

1: What's the difference between molly, ecstasy and MDMA? | Drug Policy Alliance

Overview of ecstasy --History of ecstasy --Psychological and biological effects of ecstasy --Is ecstasy addictive? --Prevention and treatment of ecstasy abuse and addiction --Legal and therapeutic aspects of ecstasy --Summary and conclusions. Series Title: Understanding drugs. Responsibility: M. Foster Olive ; consulting editor, David J. Triggler.

In , the US Government enacted harsh new penalties for those supplying Ecstasy. The relevant statute is the Misuse of Drugs Act, and it deals with the issue of certain drugs being used for non-medical purposes. The maximum penalty for possession of a Class A drug is seven years in prison. The judge in the case can also impose a fine of any amount he or she considers appropriate. There is no limit to the amount that a person may be ordered to pay on conviction for this offense. A person who is convicted of supplying a Class A substance may be sentenced to life in prison. A fine of any amount may also be imposed, as well and there is no limit to the amount that the accused may be required to pay. Possession of Ecstasy, which is considered a Schedule III drug, can be tried as either a summary or an indictable offense. In this situation, the accused may be sent to prison for up to 10 years. Where a person is convicted of possessing EX for the purpose of either importing or exporting the drug, the penalties are as follows: For a summary conviction, the punishment is 18 month in jail. If the matter is treated as an indictable offense, the penalty is up to 10 years in prison. Producing Ecstasy is also a criminal offense under Canadian law. It can be treated as a summary or indictable offense. On summary conviction, the penalty is up to 18 months in prison. The penalty for an indictable offense is up to 10 years imprisonment. When a judge is making a sentencing decision, the law gives the court discretion to consider the circumstances of the crime, including the following: Whether a weapon was carried or used. Whether the accused used or threatened to use violence. If the offense was committed near a school or another public place where children are likely to congregate. Whether the accused supplied drugs to a person under the age of If the accused has a prior record for a drug-related offense. Whether the accused enlisted the help of a person under the age of 18 to commit the offense. When one or more of these factors exist, the judge will likely sentence the accused to prison, as opposed to imposing a fine.

2: Ecstasy Addiction & Abuse, Find Help For Ecstasy Addiction

Ecstasy Legalities Ecstasy Legality in the United States. In the US, MDMA is a Schedule I illicit drug with no accepted medical use or benefit, alongside LSD, cannabis, and heroin.

What Is Ecstasy? The popular name for MDMA, or 3,4-methylenedioxymethamphetamine. It is regarded as one of the most popular club drugs in the world today. One of the few illicit drugs not derived from a natural substance, Ecstasy gets its name from the feeling of euphoria that most users say they enjoy when taking the drug. Ecstasy, a combination of methamphetamine or amphetamine and hallucinogen, officially hit the party scene sometime in the late 70s and early 80s. Over the last 15 years, ecstasy abuse and ecstasy addiction has become increasingly widespread, especially at raves.

The Basics What it is, what does it look like, how is purity determined, what common drugs sold as ecstasy Ecstasy is sold in a white, yellow, or brown tablet or capsule. It is also available in powder form. Some users crunch it up and snort it. It may be stamped with an image, which gives it a candy-like appearance. Ecstasy is known as the "love drug," X, or XTC on the street. Learn more about the basics

Effects of Ecstasy What it does, the physical and mental effects while high, what happens in the brain, after-effects of using ecstasy. Ecstasy is a stimulant that produces a feeling of well-being when taken. It makes the user feel more comfortable in social situations. These feelings may last for between one and six hours. After use, the individual may feel irritable, depressed, anxious, or have memory problems. Learn more about the effects

Ecstasy Dosage and Amounts Taken How much ecstasy will cause an overdose? What is a lethal dose of the drug? The usual dosage for ecstasy is mg. Sometimes the substance being sold as ecstasy is something completely different. Since ecstasy increases heart rate and blood pressure, it can lead to heart problems or stroke. Dehydration is another danger of ecstasy use, since it is commonly associated with use at dance clubs where users may be partying for extended periods. Memory loss is another danger of ecstasy use. Learn more about the dangers and long term effects

Is addiction a myth? Do I have a problem? Signs and symptoms of ecstasy abuse and dependency. The person who takes ecstasy continues to use it to recreate the good feelings associated with the drug. Learn more about ecstasy addiction

What to do if you spot symptoms of an ecstasy overdose. A person who is experiencing an ecstasy overdose may feel faint or have a panic attack. An overdose may cause an increase in body temperature or seizures. Heat stroke is a definite possibility. We recommend that you call your local emergency line or any of the US poison control centers and addiction resources listed in our drug emergencies resource page if you or someone you are with is possibly experiencing an OD. Please consider seeking treatment once the emergency is neutralized

Mixing with Other Drugs What are the effects of mixing ecstasy with alcohol, amphetamines, cannabis, heroin, LSD, magic mushrooms, tobacco and other drugs? Combining ecstasy with medications that affect the level of serotonin in the body, such as certain types of antidepressants, can be toxic. Taking cocaine or other stimulants gives the body an extra dose of something that will increase heart rate and blood pressure, which can lead to heart attack or stroke. Learn more about mixing

Drug Tests and Detox What are the detection times? How long does ecstasy stay in my system? Will I pass an ecstasy drug test? Ecstasy can be detected for up to four days after the most recent dose. Many ecstasy addicts report no significant amount of time needed to be spent on detox centers after entering a treatment facility. Learn more about ecstasy drug testing and how long it takes to detox

I got caught with ecstasy, am I going to jail? How long are sentences for ecstasy dealers; what about just possession for recreational use? Is it a felony? Ecstasy is also an illegal drug in the U. Learn more about the legal and criminal aspects

Spiritual or Medicinal Use Can ecstasy be used for purposes other than recreational, like spiritual or medicinal? At one time, ecstasy was used by some psychotherapists to help their clients get a different perspective on their lives, deal with emotional problems or access repressed memories. In the Media

How is ecstasy portrayed in the media? Pop culture and ecstasy in the mainstream press Because of its popularity, there is considerable media coverage about MDMA. From scientific to sensational and celebrity, below are a few examples of ecstasy in the press.

