



A QUICK GUIDE TO MDMA

Around 15% of 15-18 year olds surveyed by drugs education charity the DSM Foundation said that they think MDMA is used by their peers. This Quick Guide, developed in conjunction with Tooled Up Education, covers information that parents and carers need to know about the drug more commonly referred to as ecstasy, as well as signposting to additional resources.



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WHAT IS MDMA?

MDMA – or to use its full name, **3,4-methylenedioxymethamphetamine** – is a greyish-white chemical in crystal or powder form, which may be rubbed into the gums or swallowed. It is often referred to as “ecstasy” when pressed into pills, though it also goes by a huge variety of **street names** such as “molly”, “mandy”, “E”, “MD” and others related to the appearance of the tablets such as “dolphins” and “pink supermans”. For the purposes of this Quick Guide, the term MDMA will be used throughout.

MDMA causes the brain to become more receptive to several natural hormones, most significantly the feel-good chemical serotonin, but also dopamine – which is also linked to pleasure – and adrenaline, which causes the fight or flight response. This explains the effects that give MDMA its nickname of ecstasy, as it is associated with heightened empathy and a sense of euphoria, as well as a rise in heart rate and blood pressure which makes individuals feel more alert and energetic.



Depending on how it has been taken, and several other variables (see under “what’s the problem”), the effects can take 20-60 minutes to kick in, and often include feeling happy, more in tune with surroundings (e.g. music and lights), energised and less inhibited than is usually the case, and so more affectionate and able to confide in others. This usually lasts for around two to four hours, but some of the effects can last quite a lot longer. In particular, this can include insomnia and accelerated heart rate. Many users experience a comedown, where they feel low in mood and energy, for several days.



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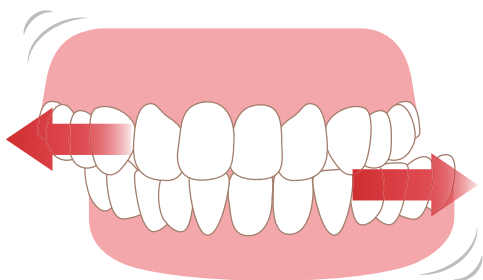
WHAT'S THE PROBLEM?

One of the big issues with MDMA – and indeed with any illegal drug – is that the amount of chemical in the pills or powders that people take can vary hugely, and in recent years there have been alerts highlighting some incredibly strong MDMA pills in circulation. Some products sold as MDMA may also contain other drugs, both instead of and as well as, and there is also a high chance that products are formulated (often referred to as “cut”) with unsafe ingredients. This means that the effects and risks can be highly unpredictable.

Individuals are exactly that, individual, and this introduces a significant number of additional variables, as does the place that someone is in, physically, socially and mentally. These three additional dimensions further the potentially volatile nature of the experience that someone goes through when taking MDMA.

As well as what people may regard as the typical effects, MDMA can also have an acute impact on mental health, leading to anxiety, confusion, panic attacks and paranoia. Other negative symptoms include dilated pupils, tingling sensations, tightening of the muscles (notably of the jaw, which is often referred to as “gurning”) and a raised body temperature.

Longer-term risks associated with MDMA use include damage to the liver, kidneys and heart, and mental health issues such as memory problems, depression and anxiety. There are also some people for whom the risks are greater; those with a heart condition, blood pressure problems, epilepsy or asthma may experience more pronounced and dangerous effects.



Heavy and/or regular use can lead to tolerance developing, which means that users need to take higher and higher doses to achieve the same effects. This increases the already-present danger of dependence, in which the user will struggle to control their usage, and get caught up in cycles of withdrawal symptoms and cravings which lead to repeated use. In the UK, almost one in 10 (8%) under 18s in drug treatment services report a problem with MDMA.



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WHAT IS THE IMPACT?

As well as the risks already described, there are some circumstances under which the dangers increase:

