

MDMA (Ecstasy) Addiction – Key Notes

Type of users	1.6% of 16-59 year olds have used ecstasy in the last year	
	4.3% of 16-24 year olds have used ecstasy in the last year	
Forms of the drug	Pills, in various shapes and sizes, with various logos on them	
Street Names	E, doves, love doves, Adam, XTC	
Purity	Entirely variable. People buying ecstasy pills do not know how much MDMA is in the pill, and it may be an entirely different pharmacologically active substance.	
Cutting agents	Amfetamine, ephedrine, ketamine, caffeine	
Legal status	Class A drug under the Misuse of Drugs Act 1971	
Modes of taking	Oral as pill or sometimes smoked	
Patterns of use	Often taken in clubs / dances / raves. Often in conjunction with other drugs, especially alcohol, tobacco and cannabis	
Effects of the drug	<u>Acute – wanted</u> Energizing effect Sense of happiness Sense of being connected with other people	<u>Acute – unwanted</u> Epileptic fits Heat stress / increased body temperature / water intoxication (direct effect on the hypothalamus), coma, death Overdose signs: high blood pressure, faintness, panic attacks, loss of consciousness, seizures (nida) Club violence Anxiety, Restlessness, irritability, loss of appetite, loss of sexual interest

	<u>Chronic – wanted</u>	<u>Chronic – unwanted</u>
		Long-term neurological / neuropsychological damage (disputed, but evidence accumulating) Exhaustion Weight loss Weakened resistance to infections
Clinical presentations	Occasional use Intoxication (F15.0) Harmful use (F15.1) Dependent use (F15.2)	
Natural history	Honeymoon phase, lasting around 12 months Period of diminishing returns Minority have excess phase, possibly in association with use of other drugs. Re-entry phase in which individual adjusts to post ecstasy world	
Modes of presentation	Presentation at A&E department / general hospital, especially if suffering acute toxicity Presentation to psychiatric services, perhaps with an acute psychosis Presentation to family doctor <ul style="list-style-type: none"> <li>• Consultation about drug use</li> <li>• Diagnosis of another medical condition associated with ecstasy use</li> <li>• Concern expressed by another family member or friend</li> </ul> Referral by employer or from occupational health service	
Assessment	Clinical diagnosis <ul style="list-style-type: none"> <li>• History               <ul style="list-style-type: none"> <li>longitudinal history of use and cross-sectional history (typical drug-using day, history of use over last week)</li> <li>history of highs and crash (fatigue, loss of appetite, depressed feelings, trouble concentrating)</li> <li>history of taking other drugs</li> </ul> </li> <li>• Examination               <ul style="list-style-type: none"> <li>Pulse, blood pressure, temperature, dilated pupils, ECG if unwell</li> </ul> </li> <li>• Rating scales               <ul style="list-style-type: none"> <li>None</li> </ul> </li> <li>• Investigations               <ul style="list-style-type: none"> <li>Urine drug screen for MDMA</li> </ul> </li> </ul>	

Complications from drug use

- Physical  
Assessment of serum electrolytes and kidney function
- Psychological  
Assessment of memory and cognitive impairment, clinical and, if necessary, MRI scan
- Social  
debt, finances, benefits, housing, occupation

Motivational state

- motivated to continue using, ambivalent, motivated to cease use

Treatment options

*Those continuing to use*

Psychoeducation

Motivational interviewing

*Those wishing to stop*

Support through the crash

*Those wishing to remain abstinent*

Relapse prevention therapy

Day programme

Residential rehabilitation

Outpatient treatment

- 1:1 support
- Individual counselling
- Coping skills training
- Cognitive behavioural therapy
- Group therapy

Family support / family therapy

Assistance with process of finding accommodation

Assistance with addressing financial problems

Assistance with further education

Assistance with occupation / employment

*Public Health*

Education in schools