Frequently Asked Questions Is ecstasy addictive? What causes ecstasy deaths? How long does ecstasy remain in the body? A number of questions are commonly asked about ecstasy and its effects, its origins. From the

ordinary and logical line of questions to the often bizarre, we present answers to questions Sample questions posed by visitors to the site:

3: The Magic of Molly | An Insight Into The Positive Effects of MDMA

The MDMA versus alcohol debate sure is an interesting one. Legions of misinformed cynics will hastily propagate that as a class A illegal drug, ecstasy is as bad as meth, heroin and cocaine, and causes huge damage to society.

Legions of misinformed cynics will hastily propagate that as a class A illegal drug, ecstasy is as bad as meth, heroin and cocaine, and causes huge damage to society. Hypocrisy notwithstanding, people such as these ought to take a closer look at the facts of these two substances before condemning one and consuming the other. In , the British Independent Scientific Committee on Drugs published a comprehensive study on the top 20 recreational drugs, detailing each drug's respective harm levels to the individual and to society. The results were interesting, to say the least. Unsurprisingly, heroin and cocaine occupied the top two spots on the personal harm list. Not far below as fifth most harmful, however, was alcohol. On the other hand, way down the list in 18th position was ecstasy. Similarly, alcohol was found to be the most detrimental to society above heroin, crack, and crystal meth. Ecstasy came in at 17th position. Perhaps some people ought to reconsider their condemnations? Research conducted by the National Institute of Drug Abuse recently found that, contrary to popular belief, ecstasy does not cause brain damage. Certain do-gooders will similarly be shocked at the revelations that smoking one joint will NOT give you schizophrenia. In fact, the long-term side effects of MDMA are relatively minimal given its reputation and status as a class A illegal drug. If you eat too much red meat, you put yourself at risk of cardiovascular disease. If you drink too many beers, you may just royally screw your liver. If you consume too much ecstasy and by that I mean abuse the drug every weekend there is a possibility that you will be left with slight cognitive impairment, memory loss and perhaps become prone to depression. Compare this with its positive long-term effects; increased feelings of empathy and intimacy with others, as well as its tendency to help cure anxiety and Post Traumatic Stress Disorders. Small price to pay, right? The thing about MDMA is that most of the risks associated with it stem as a direct result of its illegality. If the government chose education over petty scare-campaigns and fear mongering, users would learn about harm reduction. They would know that they should space rolls out by at least a month. They would know to buy test kits to ensure what they have to buy illegally is the real thing, as opposed to a deadly concoction of other chemicals. They would know to load with 5-HTP pre and post rolls to reduce risk factors. Personally, my main gripe with the demonization of MDMA is the hypocrisy of it all. Considering the damage it causes to individuals and to society, there is no way that alcohol would be made legal were it invented today. Unfortunately, it is so ingrained into western culture that it will always be readily available.

4: 6 Party Drugs That May Have Health Benefits

In her seminal work on the drug, Ecstasy: The Complete Guide, New York psychiatrist Dr. Julie Holland notes that the drug acquired its street name largely on the basis of its marketing potential, but that even early users acknowledged its empathetic, therapeutic aspects.

History[edit] Early Psychedelic Therapy[edit] Psychedelic therapy, in the broadest possible sense of the term, may have originated from prehistoric knowledge of hallucinogenic plants. Though usually viewed as predominantly spiritual in nature, elements of psychotherapeutic practice can be recognized in the entheogenic or shamanic rituals of many cultures. In addition to spawning six international conferences and the release of dozens of books, over 1, peer-reviewed clinical papers detailing the use of psychedelic compounds administered to approximately 40, patients were published by the mids. However, many of these trials did not meet the methodological standards that are required today. Beginning in , he conducted experiments with prison inmates in an attempt to reduce recidivism with short, intense psychotherapy sessions. Participants were administered psilocybin during these sessions weeks apart with regular group therapy sessions in between. During a congressional hearing in , Senator Robert Kennedy questioned the shift of opinion, stating, "Perhaps to some extent we have lost sight of the fact that LSD can be very, very helpful in our society if used properly. Schedule I compounds are claimed to possess "significant potential for abuse and dependence " and have "no recognized medicinal value" [14] , effectively rendering them illegal to use in the United States for all purposes. Despite objections from the scientific community, authorized research into therapeutic applications of psychedelic drugs had been discontinued worldwide by the s. Despite broad prohibition, unofficial psychedelic research and therapeutic sessions continued nevertheless in the following decades. Some therapists exploited windows of opportunity preceding scheduling of particular substances or, alternatively, developed non-drug techniques such as Holotropic Breathwork for achieving similar states of consciousness. Informal psychedelic therapy was conducted clandestinely in underground networks consisting of sessions carried out both by licensed therapists and autodidacts within the community. Advances in science and technology allowed researchers to collect and interpret extensive data from animal studies, and the advent of new technologies such as PET and MRI scanning made it possible to examine the sites of action of hallucinogens in the brain. Much of the renewed clinical research has been conducted with psilocybin and MDMA in the United States with special permission by the FDA , while other studies have investigated the mechanisms and effects of ayahuasca and LSD. Phase two trials conducted between and reported an overall remission rate of No complications of LSD administration were observed. Some research has shown that these substances have helped people with such mental disorders as obsessive-compulsive disorder , post-traumatic stress disorder , alcoholism , depression , and cluster headaches. In general, however, the drugs remain poorly understood. In alcoholism[edit] Studies by Humphrey Osmond , Betty Eisner , and others examined the possibility that psychedelic therapy could treat alcoholism or, less commonly, other addictions. One review of the usefulness of psychedelic therapy in treating alcoholism concluded that the possibility was neither proven nor disproven. This treatment effect from LSD on alcohol misuse was also seen at 2 to 3 months and at 6 months, but was not statistically significant at 12 months post-treatment. Among the three trials that reported total abstinence from alcohol use, there was also a significant beneficial effect of LSD at the first reported follow-up, which ranged from 1 to 3 months after discharge from each treatment program. The lack of conclusive evidence notwithstanding, individual case reports are often dramatic. Bill Wilson , the founder of Alcoholics Anonymous conducted medically supervised experiments in the s on the effects of LSD on alcoholism. If, therefore, under LSD we can have a temporary reduction, so that we can better see what we are and where we are goingâ€”well, that might be of some help. The goal might become clearer. So I consider LSD to be of some value to some people, and practically no damage to anyone. It will never take the place of any of the existing means by which we can reduce the ego, and keep it reduced. However, he felt this method only should be attempted by individuals with well-developed super-egos. I find myself with a heightened colour perception and an appreciation of beauty almost destroyed by my years of depressions. In , research

