

# In defence of ecstasy

*Ecstasy may be safer than soccer and good  
for the psyche*

IN THE UK ecstasy ('E' or MDMA) has been illegal since 1977, and has had a high profile in rave culture since the late eighties, though its use is not confined to ravers. Unlike LSD and amphetamine, ecstasy is widely used among several distinct social groups – students, clubbers, football supporters, mortgage-holding ex-hippies and, in Liverpool at any rate, pot-bellied beer drinkers.

I had heard some amazing stories from California about how it dissolved fear and allowed love to flow, and I was curious to try it. My opportunity came some five years ago when, for £15, I bought a large white pill that tasted decidedly bitter. After half an hour I felt extraordinarily relaxed and enjoyed stretching out like a cat. Life was good, my mind was clear and my mood optimistic. It was exhilarating, like parachuting from a plane, floating above the world it was euphoria, elation ... ecstasy.

## **Bad for the brain?**

Taking ecstasy was a turning point in my life. In one afternoon all my tensions and neuroses were washed away, and the real me was able to come out. I realised that what I had come to accept as my normal state over the past few years was actually a mild depression. And the memory of that afternoon stayed with me and helped me to kick the depression.

None of which squared with what I had read about ecstasy. Death, addiction, physical collapse, disorientation, madness and the risk of premature senility were among the disastrous effects reported in both the tabloid and quality press. The mismatch between these reports and my own – and my friends' – positive experiences intrigued me. So began an investigation into ecstasy and what its effects really are. What I have found to date is that the scientific evidence is not nearly as conclusive or monolithic as is often suggested. In fact, the balance of evidence today weighs against ecstasy being a significant health hazard.

One of the most alarming claims is that MDMA damages nerve endings in animals, leading to speculation that the drug may have tragic long-term effects such as early senility. For example, Dr Ricaurte, one of the foremost researchers in MDMA neurotoxicity, found that doses as low as 5 mg/kg (equivalent to a person taking about three 'E's) slightly reduce serotonin in primates.<sup>1</sup> But new research has revealed that the usual method of assessing damage was unreliable as it assumed a link between nerve damage and reduction of a substance found in the brain called 5HT or serotonin.<sup>2</sup>

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Dr O'Callaghan, a researcher for the US Environmental Protection Agency, was looking for a standard way of assessing neurotoxicity. For his trials on rats he needed some specimens with damaged

by

**Nicholas Saunders**

*In 1970 the author wrote the popular guide  
Alternative London and later founded the  
Neal's Yard businesses in London.*

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After personal experience of MDMA with lasting positive effects the author studied the scientific literature and concluded that evidence of brain damage was unreliable. Estimates of the death rate per use episode in Britain suggest ecstasy use is a relatively safe recreation. Psychotherapeutic use of MDMA continues to provide benefits to patients in countries that permit this use and growing ecstasy use has been linked to reduction in football violence. The main risks are probably psychological.

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nerve endings, so gave them high doses of MDMA. But, though serotonin was temporarily reduced, no damage to nerve endings occurred even with doses of 30 mg/kg (equivalent to a person taking 20 'E's) twice daily for a week. (At even higher dose levels physical damage did occur.) Of course, humans may react differently to rats, but conclusions based on serotonin reductions must now be re-evaluated.

Some argue that ecstasy causes harm simply by reducing serotonin levels in the brain. In another paper Dr Molliver showed that the reduction of serotonin in the brain caused by MDMA is the same as that caused by fenfluramine, a drug widely prescribed for over 20 years as a slimming pill in doses equivalent to taking an 'E' every day.<sup>3</sup> Yet there are no recorded cases of brain damage due to fenfluramine.

The Swiss Medical Society for Psycholytic Therapy claims particular success in using ecstasy to treat addiction, traumas and emotional illness. Typically, a group of a dozen patients starts the day by taking ecstasy while relaxing on the floor listening to music through headphones. This helps them express themselves freely and honestly during the following group session, which lasts the whole day.

"To date we have treated several hundred patients", says Dr Widmer, "with great success ... The suspicion of toxicity to the nervous system ... was not substantiated by our use of therapeutic dosages of this substance." A rare effect noticeable in a user population of millions may not have shown up in Widmer's patients. Nevertheless, so far there is no evidence of brain damage in humans.

There are now some 20 deaths blamed on ecstasy by the media, and these cannot be taken lightly. Dr Henry of the National Poisons Unit at Guy's Hospital in London believes that death is due to overheating, dehydration and exhaustion from dancing in hot clubs without drinking enough, and that ecstasy contributes to these effects by aggravating overheating and through its



stimulant effect. Such deaths do not happen in America where ecstasy is usually used at home or at outdoor events: "the five ecstasy-related deaths in the US have been attributed to heart failure and asthma".<sup>4</sup>

### **Less risky than soccer**

However, the risk of death is small in relation to the large numbers of users. A poll among the 16-25 age group found that a third of regular clubgoers said they used ecstasy.<sup>5</sup> If 85 per cent of this age group can be considered to be clubgoers, this amounts to about two million ecstasy users. Estimating the number of deaths at 15 over the past two years would put the risk of death per year at less than four in a million. Users are 33 times more likely to die on the road and would be ten times as likely to die playing soccer if that was their hobby.<sup>6</sup>

Guessing a total consumption of 50 million 'E's,<sup>7</sup> the risk of death from taking an 'E' is about the same as taking five rides at a fun fair (1 in 16 million).<sup>8</sup> The risk is reduced for people who look after themselves by drinking plenty of water and cooling off before they overheat; the risk is greater for those who use high and frequent doses.