- **Overheating is a significant risk** because MDMA affects the hypothalamus, which is the part of the brain that controls body temperature. This can lead to organ failure.
- **Overhydration** can also result from dysregulation of the hypothalamus, meaning thirst becomes stronger. Coupled with reduced urination – another common effect – this can mean that the salts in the bloodstream become dangerously diluted, which may affect many of the body's core functions.
- **Blood pressure and heart rate can get dangerously high** and, in common with overheating and overhydration, can be exacerbated by activities such as dancing.
- **The drug may cause hallucinations** – distortions of sensory perception, such as what someone is seeing or hearing – which can be distressing.
- **Muscle tension** that affects the jaw can cause dental problems. Muscle tension impacting the bladder can mean that urine is held for longer than usual, increasing the risk of infections.
- **There is a risk of vomiting**, which not only poses a choking risk but can reduce the effectiveness of some contraceptive methods.
- **Mixing with other substances is always inadvisable**, but specific issues associated with MDMA include heightened and overwhelming hallucinations if taken with other substances that have psychedelic effects (e.g. LSD, magic mushrooms, cannabis or ketamine), increased pressure on the heart if combined with another stimulant (e.g. cocaine, nicotine or steroids), and masking of effects when taken with a depressant (e.g. alcohol, cannabis or benzodiazepines).
- **Mixing can also occur with medicines, and this is a significant risk with MDMA because it affects several of the body's natural hormones.** Notable interactions include antidepressants such as fluoxetine, venlafaxine and citalopram (and alternative remedies that claim to boost low mood such as St John's wort), and any medication that affects the heart or blood pressure, whether as an intended therapeutic use or possible side effect.
- **High doses of MDMA can cause serotonin syndrome**, the signs and symptoms of which can range from shivering and diarrhoea to muscle rigidity, fever and seizures, and can be fatal.

WHAT CAN PARENTS DO?

Parents and carers have a significant role to play in helping their children make decisions about drug use, including MDMA.
Here are some tips:



Talk about testing.

Drug checking is an important harm reduction strategy as it enables people to at least know what it is they are taking in terms of what the drug is and how strong it is, though it is not a **service** that is readily available.



Understand the law.

MDMA is a **class A drug**, so it is illegal to possess, give away or sell. Note that passing something to a friend is regarded as supply, with much harsher penalties than a possession charge (life imprisonment versus up to seven years and/or an unlimited fine for both).



Discuss how the risk associated with drugs is highly unpredictable.

It isn't just about the drug that is being taken, but also the person and the place they are in. It is important to appreciate the **high number of factors** involved.



Start low, go slow.

Concerns around the strength and purity of MDMA products means it is incredibly important that users proceed with extreme caution, e.g. by taking a quarter of a tablet and seeing how it goes over an hour or so. It may be easier to frame this as "advice for a friend".



Check they could recognise and handle a medical emergency.

Knowing what an **overdose** looks like (it isn't the same for all substances) including serotonin syndrome, and **what to do** are life saving skills.



Don't shy away from talking about how drugs can be fatal.

This can be particularly relevant for a drug like MDMA, which is associated with fun activities such as parties and raves, but sadly some people each year **lose their lives** as a result of using it.

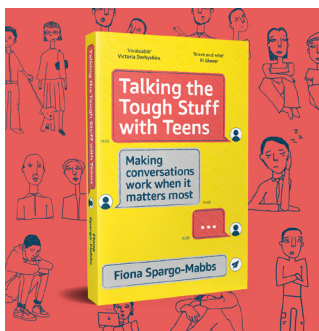
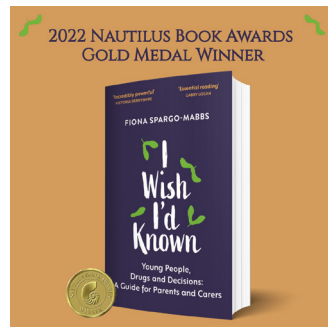
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WHERE CAN I GO FOR MORE INFORMATION?

Healthy, open, non-judgemental conversations with young people can be – literally – life-saving. **Fiona Spargo Mabbs OBE**, founder and director of the **DSM Foundation** has written two books that are packed with advice and information.

Award-winner, ***I Wish I'd Known***

interweaves the story of one family's terrible loss with calm, measured and practical suggestions for parents about young people, drugs and decisions.



Talking the Tough Stuff with Teens

draws extensively on hundreds of conversations with young people and parents in focus groups and

school and college workshops, to give a warm and compassionate framework for tackling tough conversations about difficult things, without judgement or anger. It covers everything from curfews and screen time, to sex, self-harm and suicide.



Resources to check out

The DSM Foundation, our drugs education charity, has a number of resources to support parents and carers in their conversations with young people including a [video on MDMA](#) made by DSMF founder and director Fiona Spargo-Mabbs, and details of [practical staying safe strategies and harm reduction advice](#).

Talk to Frank has [useful information on MDMA](#), as does [DrugWise](#), with harm reduction advice available from [Crew](#).

Remember that none of the resources listed here are a substitute for clinical advice and if you are worried about your child, your first port of call should always be your GP (or other relevant medical professional).

Tooled Up Education is thrilled to be collaborating with the DSM Foundation. Toolled Up brings evidence-based resources to school communities and enjoys strong relationships with some of the most respected researchers and organisations in the world. The Toolled Up Team dedicates its time to studying thousands of hours of research evidence and turning this into easy to use resources, in the form of videos, articles, podcasts, activities and tips to try.