consisting of providing a psychedelic experience for the dying was conducted at the Spring Grove State Hospital in Maryland. Of 17 dying patients who received LSD after appropriate therapeutic preparation, one-third improved "dramatically", one-third improved "moderately", and one-third were unchanged by the criteria of reduced tension, depression, pain, and fear of death. Some aspects of published accounts of methodologies are discussed below. Psycholytic therapy[edit] Psycholytic therapy involves the use of low to medium doses of psychedelic drugs, repeatedly at intervals of 1â€”2 weeks. The therapist is present during the peak of the experience and at other times as required, to assist the patient in processing material that arises and to offer support when necessary. This general form of therapy was utilized mainly to treat patients with neurotic and psychosomatic disorders. The name, coined by Ronald A. Psycholytic therapy was historically an important approach to psychedelic psychotherapy in Europe , but it was also practiced in the United States by some psychotherapists including Betty Eisner. An advantage of psychedelic drugs in exploring the unconscious is that a conscious sliver of the adult ego usually remains alert during the experience. Dialogue with the therapists is sparse during the drug sessions but essential during psychotherapy sessions before and after the drug experience. There are two therapists, one man and one woman. The recent resurgence of research see above uses this method. Psychedelic therapy is practiced primarily in North America. He analyzed the LSD experience in a Freudian or Jungian psychoanalytic context in addition to giving significant value to the overarching transpersonal, mystical, or spiritual experience that often allowed the patient to re-evaluate their entire life philosophy. Developed by two London psychoanalysts, Joyce Martin and Pauline McCririck, this form of treatment is similar to psycholytic approaches as it is based largely on a psychoanalytic interpretation of abreactions produced by the treatment, but it tends to focus on those experiences in which the patient re-encounters carnal feelings of emotional deprivation and frustration stemming from the infantile needs of their early childhood. As a result, the treatment was developed with the aim to directly fulfill or satisfy those repressed, agonizing cravings for love, physical contact, and other instinctual needs re-lived by the patient. Therefore, the therapist is completely engaged with the subject, as opposed to the traditional detached attitude of the psychoanalyst. With the intense emotional episodes that came with the psychedelic experience, Martin and McCririck aimed to sit in as the "mother" role who would enter into close physical contact with the patients by rocking them, giving them milk from a bottle, etc. After training the patient to respond to hypnosis, LSD would be administered, and during the onset phase of the drug the patient would be placed into a state of trance. Levine and Ludwig found the combination of these techniques to be more effective than the use of either of these two components separately.

5: In the next few years, MDMA will be a legal and therapeutic way to get high

Therapeutic Uses of MDMA. In the s, some psychiatrists began using MDMA as a psychotherapeutic tool.

