

The Agony of Ecstasy

By Ria Romano, MA

On a raw winter day in 2001, 18-year-old Alexa Stevens returned to her dormitory, having just finished her mid-year exams at a prominent Boston-area college. The petite, young co-ed from a well-heeled family was packing to go home for the holiday break when several of her friends beckoned her to join them on the rooftop for some “X.”

The languid high came on smoothly as she breathed in the fresh air off the Charles River. Thinking she had received a weak dose of Ecstasy, Alexa popped two more pastel-colored pills with the word “sex” engraved on them. Within minutes her heart began to race, terrified and confused she rushed down the stairwell, hair drenched in sweat, and dropped to her knees and convulsed. Twenty-four-hours later, after being admitted to a large University hospital, her condition deteriorated rapidly and doctors had to intubate. Forty-eight-hours later, discovering her liver was about to fail, they found a donor and grafted part of the donated organ. The liver graft failed, she slipped into a seizure, and her brain hemorrhaged. At that point, her family requested she be taken off life support.

The X files

Alexa died from a 90-year-old drug developed by the German company Merck in 1912. Contrary to Ecstasy’s lore, Merck wasn’t trying to develop a diet drug when it synthesized 3, 4-Methylenedioxymethamphetamine (MDMA). Instead, the now pharmaceutical powerhouse thought it could be a promising “intermediary substance that might be used to help develop more advanced therapeutic drugs” (Cloud & Ratnesar, 2000). There is no evidence to support Merck employees ingested the drug at the time, and there are conflicting reports that Nazi soldiers used the drug to combat Posttraumatic Stress Disorder.

Yet MDMA virtually disappeared until 1953, when the U.S. Army funded a secret University of Michigan animal study of eight drugs, including MDMA (Cloud & Ratnesar, 2000). With the Cold War in high gear, the U.S. government was searching for potential chemical weapons, but MDMA didn’t provide the necessary lethal results.

It wasn’t until Alexander Shulgin, the Calvin Klein of designer drugs (ironically some Ecstasy pills have CK engraved on them), hit the scene

that the pills resurfaced from obscurity. Shulgin began his career at Dow Chemical in the 1950s. In 1963 he took mescaline and never looked back. Shulgin had a particularly long leash at Dow Chemical due to the fact that he had helped create a successful insecticide. As a result, the young psychedelic chemist turned his attention to MDMA and became the stepfather of the “hug drug,” publishing works that were eagerly read by several therapists (Cloud & Ratnesar, 2000). According to Shulgin, another therapist to whom he gave the drug in turn named it “Adam,” and introduced it to more than 4,000 people.

However, among the therapist’s patients were a few entrepreneurs. One of whom was based in Texas (and whose true identity is still unknown), hired a chemist, opened an MDMA lab, and promptly gave the drug a much more marketable name, Ecstasy. He began selling it to fashionable bars and clubs in the Dallas area, where bartenders sold it and charged patrons for the pills on their American Express cards (Cloud & Ratnesar, 2000). The then-legal stimulant had a very small place on the U.S. drug scene of the 1970s. The drug was not considered a controlled substance until 1985 and as one report put it, “that meant it was as legal as a scoop of Ben & Jerry’s ice cream and only slightly more expensive” (Turney, 2001). However, the drug’s streak of popularity in America did not occur until the mid-to-late 1980s when it began its symbiotic relationship with “raves.”

From across the pond

Ecstasy came out of European clubs in resort locales such as Ibiza in the 1980s, and peaked in the 1990s when raves began to infiltrate nightlife. Raves originated in England as gatherings of thousands of young people revolved around “techno-music.” They were traditionally held in large warehouses or open outdoor areas, and later moved into established clubs, where they were identified by police as “Drug Taking Festivals” (Keefe, 2001). In the late 1980s and early 1990s, the rave scene and techno-music migrated to the U.S. by way of promoters and entertainers. By the late 1990s, popularity had increased enough for the phenomena to be considered an established subculture. Although typical rave-goers are between 12 and 25 years old, and are generally from middle to upper-middle-class backgrounds, the drug has crossed over into America’s heartland with ease (Keefe, 2001). According to the Drug Enforcement Agency (DEA), along with the new subculture’s music and parties came a new drug empire.

