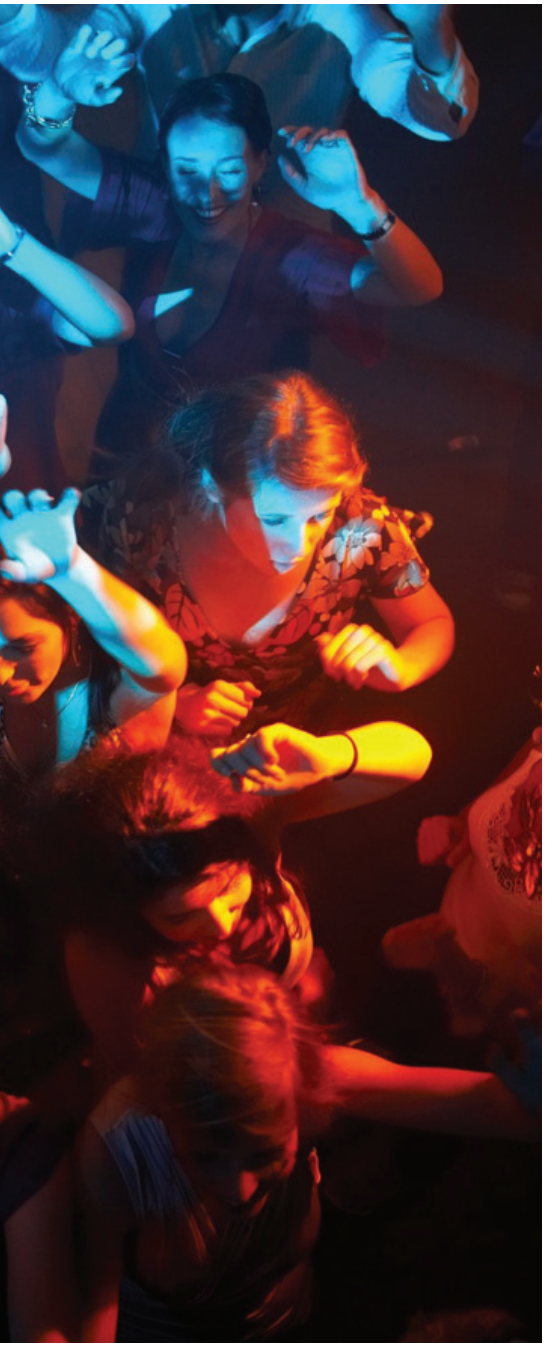
Rave organisers too must now seriously question whether it is responsible to allow – or even engineer – tropical atmospheres in their venues, despite the demand from their customers, and look at their provision of drinking water. DJs too might consider breaking up the non-stop up-tempo dance songs with slower numbers or chill out breaks.

The question of brain damage as a consequence of long-term use of the drug remains open to question, but liver damage now appears to be a distinct possibility in susceptible individuals. Of the seven cases cited, one required a liver transplant, while another died. Dr John Henry, says, “If you’d asked me six months ago whether or not ecstasy could cause liver damage, I would have said no – now the picture is very different”.

There is as yet no indication as to why ecstasy should cause liver damage. The authors recommend that ecstasy misuse be explored with any young person presenting with uxexplained jaundice or enlargement of the liver.

Brian Moss’s death last October in Liverpool, on which the coroner has only recently adjudicated, was not among the Poisons Unit’s cases. His may be the only death recorded in the UK so far directly caused by using ecstasy but not associated with a rave-type event. In this case, the drug (only 70mg) was consumed at home, resulting in fits and a fatal heart attack. At least one similar fatality has been reported from the USA.

In an editorial published in the *British Medical Journal* (July 1992), Dr Henry concludes, “claims by abusers and agencies that ecstasy is ‘safer than alcohol’ appear to be premature. It seems that the drug is not addictive. However, it would be unwise to restrict legal controls over a drug whose ‘benefits’ are debatable and whose risks are evident”.



Tabloid storm

The incident started on the 28 January with a front-page story in the *Liverpool Echo* about the "glossy drugs leaflet that every Merseyside parent will view with outrage". Overseas Development Minister and local MP Lynda Chalker complained that Chill Out told readers "how to take [drugs] safely" instead of "hammering home the message that drugs are wrong and drugs kill".

Ignoring the leaflet's large-type warning that "Using any drug involves risks", the *Echo* interpreted its cautions about regular use as "suggesting that occasional use… could be harmless". Filtered via the *Star* and the *Sun*, in the *Daily Mail* (31 January) this claim transformed itself into the assertion that Chill Out claimed "Ecstasy was 'virtually harmless'" – no such words appear in the leaflet.

The press campaign reached its nadir in a *Star* editorial (29 January) suggesting local parents find out where the leaflet's authors "hang out" and then "storm the place and dump all 20,000 copies of this pernicious pamphlet deep in the Mersey. Followed by Mr O'Hare".

Pat O'Hare, director of the Mersey Drug Training and Information Centre, was shaken by the attacks on a leaflet which the regional health authority had had OK'd by local police, doctors and drug experts. To its credit the originator of the scare, the *Liverpool Echo*, balanced its coverage by giving Pat O'Hare and the leaflet's author Alan Matthews a page to reply and running a letters page on the issue in which 13 out of the 16 correspondents supported the leaflet.

A columnist in the *Echo*'s sister paper the *Daily Post* defended the leaflet's harm reduction approach (3 February) while a leader in the *Manchester Evening News* (4 February) criticised the media coverage and said "Pat O'Hare is quite right. Screaming from a high moral standpoint merely provokes the rebellious tendencies of the kids".

How Mersey Regional Health Authority will react to the controversy is unclear. The region's chair Sir Donald Wilson, a long-time supporter of Mersey's harm reduction initiatives, is on record as backing the leaflet as one closely targeted at people likely to be using ecstasy. However, a letter from a district health authority chair to Lynda Chalker admits that some of Chill Out's phraseology is unacceptable and promises that it will not be reprinted in its current form.

Underneath the press overreaction Pat O'Hare admits there is a legitimate issue to be addressed. He accepts that the leaflet will be read by non-users of ecstasy who may be tempted to try the drug, but points out that even shock-horror educational approaches lead to increased use among some individuals.

Harm reduction dilemma

The dilemma is sharper for Chill Out because in attempting to gain credibility with ecstasy users the leaflet acknowledges the drug's positive effects from the user's point of view. The assumption is that any harm arising from a few non-users being led to use the drug will be outweighed by the reduction of the harm they and existing users suffer as a result of that use.

An evaluation of the impact of the pilot print run may provide evidence to back this assumption.

Officially Mersey RHA are saying their decision on reprinting the leaflet will be influenced solely by the evaluation results but it's likely that the media reaction will at least lead to the toning down of the few sentences which provided the hook for the criticism.

Grant frozen after ministers see ecstasy leaflet

Tabloid press urge parents to dump author in Mersey

A government grant to the Mersey Drug Training and Information Centre has been withheld following a tabloid press storm over the ecstasy information in the centre's Chill Out leaflet. Mersey Regional Health Authority, which funded the initial 20,000 pilot print run, says it backs the centre and the leaflet, but may nevertheless require criticised passages to be revised in a new edition.

Advance copies of a Home Office press release announcing the allocation of the Seized Assets Fund listed a grant of nearly £15,000 to the Mersey centre for an ecstasy campaign, but the item was missing from the final press release dated 30 January.

The previous evening recipients of the advance notice were told the item had been deleted at the request of the government's Public Relations Branch, and were instructed to keep its earlier inclusion secret.