Chronic ecstasy use disrupts the normal production and transmission of serotonin in the brain, which can lead to life-threatening serotonin syndrome. If ecstasy is combined with an SSRI selective serotonin reuptake inhibitor, a common form of antidepressant medication, the risk for severe serotonin syndrome is greatly increased, the International Journal of Adolescent Medicine and Health warns. Serotonin production can be extensively damaged by ecstasy abuse, and the reduction in this important brain chemical can take a significant amount of time to reverse after ecstasy use is stopped. The journal Clinical Correlations reports that long-term ecstasy use can lead to significant cognitive issues, including difficulties with executive processing, problem-solving, logical reasoning, and emotional intelligence as well as overall mental dysfunction. An individual who uses ecstasy regularly may have trouble regulating their emotions or feeling any kind of pleasure whatsoever without ecstasy. Suicidal thoughts, behaviors, and actions may be the unfortunate result of ecstasy withdrawal. Ecstasy Withdrawal Timeline and Influencing Factors Generally speaking, withdrawal symptoms may start within 12 hours or so after the last dose of ecstasy and peak after a few days. It can take time for the brain to stabilize itself and for levels of norepinephrine, dopamine, and serotonin to return to normal, meaning that some of the withdrawal symptoms may persist for a few weeks or even months after stopping use. The longer a person used ecstasy, and the higher the dosage, the more intense and longer in duration the withdrawal symptoms will likely be. Ecstasy is often used in conjunction with other drugs, which can extend and further complicate withdrawal. Co-occurring medical and mental health disorders can also influence the withdrawal timeline and the severity of the possible side effects. Biological and genetic factors factor into the intensity and duration of withdrawal. Things like metabolism, age, gender, and a family or personal history of addiction can be mitigating factors, for instance. Environmental aspects can also play a role in ecstasy withdrawal, as high levels of stress, exposure to trauma, and lack of a supportive home environment can increase some of the negative psychological symptoms and potentially exacerbate cravings. Medical Detox for Ecstasy Withdrawal Medical detox offers the safest and most effective means of withdrawal. It provides a stable and safe environment where ecstasy can process out of the body while helping the individual reach a physical and psychological level of stability before continuing on in treatment. Ecstasy withdrawal is not typically considered to be physically life-threatening as withdrawal from other drugs and alcohol may be; however, this is not to say that the side effects may not be intense and significant. Anxiety, insomnia, and depression can be particularly difficult, and a medical detox program can help to manage these symptoms of ecstasy withdrawal. In a medical detox program, individuals are admitted to a specialized facility that provides medical and mental healthcare and supervision 24 hours a day, seven days a week. The environment is calm and secure, and individuals are encouraged and supported around the clock. Relapse and cravings can be minimized through supportive care and therapeutic methods. Currently, there are no specific medications approved to treat ecstasy dependence or withdrawal; however, different pharmacological tools may be helpful in managing specific symptoms. For instance, sleep aids may help to combat insomnia, and this can be essential as a healthy amount of sleep enhances healing. Individuals who have abused ecstasy on a long-term basis often suffer from lost appetite, malnutrition, and even possible weight loss or anorexia. Nutritional deficits can be rectified via regular, healthy, and balanced meals that are provided in a professional detox program. Dehydration can be a result of ecstasy abuse, and this can be addressed with increased fluids during detox. When a person is well-rested and nutritionally balanced, they are more able to think clearly and make better decisions; thus, they are better equipped to avoid relapse. Medical detox programs generally last days. While they are an essential component of recovery, further treatment is needed. Ideally, clients progress directly from medical detox into a comprehensive addiction treatment program. Last updated on September 19, T

6: Psychedelic therapy - Wikipedia

The use of the illicit drug Ecstasy is a global phenomenon. Despite harsher legal sentencing and widely publicized reports of neurotoxicity and fatalities associated with Ecstasy exposure, the prevalence of its use in the United States is increasing among young adults (Johnston et al., (Figure.

As with amphetamine, however, widespread use resulted in reports of confusion, anxiety, panic attacks, depression, sleeping difficulties, depersonalisation, derealisation, hallucinations, flashbacks, paranoia, psychosis, tolerance and dependency syndromes, and subsequent addiction to sedatives. However, many of these reports are based on single case studies or short, uncontrolled series, in which no evidence is provided that the pill taken was in fact ecstasy, that other drug use was not significant and that urine samples were free of other drugs and their metabolites, that the condition would not have occurred by chance, that the person was not predisposed to the condition and other factors. Animal studies have shown that large quantities of ecstasy can result in persistently low serotonin levels. Attempts to relate these chemical changes to adverse effects ignore the role of psychological changes due to the emotional effects of ecstasy, which can upset the balance of the mind by releasing disturbing material from the unconscious. Although this effect can be used as an aid to psychotherapy, the same release may result in anxiety, depression, insomnia and nightmares. Psychological explanations must be considered along with chemical changes as many, although by no means all, of the adverse effects appear to follow just one or two doses rather than chronic dosing. Heavy weekend users tend to have midweek problems such as low mood and irritability and may develop a dependency syndrome. This chapter also contains the first comprehensive discussion of treatment options for ecstasy-related problems.

Introduction Like other potent mind-altering drugs, the use of ecstasy has been associated with impaired mental health and impaired judgement. While under the influence of the drug, users may sometimes experience confusion, disorientation, anxiety, panic attacks, depression, insomnia, depersonalisation, derealisation, perceptual disorders and hallucinations, paranoia and psychotic phenomena. It is possible that some of these effects may continue for a period after cessation of the drug. This review is intended for non-specialists and specific references are only given for controversial issues. This review is not a list of all known reports: There was little interest in ecstasy until the mid 80s when the chemist Alexander Shulgin introduced ecstasy to those with an interest in drug-assisted psychotherapy. The psychotherapists considered the drug to be moderate in its effects, which were principally characterised by feelings of empathic understanding for others and a release of emotions. The 90s has seen the widespread use of ecstasy as a recreational drug, resulting in increasing reports of an apparent association between ecstasy use and a diverse range of psychological symptoms and psychiatric disorders. The relevance of these studies to humans taking one or two ecstasy tablets occasionally has been questioned^{8,9}, but the animal studies do suggest that persons taking large quantities of ecstasy for several days may be at some risk of persistently low serotonin. As low serotonin has been linked to depression and anxiety, it has been suggested that heavy users of ecstasy may be at increased risk of developing psychological problems of this nature. Many investigators consider animal studies to have relevance to human use: In terms of explaining adverse reactions to ecstasy the focus has been to a very large extent upon possible brain chemical changes as described above. There has been a tendency to ignore the fact that ecstasy releases emotions and can have marked effects upon the psychodynamic balance of the mind. There may be little possibility for working through the material or containing it. A possible consequence may be the range of symptoms associated with the neuroses: The observation that duration and dosage are not currently linked to the probability of developing such symptoms¹⁰. Wodarz and Boning, tends to support an examination of psychological causes, and suggests that the current focus upon neurotransmitter changes may be misguided, particularly in view of the remarkable lack of change in the behaviour of animals following chronic, high dose injection of ecstasy. Many of the communications received from persons who have had adverse psychiatric sequelae in association with the use of ecstasy describe only taking a few doses. In other words, it would not be correct to say that ecstasy is as likely to cause certain adverse effects as amphetamine, and vice versa. This chapter will consider the pros and cons of some of the arguments set out in