MDMA is manufactured clandestinely in Western Europe, primarily in The Netherlands and Belgium (Keefe, 2001). Most often, the drug consumed in the U.S. is manufactured by Dutch chemists, and transported or distributed by various factions of Israeli and Russian Organized Crime groups. According to DEA reports, "The drug trafficking organizations involved in MDMA distribution are brought together by the enormous profit realized in these ventures. The cost of producing an MDMA tablet can run between \$.50-\$1.00. ... Once the drug reaches the U.S., a domestic cell distributor will charge between \$6-\$8 per tablet. The MDMA retailer will, in turn, distribute the drug for \$25-\$40 per tablet. ... Los Angeles, New York, and Miami are currently the major 'gateway cities' for the large influx of MDMA from abroad" (Keefe, 2001).

Supply and demand

At the American Academy of Pediatrics' annual meeting in October 2001, Dr. Peter D. Rogers, an associate professor of pediatrics at the Ohio State University College of Medicine and Public Health declared, "The use of Ecstasy is now an epidemic with teenagers. I've never seen a drug take off like this. The current popularity of Ecstasy could be the number-one public health problem in the United States" (Schorr, 2001).

Dr. Rogers' concern is supported by figures from the U.S. Customs Service. In 1999, Customs seized 3.5 million Ecstasy tablets. That figure jumped to 9.3 million tablets in 2000. By May 2001, Customs had seized more than 4 million tablets (at press time the total for 2001 was not available) (Winwood, 2001).

According to the latest results from a Monitoring the Future study based on 45,000 students in grades 8, 10, and 12, the use of Ecstasy has skyrocketed (The University of Michigan, 2000). The largest increase in the drug's use was among 12th-graders in the West, where 14 percent of the students reported using during the prior 12 months in 2000. That compares to nine percent in the Northeast, and six percent in the South and North Central regions. Although Stuart Gitlow, MD, medical director of Nantucket (Mass.) Behavioral Services, reportedly has seen a "huge" increase in the drug's use in the Northeast over the past two years (Landers, 2001). Dr. Gitlow says his patients tend to place Ecstasy in a different category from other illicit drugs: "When we question people about using drugs they say 'no,' but when we ask them if they are using Ecstasy, they immediately say 'yes'" (Landers, 2001).

Ecstasy was initially favored among males when studying the 12th

grade population (measuring approximately five percent use in 1996), but was quickly adopted by females. Female usage in 12th grade rose from approximately three percent in 1997 to over eight percent in 2000. African-American students showed considerably lower rates of use than white or Hispanic students in 2000. For example, past year use among African-American 12th-graders was 1.3 percent, compared to 7.6 percent for white 12th-graders, and 10.6 percent for Hispanics of the same age.

While in 1989 only 22 percent of 12th-graders said they could get Ecstasy very easily, that proportion rose over the following decade to 40 percent by 1999, before jumping to 51 percent in 2000 (The University of Michigan, 2000). This horrific jump in percentages is again supported by hospital emergency room data with the number of “club drug” episodes increasing dramatically between 1999 and 2000, from 6,964 to 10,212. Most of those episodes were due to Ecstasy (Family Research Council, 2001).

Invading the ranks

School counselors and parents aren't the only ones concerned about the club drug's use. The U.S. military is worried about the “skyrocketing” use of Ecstasy among its troops. Drug testing as of June 2001 by the Air Force, Army, and Navy indicates that usage is as much as 12 times what it was in 1999 (Moniz, 2001). In the year 2000, nearly 500 of the Air Force's 370,000 members either tested positive or admitted to investigators that they used the drug. That compares to 50 who were found to have used in 1998.