I believe the real dangers are emotional. The basic effect of the drug is to lower defensiveness; while this can be useful in psychotherapy and enable the user to let go and have fun, it can also be very destructive. We develop defences for good reasons; many people rely on them to support their self-image. Without this support some cannot cope and suffer serious breakdowns. Some become emotionally dependent on the ecstasy state; they find ordinary life boring and lose motivation. Others suffer paranoia, notably those who take frequent multiple doses.

Another trouble with ecstasy is that the chance of getting the real thing is less than

one in three. Analysis of seizures by the forensic laboratory at Aldermaston shows that about 10 per cent are fakes; a third of the remainder are ecstasy while the rest are drugs with broadly similar effects (MDA and MDEA) though lacking the empathy of ecstasy and, in the case of MDA, lasting twice as long.

When ecstasy is in short supply various cocktails consisting of LSD, amphetamine and caffeine have been sold in its place. Recently a mixture of an animal anaesthetic with amphetamine has turned up.

### **Calming the fans**

It may well be that ecstasy has actually had a beneficial effect in Britain. Last season saw a large reduction in football violence. Mark Gilman from Lifeline in Manchester is conducting a two-year study of a sample of young men in the North West, including 'football hooligans'. He says, "In their transition from hooligan to raver these young men spurned excessive use of alcohol in favour of ecstasy. Rave culture and ecstasy use have become more attractive than using large amounts of alcohol and running around the streets looking for fights with opposing football fans. Ecstasy use encourages a desire for friendship and togetherness, not aggression".

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### **Lowered defences enable the user to 'let go' but can also be destructive**

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It is not that ecstasy is cheaper than alcohol; the cost of a good night out is about the same. However, Mark Gilman tells me that the shortage of good 'E' this season has led to a return to alcohol along with other drugs, and he fears a return to the previous levels of violence.

There is no reason to believe that this change of behaviour is restricted to football fans. Just as LSD in the sixties caused lasting cultural changes, I believe that the widespread use of ecstasy now is laying down the foundations of new, as yet undefined, social values. And I believe it will be a largely positive change.

What users need is sound information, and that requires research. The problem is, as a senior American researcher in neurochemistry told me, "It's a matter of research grants. The government has no motive for handing out money to kick itself in the teeth".

However, the first steps are being made

Nicholas Saunders is publishing a book on ecstasy next month. It includes detailed summaries of over a hundred papers and other sources of material plus the results of a survey among users conducted by the author and personal accounts from people who believe the drug has had a lasting effect on their lives. Available from bookshops or direct from Nicholas Saunders, 14 Neal's Yard, London WC2H 9DP for £8.95 inc. p&p.

towards MDMA becoming a prescription drug in the US. A Drug Master File for MDMA has been opened at the Food and Drug Administration (FDA) to permit the necessary research by a non-profit organisation, the Multidisciplinary Association for Psychedelic Studies (MAPS). Research into the effects of MDMA in human volunteers has at last been approved by the FDA Drug Abuse Advisory Committee, and will commence this year.

In a recent article in the *British Medical Journal*, Dr Henry claimed that ecstasy has no therapeutic potential.<sup>9</sup> In support he referred to a study by Dr George 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 September's *BMJ*, Dr Greer accused Dr Henry of omitting the positive results of this study.<sup>10</sup> "Eighteen of my 29 subjects 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 from a few days to up to two years; nine reported improvements in their working life; 14 reported diminished use of abusable substances ... 15 reported beneficial changes in their life goals; and all nine subjects with diagnosable psychiatric disorders reported considerable relief from their problems."

Such positive responses should strengthen the argument in favour of ecstasy, and a recent report in which 20 psychiatrists describe how they have personally benefited from using it may also help.<sup>11</sup>

SOME THINK ecstasy can be stamped out by a scare campaign or heavy use of the law, and others believe it is a passing fad. Ecstasy is here to stay for a simple reason: it provides access to an experience that human beings value. ■

1. Ricaurte. *Brain Research*: 1988, 446.

2. O'Callaghan J. *Assessing neurotoxicity of drugs of abuse*, National Institute on Drug Abuse, 1993.

3. Molliver. "The neurotoxicity of MDMA and related compounds." In: *The neuropharmacology of serotonin*, Annals of the New York Academy of Sciences, 1990.

4. Dowling. In: Peroutka S. J. *Ecstasy: the clinical, pharmacological and neurotoxicological effects of the drug MDMA*. Boston: Kluwer Academic, 1990.

5. Harris Research Centre. *Young people's poll*. January 1992.

6. British Medical Association. *Living with risk*, 1990.

7. Assuming a linear increase over the past five years from 0 to 20 million a year at present if each user now averages 10 a year.

8. *New Scientist*, 29 August 1992.

9. Henry J. "Ecstasy and the dance of death." *British Medical Journal*: 4 July 1992, p. 5-6.

10. Greer G. "Ecstasy and the dance of death." *British Medical Journal*: 26 September 1992, p. 775.

11. Liester M. B. *et al.* "Phenomenology and sequelae of 3,4-methylenedioxymethamphetamine use." *Journal of Nervous and Mental Diseases*: 1992, 2(4).