this introduction. Much of the information we have about adverse reactions to MDMA is in the form of single case studies and short, uncontrolled series. There are several key issues to bear in mind when considering publications of this nature: Was the drug taken actually MDMA? The overwhelming majority of persons who take ecstasy also use other drugs, and some of these drugs are clearly identified with a risk of mental health consequences. This point is rarely emphasised in the case reports attributing a psychiatric disorder to ecstasy use, where other drugs use is often dismissed in a few lines. This is an important factor to bear in mind when conducting research in this area. The use of cannabis has been linked to relapse in schizophrenia. For example, there is a case report of persisting depersonalisation syndrome after ingesting ecstasy only once. The preferred other drugs were cannabis, hallucinogens, amphetamines and hypnotics. Alcohol was not included in the study. McMiller and Plant have recently reported on a major study of drug taking in 15 and 16 year old school children, pupils born in , from 70 schools across the United Kingdom. Although LSD is a more popular drug now than ever, it appears to no longer be seen as a major threat to the mental health of the nation by the media, and has largely disappeared from the pages of psychiatric journals and tabloid newspapers. This suggests that the way in which the media deal with drug issues sometimes has little rational basis. A pleasant set and setting are more likely to have a positive outcome, while an unpleasant set and setting are more likely to have a negative outcome. However, ecstasy effects are less susceptible to the influence of set and setting than psychedelic drugs such as LSD. Thus ecstasy is a more predictable drug. Although ecstasy appears to energise the taker in a nightclub setting where fast music is played, in this context it is also likely that the drug consumed is not actually a full dose of pure MDMA, but rather a combination in which amphetamine features prominently, or where amphetamine has been taken deliberately together with MDMA. It is also possible that the drug is actually MDEA. Persons who have taken a substantial dose of pure MDMA in these settings may often be seen either standing on the sidelines or sitting in the quieter areas, possibly engaged in emotional conversations with others. Careful examination of what actually takes place at raves, and who is taking what, generally indicates that pure MDMA in the mg dose range is quite consistent in its effects, producing similar results in the gardens of California as it does at the 25, person Tribal Gathering rave in the UK. Nevertheless, expectations do play an important part in all drug effects, and there are many who wish to dance because they have been conditioned to associate this with ecstasy, irrespective of the actual content of the pill they have swallowed, just as many will declare their love to the others present for the same reason. However, the role of expectations is significant, as discussed above. Expectations can also have a negative outcome. For example, from a statistical perspective, serious physical effects from ecstasy are relatively rare. Nevertheless, a perception on the part of the consumer that they are experiencing such effects has increased considerably in the wake of fear spread by the media, as a result of which there has been an increase in the number of persons presenting with the false belief that they are in physical extremis. The real diagnosis is more likely to be panic which can be treated with a quiet room, the passage of time, reassurance and possibly lorazepam a fast acting relative of Valium. What are the risks in numerical terms? At the present time, the actual risk of developing a serious psychiatric condition following use of ecstasy is unknown. The degree of publicity which accompanies a possibility such as depression obviously has no scientific relevance in determining the actual risk, although it may lead to a tremendous distortion in the minds of the public as to what that risk may be, as has now been seen with respect to the risk of death. The relative risk of any particular outcome should be determined by dividing the total number of outcomes of that type by the total number of doses consumed risk exposures. A guide to estimating the total number of doses consumed between and the present may be found elsewhere in this book. Many case reports make no attempt whatsoever to provide a statistical perspective, but it is necessary to tolerate this deficiency as such estimates are very difficult to provide. We do not know how many cases of ecstasy associated psychiatric disturbance are treated by the medical community but never reported, and even more inaccessible are those which occur but are never treated at all. Another method of gaining perspective on the general importance of ecstasy-induced mental disorder is to spend several weekends in the casualty emergency room departments of a large inner city hospital, and also the emergency clinic of a psychiatric hospital. This pragmatic investigation will produce a clear conclusion: It is likely to be several weeks before a single case associated with consumption of toxicologically proven ecstasy is seen, and even