In the fall of 2000, five cadets at the Air Force Academy were charged with possession or use of Ecstasy. Two of them were sent to federal prison. Army statistics show the number of positive tests increased from 36 in 1998 to 440 in 2000, while the Navy had 238 positive tests in 2000, up from 34 in 1998. In most cases, those who tested positive were discharged from the military (Moniz, 2001).

Countering Ecstasy

To counter the club drug's use, the Air Force, which tests 70 percent

of its personnel each year, is increasing random tests and weekend screenings. The Navy has formed a specialized task force to examine sailors' use of club drugs, and the Army expects to unveil a test that can better detect Ecstasy this year. Different levels of government are combating Ecstasy use as well. The Ecstasy Anti-Proliferation Act of 2000 (Public Law 106-310), was enacted by Congress in 2000, and directed the U.S. Sentencing Commission to provide for increased penalties for the manufacture, importation, exportation, and trafficking of MDMA (Keefe, 2001). U.S. Customs Service has taken several steps to try to control Ecstasy. Building on the theory that the best defense is less demand, Customs has established an Ecstasy Task Force in Washington, D.C. to lead investigative and counter-smuggling efforts. The Ecstasy Task Force is responsible for gathering daily intelligence on the drug's smuggling and coordinating Customs' response with other law enforcement agencies. Customs has also trained 106 drug-detecting dogs to respond to Ecstasy and stationed them at airports, mail, and cargo facilities across the country (Winwood, 2001).

In July 2001, the Ecstasy Prevention Act of 2001 was introduced to the Senate. The Bill to combat the trafficking, distribution, and abuse of Ecstasy asks for \$15 million to combat the drug in high-trafficking areas; \$7 million to institute a national youth anti-drug media campaign; \$1.5 million to fund the National Institute on Drug Abuse report that evaluates the effects that MDMA use has on health; and \$1 million to establish an interagency Ecstasy/Club Drug task force, all in fiscal year 2002 (Electronic Music Defense & Education Fund, 2001).

Marsha Rosenbaum, the director of The Lindesmith Center, Drug Policy Foundation San Francisco states, "We could, of course, continue to try (unsuccessfully) to scare teenagers into abstinence, as we have for two decades. But I believe that a more realistic, pragmatic approach to Ecstasy is 'harm reduction.' While, of course, we would rather they abstained completely, teens should have accurate information about Ecstasy to avoid serious mishaps. This may sound heretical, but safety should be the bottom line" (Rosenbaum, 2001).

Building upon the idea of harm reduction is DanceSafe (www.dancesafe.org), a nonprofit, harm reduction organization promoting health and safety within the rave and nightclub community. They currently have local chapters in twenty-six cities throughout the U.S. and Canada, and by the middle of 2002, they expect to have at least a dozen more.

DanceSafe's local chapters consist of young people from within the dance culture itself who have a sincere interest in bettering their

communities and educating themselves and their peers. The organization trains volunteers to be health educators and drug abuse prevention counselors within their own communities, utilizing the principles and methods of harm reduction and popular education. DanceSafe's volunteers staff harm reduction booths at raves, nightclubs, and other dance events where they provide information on drugs, safer sex, and other health and safety issues concerning the electronic dance community (like driving home safely and protecting one's hearing).

One controversial aspect of the organization is the adulterant screening or pill testing services for Ecstasy users. A chemical called "Marquis reagent" changes color in the presence of certain drugs. It is believed that pill testing helps Ecstasy users avoid fake and adulterated tablets that often contain substances far more dangerous than real Ecstasy.

The founder, Emanuel Sferios, is a former social worker. He insists DanceSafe does not promote drug use, but attempts to make it safer. The organization's unconventional approach may prove useful when considering one 18-year-old's response regarding problematic brain changes attributed to Ecstasy.

"Oh yes," the youth smirks, "they told us about that with marijuana too. But none of us believes we have holes in our brains, so we just laugh at those messages" (Rosenbaum, 2001).