

REFOCUSING THE DISCOURSE ON ECSTASY USE

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Today I am going to talk to you about a literature review I did as preliminary work for my dissertation. I conducted a discourse analysis, and I am going to relate this back to the policy that has been implemented recently in the United States specifically targeting the 'rave'.

So a little background on Ecstasy in the United States; it started off as an adjunct to psychotherapy in the 1970s. There is very little literature on this, because psychologists wanted to keep quiet about the potential uses for therapy, as they feared it would become a Schedule 1 controlled substance like LSD had become in the 1960s. Then it started becoming used recreationally at the beginning of the 1980s and you could actually buy Ecstasy at the bar with a credit card in Dallas, Texas. Around this time the DEA caught wind of this and quickly made Ecstasy a Schedule 1 controlled substance. Schedule 1 means it has no therapeutic use and has potential for addiction, which is kind of ironic because it started off as a therapeutic drug. So since this point the National Institute of Drug Abuse has focused on the consequences of Ecstasy use rather than focusing on its therapeutic uses and at present, especially in the US, we know very little about the lived experience of Ecstasy users.

One of the most famous studies was done by the US researcher, Ricaurte, in fact he spoke at this conference in Rimini, and he has just retracted his study on dopamine and potential Parkinson's disease in ecstasy users. This kind of sheds a light on the bias that exists in a lot of research done in the field. The US Congress recently passed its severely punitive legislation and they quoted from Ricaurte's studies in their law. But unfortunately you cannot retract the law as well. So I will be talking about the implications of the discourse created in the field and how it affects our policies.

The overall aim of my work was to conduct a literature review on Ecstasy while aiming to answer several questions. Firstly, is the focus of Ecstasy research biased towards bio-medical studies? Secondly, what proportion of papers deal with the social context of Ecstasy use? Thirdly, does the funding influence research focus. Is the predominant discourse on the field, in fact, negative? And finally, has this discourse affected policy?

So I conducted a literature review on Pubmed, or Medline, which is our major search engine in the US. I realise this does not get every single article out there, but every researcher that I know of starts off on this database and then they might look beyond there for additional articles. I limited the search to English language articles published between 1970 and December 2003 and reporting on MDMA, Ecstasy or the scientific term for MDMA. About 1,900 articles were retrieved but after verification only 1,800 were relevant.

I conducted discourse analysis, specifically called manifest content analysis, which is a very objective discourse analysis that uses systematic coding schemes. The one I used was the medical subject headings, which is the National Library of Medicine's

controlled vocabulary thesis that goes directly with the Medline search engine system. Then finally I conducted descriptive statistics of the emergent themes and the content.

So for the results: we have seen a steady increase in the number of papers per year since 1982, and there were no studies published in the 1970s – the first two came in early 1982. And since 1994 there has been an almost exponential increase and we are seeing the same trend in 2004 - there have been about seventy studies published so far this year.

So what is the predominant focus of this research? To examine this I categorised all the papers into different focuses. Pharmacology studies would cover the neurotoxicity and the brain; Medical studies were case reports of overdose, fatalities or damaged organs, these would be clinical studies; Psychology studies include cognitive effect or behavioural outcomes; Chemistry covers mostly chromatography or spectroscopy and the chemistry of the structure of MDMA itself; and then Epidemiology is self-explanatory. The majority of the research focuses on the bio-medical aspect and only about 3% of the studies have a social context, or a cultural examination of ecstasy use. These are not mutually exclusive; some of these studies might cross over.

Then I looked at whether this was influenced by the funding sources. So 655 of the studies reported their funding source, and it was a relatively equal split between non-US government funding and US government funding. Within US government funding, Public Health Service (PHS) funding would include NIDA and non-PHS, which would be like the National Science Foundation. So it is a pretty equal mix between the two funding sources, which would suggest that it really does not influence the focus of research.