longer before a case is seen which does not involve other drugs and a personal or family history of pre-existing psychiatric disorder. Nevertheless, one study of self-reported immediate and long-term effects months or years after ingestion in people resulted in high levels of reported adverse psychological effects. The issue of causality. Many of the published reports draw cause and effect conclusions which are not justified by the data presented, i. In general, it is useful to consider whether the criteria suggested by Strassman and Poole and Brabbins are met for research of this nature before concluding that ecstasy did in fact cause the mental disorders described. Nevertheless, the core principles are the same: Other such variables are: It is a statistical certainty that a substantial percentage of persons who take ecstasy will develop depression regardless of whether they took ecstasy or not. The one year incidence of major depression in the general population is per , for men and per , for women. This statement also suggests how difficult it can be to accurately estimate the incidence of depression itself in a population. Anxiety, panic attacks and all of the other symptoms associated with ecstasy use also have an incidence, sometimes substantial, in the non-ecstasy using population. Each year brings new reports linking genes to receptor subtypes, and subsequently to behavioural patterns. Thus retrospective studies of serotonergic parameters in high dose, chronic ecstasy users, in comparison with non-using controls, may be confounded by preexisting differences between the two groups. The present state of knowledge is that duration and dosage of ecstasy use do not appear to predict the probability of developing most psychological difficulties. However, if true then this would tend to argue against such difficulties being due to structural damage to serotonergic nerve terminals. As noted in the introduction, current research evidence is sparse and retrospective, generally uncontrolled, generally lacks toxicological confirmation of the drugs taken, lacks data on course and outcome, rarely relates mental state to toxicological results, and depends heavily on single case studies but nevertheless frequently concludes cause and effect relationships from what may be chance associations, although it is also possible that the cause and effect relationship is true. Psychotic phenomena With respect to serious mental illness such as prolonged psychosis, there is currently a dearth of accurate statistics. Ecstasy may rarely produce a state of intoxication which mimics a psychosis, such as paranoia,^{4,41} but this does not usually last for more than a few days, and appears to be relatively rare. Although ecstasy is not a hallucinogen in most people, it can cause hallucinations on occasion, especially in higher doses. I have myself seen a person in a state of toxic delirium after taking no more than mg of pure MDMA and no other drugs toxicologically confirmed. She was completely disoriented, had marked difficulty walking she collapsed several times injuring herself , and spent several hours trying to pick up nonexistent objects from the floor and talking to people who were not present. There was no history of psychosis, although her mother had suffered from depersonalisation disorder see below. She was an experienced ecstasy user with no previous phenomena of this nature. The use of ecstasy may sometimes alter the clinical picture in a pre-existing psychosis such as schizophrenia. This is referred to as a pathoplastic effect. Some people with schizophrenia or manic-depression will also take ecstasy, especially as the peak age of onset of schizophrenia is . It has not been clearly established whether or not ecstasy can specifically induce a relapse of preexisting schizophrenia or manic-depression, beyond the increased risk of relapse attached to any substantial emotional stressor. Ecstasy experiences are typically emotional events, and for this reason alone one would expect to see an association with increased risk of relapse in serious mental illness. Ecstasy releases dopamine in a similar manner to amphetamine and cocaine ¹³ and as such might be expected to increase the risk of psychotic illness in a similar manner to other psychostimulants, although possibly not to the same extent. Some investigators report that they have repeatedly observed clear links between the onset of psychotic symptoms and the use of ecstasy. However, there are several other reports^{41,43,44,45,46} and taken together the evidence is indicative of a risk. The size of that risk is unknown at the present time, but is likely to be relatively small. As distinct from the categories above, Poole and Brabbins have argued that this term should be restricted to psychotic symptoms arising in the context of drug intoxication but persisting beyond elimination of the drug and its metabolites from the body. Such a psychosis should only recur on re-exposure to the drug, and must have a different course and outcome from the major functional psychoses i. The drugs for which there is at least some scientific evidence of such a syndrome are amphetamines, cocaine and cannabis. Ecstasy may eventually be included in this group. Anxiety disorders and panic attacks As stated previously, we are currently limited to a

handful of case reports.

7: The Ecstasy and the Agony

Ecstasy is also an illegal drug in the U.K. Learn more about the legal and criminal aspects of the drug. Spiritual or Medicinal Use Can ecstasy be used for purposes other than recreational, like spiritual or medicinal?

November 18, And self-medicating “ using drugs without the assistance of a doctor or other medical professional “ can be dangerous. Because of these risks, doctors strongly advise against the unregulated use of illicit drugs, which can do more harm than good. Nonetheless, medical researchers continue to find a surprising number of health benefits in drugs widely used for recreational purposes. Mushrooms containing psilocybin produce colorful hallucinations, even when consumed in small quantities. Research published in the British Journal of Psychiatry in found that volunteers taking psilocybin had enhanced recall, making the substance an effective adjunct to psychotherapy. Another study, published in the Proceedings of the National Academy of Sciences, found that the drug slowed activity in the centers of the brain that are hyperactive in people with depression. Also known as MDMA , ecstasy is a synthetic compound that produces hallucinations, feelings of emotional warmth and high levels of energy. The same psychoactive properties that make ecstasy so popular with partygoers may also make it useful in treating post-traumatic stress disorder, or PTSD. Other research has found that ecstasy has robust anticancer properties, particularly for leukemia, lymphoma and myeloma. In , researchers from the University of Birmingham found that a slightly modified form of ecstasy was times more potent at destroying cancer cells than the original form of MDMA. Leaves of the coca plant *Erythroxylum coca* have been used as a stimulant in South America for thousands of years. The drug derived from coca, cocaine “ popularly known as coke, blow or Bolivian marching powder “ has been credited with a range of health benefits. Cocaine can be used as a topical anesthetic for surgical procedures due to its rapid-acting numbing properties. When combined with other compounds into a preparation called TAC, cocaine can also treat minor skin lacerations, since the drug is an effective vasoconstrictor narrows blood vessels. They inhibit gut activity," Weil wrote in the Huffington Post. A study from Norway, published in in the Journal of Psychopharmacology, suggests that LSD prevented alcoholics from relapsing during treatment. Also called "Special K," this animal tranquilizer is sometimes used as a recreational drug by attendees at dance raves and other events. The drug may also effectively combat the symptoms of depression. A study from the journal Science found that ketamine may help stimulate the growth of synapses in the brain, and beneficial effects of the drug on people with chronic depression can occur within hours. Pot, in addition to being the most widely used illicit drug in the United States, has a raft of medical benefits. Original article on LiveScience.

8: Can MDMA be used as medicine or therapy? | Drug Policy Alliance

MDMA - The Psychoactive Substance for Therapy, Ritual and Leisure (book), by Weigle and Rippchen, published by Der Grune Zweig [no date] This short book, available in German only, includes items on the pharmaceutical and legal aspects of the drug and its effects, dangers and therapeutic uses [chapter 9].

