

# Some Considerations on the Prevalence of MDMA Use

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The epidemiologist faces two problems when attempting to gauge the prevalence of MDMA use. First, users are still rather uncommon. This means that a general survey of Americans will find only a few percent, at most, who have used the drug. Even if these few tell the truth about their usage, such a small number in a survey sample will lead to large statistical uncertainty as to the actual percentage of users in the population. Second, the consensus of *anecdotal evidence* is that MDMA is generally safe; that is, users rarely seem to suffer any untoward consequences. This means that the traditional indicators of illicit drug use—such as emergency room admissions, overdose deaths, treatment program admissions and arrests—will not reflect much in the way of MDMA's actual usage.

Data from the Drug Abuse Warning Network (DAWN) system clearly illustrate this second problem. During the first six months of 1985, only 10 of the 48,000-plus emergency room episodes involved a mention of MDMA. And in all of calendar 1984, fewer than 10 of 99,000-plus emergency room episodes had a mention of MDMA. These figures are dwarfed by those for other psychoactive drugs (see Table I).

Reports of the Community Epidemiology Work Group (CEWG) are similarly sparse in their detection of MDMA usage (NIDA 1985). The CEWG is an association of drug abuse experts who represent 19 large American cities and who gather semiannually to report on emerging drug use patterns in their respective communi-

ties. In June 1985, only four representatives had any comment at all about MDMA. Chicago's representative stated that "MDMA . . . has yet to show any signs of widespread availability." The representative from Denver remarked that "'Ecstasy' . . . users are not coming into treatment . . . [but] Ecstasy does appear to be readily available." In addition, it was indicated that in Miami "media coverage of the scheduling of MDMA as a controlled substance created an overnight street demand . . . [and] it is anticipated that such a demand will bring adulterated sources and deceptions, such as offering PCP or LSD as MDMA to the illicit market." And for Newark, New Jersey, it was stated that "MDMA has not been reported by any source."

Six months later, only three of the CEWG representatives saw fit to comment on MDMA (NIDA 1986). In Chicago, "MDMA . . . is still a relative novelty." To date, the drug has been available only in limited quantities and purportedly from individuals who have brought it in from other parts of the country on a casual, rather than an organized, basis. At the asking price of \$25 to \$30 a pill, it seems unlikely that the drug will generate more than a passing interest at this time." The word from Denver was that "'Ecstasy' and 'designer drug' users are not entering treatment. Ecstasy does not appear to be available . . . ." And in Miami it was reported that "this year's newest publicity creation, MDMA, is openly sought, but misunderstood . . . [and] the drug is now generally referred to by its more popular media name, Ecstasy. Demand for the drug is reflected in hot line inquiries. Street deceptions appear to be increasing, as lab samples reflect

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TABLE I

| Drug                 | Episodes          | Episodes           |
|----------------------|-------------------|--------------------|
|                      | January-June 1985 | Calendar Year 1984 |
| Marijuana            | 2,241             | 4,434              |
| Heroin/Morphine      | 6,442             | 12,348             |
| PCP/PCP combinations | 2,636             | 5,930              |
| LSD                  | 441               | 915                |
| Mescaline            | 100               | 250                |
| "Speed"              | 656               | 1,325              |

some alleged MDMA to be MDA . . . ."

Analyses performed by PharmChem Laboratories during the period from 1978 through 1985 showed fairly good market quality conditions for MDMA. Of the 101 samples tested in that period, MDMA was the only substance detected in 59 (58%). Another 24 (24%) contained MDMA plus one or more adulterants. Still another 16 (16%) of the alleged MDMA samples proved to be counterfeit drugs, usually MDA. And two samples (two percent) contained neither real MDMA nor a counterfeit psychoactive substance.

This author attempted to find evidence of significant MDMA trafficking or use by inspecting police department reports and medical examiner or coroner's office data. No such evidence was found as of May 1986.

MDMA, therefore, has given hardly any indication that it is a problem for Americans, either in terms of adverse reactions, treatment admissions or police involvement. The vast majority of doses of alleged MDMA are apparently the real thing, an adulterated form of the real thing, or a psychoactive counterfeit. The drug's level of usage at present (mid-1986) is simply not sufficient to stir an epidemiologist's concern. However, it may well be that MDMA currently enjoys controlled, careful use by a number of cognoscenti, somewhat as LSD did around 1960. Perhaps in future years, a much larger number of less sophisticated individuals will be drawn into MDMA usage and will find ways to evince adverse reactions, police involvement and other unpleasant consequences from use of the drug.

#### REFERENCES

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