Then to examine the discourse in the field, I utilised a free listing of positive and negative aspects of drug use; and I finally understood why I was put on this panel, as most of the earlier studies presented today discussed both the risks and the benefits of the use of Ecstasy, which is rarely discussed. Based on free listing – a qualitative researcher asked drug users to list on the front side of a page their positive outcomes of using drugs and on the back side the negative outcomes – I matched those terms to the medical subject headings and labelled the papers as positive, negative, neutral or mixed discourse. Examples of the positive terms would be empathy, euphoria and spiritualism. Some of the negative terms were anxiety, death, disorder, disease, withdrawal etc. So as you can see there is a predominantly negative discourse in the field; about two thirds of the studies focused on the negative deleterious outcomes of Ecstasy use. About 21% of the studies had a neutral discourse, 4% mixed and only 8% were positive, where they talked about the benefits of Ecstasy use. Some of the common phrases that came up were “the agony of Ecstasy”, which is used very often as a title of a publication, because it gets the reader’s attention.

Ecstasy is often termed a “recreational drug of abuse”. I think this is an interesting phrase because abuse tends to suggest dependence and addiction, and I am not sure that is always what these Ecstasy users are. Maybe the term “misuse” would be better applied here. Then finally the studies tend to say: “our findings raise more questions”, indicating there is a lot of debate in the field about exactly what Ecstasy does to the brain.

So now I will discuss an ethnocentric analysis of the implications in the US of this kind of discourse. Our famous researcher Ricaurte is from John Hopkins University. His team has actually published more papers in the field than anyone else and he is the most funded researcher from the National Institute of Drug Abuse. He has a very strong relationship with NIDA, which has produced some very sensational media campaigns based on his results. This one here (refers to screen) was a little note card that was handed out at colleges and put up on a government website, getting lots of news coverage, and it showed PET scans that illustrated irreversible damage to the serotonin receptors. This is where the myth comes from of Ecstasy causing holes in the brain, as it looks as though parts of the brain are gone, but nobody has ever been able to replicate his findings. This shows that there is a 50 to 85 percent reduction in serotonin use while a German study last year with a much more rigorous methodology showed only a four to five percent reduction.

So the second study that has been receiving a lot of attention was the one suggesting severe dopamine damage and potential long term Parkinsonism after what Ricaurte dubbed a single common dose of Ecstasy. So he administered three doses of Ecstasy in a twenty-four hour period to his monkeys, of which forty percent of them died. But later he retracted the study saying there had been a mix up with the vials and it was actually methamphetamine that had been used and had shown the severe reduction and damage to dopamine receptors.

So the connection of these studies to Congress is pretty evident when you look more into the legislation and which studies they quote to try and get a law passed in the United States. On July 30th 2001, the Director of NIDA was Alan Leshner and he went and spoke before a Senate Sub-Committee Hearing. He cited, among other things, the irreversible damage from the first study of the note card, and the following year the 'Rave Act' was introduced which, once again, quoted Ricaurte's study saying long term brain damage is still evident six to seven years after Ecstasy use. Because the Act singled out the 'Rave' scene it had a lot of trouble being passed, so we had the Drug Policy Alliance in the United States requesting people to send faxes to their Senators to try and get rid of some of these negative and targeted words. So it went through a lot of different changes and re-writes and during that time Ricaurte's study on dopamine came about and fuelled more interest in making sure this Act actually did pass. It was re-named the Illicit Drug Anti-Proliferation Act and it was passed about a year after that.

So what does this mean for the future of Ecstasy research? It is pretty punitive legislation that has been enacted. A business owner can be arrested if just one person is caught with drugs in their club, even if they have safety measures in place to keep them out, such as patting someone down outside and even confiscating drugs. But if one person gets in with drugs, the business owner can be arrested, imprisoned for two years and fined up to two hundred thousand dollars. It seems as though the future is to pass more legislation like this. We have funding streams for Ecstasy research, which are still focusing on adverse consequences, neuroscience and drug addiction rather than looking at the adverse social consequences and use in the club scene. Then potential legislation: there are two other laws out there, the Ecstasy Awareness Act and Clean-up of Methamphetamines Act, and both specifically target the rave and dance scene.

In conclusion, the literature has a plethora of information about the neurological, physiological and behavioural outcomes of Ecstasy but really lacks an examination of the context and culture within which Ecstasy is used. I know I am preaching to the converted about this right now – I know a lot of people here focus on the more social aspects of drug use, but in the US it is really lacking. And I would argue that without an acknowledgement of that lived experience, which would mean talking about positive discourse and the euphoria and the fun an ecstasy user might have, in the US especially we are really going to limit the effectiveness of prevention policies we can provide for Ecstasy users, and we are probably going to fuel more misinformed government legislation.

Thank you.