The Ecstasy and the Agony The Ecstasy and the Agony MDMA holds promise as part of a therapy that helps post-traumatic stress patients confront and extinguish their fears. While group and cognitive therapies have shown promise, exposure-based therapies have become increasingly popular and successful. Exposure means confronting a distressing memory a near-death experience, the loss of a loved one or a sexual assault, for example to emotionally process it in a safe clinical environment either through imagined scenarios or real-life exposure to reminders of trauma. The therapy is intended to help the patient "re-learn" a non-debilitating response to a trigger of fear. Even with this approach, about 40 percent of patients continue to experience some level of post-traumatic stress after therapy. The therapy requires patients to confront their anxieties, but researchers believe medication including MDMA can help by making the patient feel safer, more in control, more able to process emotions and less evasive or dispirited. As they write, "MDMA [ecstasy] has a combination of pharmacological effects that

Could you provide an overview of the ideas behind exposure therapy and how MDMA works to quell anxiety in that context? A lot of people wonder: How is it possible that a few doses of MDMA, in combination with psychotherapy, could have lasting benefits for anxiety? Actually, exposure therapy in particular "prolonged exposure therapy," as developed by Dr. Edna Foa at the University of Pennsylvania is short-term, structured, based on scientific behavioral principles of conditioning and extinction, and validated by many controlled studies. For most patients, exposure therapy has clinically significant effects on anxiety after a few hours, and for PTSD, exposure therapy has demonstrated long-term positive results after 10 to 12 hourlong weekly therapy sessions. This needs to be demonstrated repeatedly in clinical trials, but it is biologically plausible. In the last 10 years, there has been a large amount of research on the molecular mechanisms of fear extinction with an objective of making exposure therapy easier, faster or more effective. The main point that we want to get across: Fear extinction in exposure therapy requires a balance of activating emotions while feeling safe and in control. MDMA has effects that combine together many of the proposed mechanisms for enhancing fear extinction. Interestingly, MDMA appears to both facilitate exposure as well as augment extinction learning. Therefore, more research on these aspects of MDMA is clearly appreciated. How was the therapeutic potential of MDMA first discovered? And what made you begin to think of using MDMA in this therapeutic context? MDMA was first synthesized by Merck back in , but it was never tested on humans. It was rediscovered in the late s, and the therapeutic potential was immediately recognized by chemist Alexander Shulgin. We have been in a kind of plateau the last decade; we need to develop new treatments beyond timid half-modifications of treatment models. We have acquired a lot of knowledge about the brain circuits of fear and fear extinction from animals. Recently we have started to move over the hump of being stuck in the same place. By translating principles from research on extinction and animal learning into clinical studies of exposure therapy, new strategies for combining pharmacological and exposure-based treatments have emerged. What makes post-traumatic stress disorder a particularly viable condition to target with MDMA? Is it specifically because of the use of exposure therapy in treating the disorder? Chronic post-traumatic stress disorder is an often-complex disorder that occurs in response to a traumatic event involving perceived personal threat, such as rape, torture, physical assault or combat. Most pharmacological interventions to PTSD are daily treatments involving long-term mechanisms presumed to correct biochemical abnormalities. In contrast, prolonged exposure therapy is a short-term treatment and, consistent with extinction models of fear inhibition, prolonged exposure therapy leads to long-term improvement. Applying psychotherapy to PTSD has gained substantial support and is today regarded as the treatment of choice. However, not all people benefit from the treatment. People with PTSD often avoid triggers or reminders of the trauma and feel emotionally disconnected or are unable to benefit from the support of others likely contributing to the development and maintenance of the disorder. A goal during exposure

therapy for PTSD is to recall distressing experiences while at the same time remaining grounded in the present, according to Dr. Emotional avoidance is among the most common obstacles in exposure therapy for PTSD, and within a particular session, a high emotional engagement predicts a better outcome. In , the committee called MDMA an "interesting substance" and concluded: There was, however, sufficient interest expressed to recommend that investigations be encouraged to follow up these preliminary findings. Drug Enforcement Agency to place an emergency ban on drugs it deemed dangerous to the public. When the government was sued by a group of psychologists, psychiatrists and researchers, Francis L. Young, an administrative law judge for the U. Department of Justice, analyzed the literature and concluded that, prior to its being proscribed, MDMA did have "a currently accepted medical use in treatment in the United States. Because MDMA cannot be patented, no pharmaceutical company has had the financial incentive to carry out the extensive animal and clinical tests required by the FDA for approval to market the drug on an interstate basis. Nevertheless, the overwhelming weight of medical opinion evidence received in this proceeding concurred that sufficient information on MDMA existed to support a judgment by reputable physicians that MDMA was safe to use under medical supervision. No evidence was produced of any instances where MDMA was used in therapy with less than wholly acceptable safety. In her seminal work on the drug, Ecstasy: Julie Holland notes that the drug acquired its street name largely on the basis of its marketing potential, but that even early users acknowledged its empathetic, therapeutic aspects. The person who named the drug, an alleged dealer who wishes to remain anonymous, had this to say: Empathy would be more appropriate, but how many people know what it means? Obviously, the public at large will associate MDMA with the recreational drug ecstasy. How do you distinguish between clinical use of MDMA in a controlled setting and the illicit use of ecstasy at raves or parties? MDMA has many potential side effects, most notably increased blood pressure and heart rate, which must be considered when screening and monitoring clinical subjects. As with other pharmaceuticals, it is important to distinguish between the risks of controlled clinical use of MDMA in research and hospital settings, and illicit use of "ecstasy" of unknown purity and dosage taken in potentially unsafe circumstances without medical supervision. One area cannot be used to promote the other, and vice versa. It is inconsistent with traditional medical ethics or outright unethical to block treatment development and research based on drug policy. Drugs with greater potential for dependence and harm than MDMA, such as amphetamines Adderall and benzodiazepines Valium , are widely prescribed for long-term use. Treatment with MDMA involves only a few doses in combination with psychotherapy taken in a controlled clinical setting with appropriate medical precautions for example, pre-screening for heart problems. In research studies, including in the United States, MDMA has been given to hundreds of healthy volunteers, with no occurrence of serious problems requiring medical attention. There has been a lot of misunderstanding in the past; fortunately a lot of development in this area over the last 10 years has made the climate ready for change. From reading your paper, it seems the key role MDMA plays is helping patients overcome "emotional avoidance" of the trauma they experienced in the past. What are the biological reasons that MDMA works so well in this context? In order for extinction to begin at all, the PTSD client has to be able to bearably remember and describe the traumatic memory. This is difficult for most PTSD clients. Activation of the fear is required for extinction. Anxiety-reducing pharmaceuticals like benzodiazepines can be counterproductive during exposure therapy because they can merely suppress the memory for a period of time. MDMA is found to do several things: It increases the level of oxytocin related to pro-social behavior and bonding, it increases activity in prefrontal brain areas involved in fear inhibition, and it increases the levels of norepinephrine and acetylcholine, which are neurotransmitters involved in emotional arousal and consolidation of emotional memories, including extinction learning. Consistent with fear inhibition models and translational research, we suggest that MDMA co-administered with prolonged exposure therapy will improve the therapeutic alliance, increase emotional processing and lead to enhanced extinction of fear responses. Is it because of the negative attention on ecstasy? MDMA and treatment research has been caught up with drug policy. However, it is common for new treatments to take a couple of decades to be fully tested and accepted. There is a great deal of interest among clinicians and scientists in the therapeutic potential of MDMA. It has been a silent story for 20 years. Previously, the only published results were open-label case

studies. Now we have randomized, placebo-controlled studies. We will see more research on the possible therapeutic applications of MDMA. It has been under-appreciated that the neurobiological effects of MDMA fit well with the current understanding of emotional learning and evidence-based treatments for anxiety. There has been a lot of research on MDMA, including clinical studies in over healthy volunteers, but almost all research has focused on the possible risks in a recreational setting. That means studies in both animals and humans that more closely examine the acute effects of MDMA on behavior, endocrine levels and brain activity in response to emotional stimuli, particularly during the process of fear extinction wherein people can learn to suppress a reaction to fright by repeatedly confronting, in a safe environment, whatever memory or stimulus spurs their anxiety. Michael Mithoefer, a psychiatrist in South Carolina. There is also a study under way in Israel under the direction of Dr. Moshe Kotler, chair of the department of psychiatry at the Sackler School of Medicine at Tel Aviv University and former chief psychiatrist of the Israeli Defense Forces; a similar study has begun in Switzerland. Since then, because we have no other hospital in which to finish the study, the study cannot be restarted yet and it is now interrupted. Many scientists would like to study MDMA, in humans and laboratory animals, but they are unsure how to approach this. We hope that our rationale will provide a framework for future studies and a nice reference for grant authorities. Our overall goal is to reduce fear and increase acceptance around the concept of therapeutic use of MDMA. A neurobiological rationale , " published in the Journal of Pharmacology. Stay Connected via Email Subscribe for research updates, event announcements, news, multimedia, and more from the fast-growing fields of psychedelic and medical marijuana science, therapy, and spirituality. Donate Now MAPS We are a c 3 non-profit research and educational organization developing medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.

9: Ecstasy Laws - Ecstasy Law for Possession and other Penalties

Before MDMA became popular at festivals, concerts, clubs and raves, it was indeed utilized for therapeutic purposes among mental health practitioners. MDMA-assisted therapy combines traditional psychotherapy with the administration of MDMA. 1.

They thought it made their patients more willing to communicate and participate in the psychotherapy process. But by the s, ecstasy or molly had become more widely known as a party drug. The pills can be different colors, and they sometimes have cartoon-like images or words printed on them. Some people think that this makes molly safer than other types of MDMA. This, however, is a potentially dangerous myth. Even pure MDMA may have side effects including increased heart rate, blurred vision, nausea, faintness, chills, and muscle tension. Effects of Molly Ecstasy and molly have properties similar to both a stimulant and a hallucinogen. It takes about 15 minutes for ecstasy to enter the bloodstream and reach the brain. Users may experience a sense of euphoria and a surge in energy or activity level while using ecstasy. The drug also triggers hormones in the brain that can increase feelings of sexual arousal, trust, emotional closeness and empathy with other ecstasy users. Not all effects are positive. Ecstasy can cause spikes in heart rate and blood pressure which can be dangerous for people with heart or blood vessel problems. Ecstasy also raises core body temperature. The risk of ecstasy deaths increases in hot environments such as crowded nightclubs or outdoor music venues, yet even at normal temperatures, ecstasy can kill by overheating the body. They may be characterized by drug use, loud music and a psychedelic atmosphere. Raves first appeared in the United States and Europe in the s, around the time that ecstasy was becoming a popular street drug. It quickly became a mainstay at raves. Rave culture and electronic dance music culture are often characterized by a sense of harmony and acceptance. Users may take ecstasy and other drugs to enhance sensory perception and create feelings of euphoria. Since the mids, there have been several ecstasy-related deaths at high-profile electronic dance music festivals, including Electric Daisy Carnival and Electric Zoo.

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