

MDMA & emerging drugs: Lesson 1

The different classes of drugs

Drugs act on the central nervous system (CNS) to change the way a person thinks, feels and behaves. These changes typically fall into three categories depending on the effect they have on a person's body.



Psychostimulants are drugs that stimulate the CNS and speed up the messages going between the brain and the body. These drugs typically increase energy, heart rate and appetite. Some examples include: methamphetamine (speed, ice, base), cocaine, dexamphetamine, caffeine, nicotine and MDMA.

Depressants are drugs that slow down the CNS and the messages that go between the brain and the body. These drugs decrease people's concentration and slow down their ability to respond. The name 'depressant' suggests that these drugs can make a person feel depressed, but this is not always the case. The term depressant refers to the effect of slowing down the CNS. Some examples of depressants include: alcohol, opioids (e.g. heroin), barbiturates, GHB (gammahydroxybutrate).





Hallucinogens are drugs that alter how a person perceives the world. These drugs can change the way a person sees, hears, tastes, smells or feels things. They can even cause people to see, hear, smell, taste and feel things that are not there at all. Some examples of hallucinogens include: ketamine, magic mushrooms, LSD.

Do all drugs fit into these three categories?

Not all drugs fit neatly into only one category. For example, MDMA is a psychostimulant with hallucinogenic properties and cannabis has a mix of different chemicals that have depressant, stimulant and hallucinogenic properties. Emerging drugs consist of all kinds of different chemicals, which can have different properties and fall into multiple categories.

MDMA

What is it?

MDMA is an illegal, synthetically manufactured drug. It is classified as a psychostimulant drug with hallucinogenic properties.

True MDMA is a substance called 3, 4-methylenedioxymethylamphetamine or MDMA, however, not all pills that are sold as MDMA actually contain MDMA. People who manufacture pills often cut them with other ingredients to maximise their profits.

Other substances found in pills can include ketamine (a type of anaesthetic), PMA (a dangerous and toxic hallucinogenic stimulant), pseudoephedrine (a decongestant), caffeine, glucose, and bicarbonate soda. Since pills are manufactured illegally in unregulated backyard laboratories, there is no way of knowing what any given pill actually contains!

Other names for ecstasy include E, pills, eccy, XTC, md, mandy, bikkies and pingers. Your students may know some other alternative street names.



How is MDMA taken?

MDMA most often comes in pill form, but is also sometimes sold as capsules or powder. MDMA pills can be swallowed, or crushed and sniffed. On rare occasions it is injected after being dissolved in water. Pills come in a variety of colours and are usually stamped with a logo. However, there is no guarantee that two pills of the same colour and logo will contain the same ingredients or produce the same effects

MDMA and the law

It is against the law to possess, use, manufacture, import or sell MDMA in Australia. Your child will have the opportunity to learn more about this in the summary provided for Lesson 4.

Emerging Drugs

What are they?

The term Emerging Drugs is used to describe 'new' substances on the market that are designed to produce similar effects to existing illegal drugs, such as MDMA, cannabis and LSD, but which have a different chemical structure. Even though emerging drugs are often marketed as 'legal highs', most are actually now banned due to their potential health risks. Therefore, the term 'legal highs' is inaccurate and misleading.

Like MDMA pills, emerging drugs may be made from a range of chemicals so a person can never be sure of what they are actually taking. Even though these drugs are sold in branded packaging, the active ingredients are often not listed and the contents can vary from batch to batch.

There are a wide range of emerging drugs on the market, and the types available are constantly changing as new substances are produced. In fact, in 2017 alone, 79 new substances were identified by the UN Office of Drugs and Crime (UNODC).

Other names for emerging drugs include 'legal highs', 'party pills', designer drugs, research chemicals, herbal highs, plant food, bath salts, synthetic drugs, Novel Psychoactive Substances (NPS) and Emerging Psychoactive Substances (EPS).

Synthetic cathinones or **'bath salts'** are substances designed to produce a stimulant or an MDMA-like high. They are normally sold as pills, powders or capsules, which are most often snorted or swallowed. The most well-known synthetic cathinone is mephedrone ('meow meow' or 'M-CAT').

Synthetic cannabinoids, often called synthetic cannabis, are 'herbal smoking mixtures' that are marketed as having similar effects to cannabis. They are sold under brand names such as Spice, K2 and Kronic.

Other types of emerging drugs include synthetic piperazines (pills and powders that mimic the effects of MDMA, LSD or methamphetamine) and substituted phenethylamines (sold in pill form and are from the same drug class as MDMA).

Emerging drugs and the law

Your child may have heard the term 'legal highs', and therefore assume that emerging drugs are legal. A study conducted with 1,126 secondary school students found that there were common misconceptions about emerging drugs. One third (35%) incorrectly thought that 'emerging drugs are less risky than other illegal drugs' and 72% incorrectly thought that 'most Australian teenagers use emerging drugs' (Champion et al., 2015). **These results indicate the importance of emphasising to your child that even though emerging drugs are often called 'legal highs', this is rarely the case.**

Some types of emerging drugs, such as synthetic cathinones, were originally produced to be different enough from MDMA to circumvent drug laws and remain "legal" products, while having similar chemical structures and psychoactive effects to MDMA. **However, laws about emerging drugs are constantly changing, and many drugs that were once legal, have now been banned.**

Legislation

Legislation also differs depending on which Australian state or territory you live in. However, in 2015 the Commonwealth Government placed a 'blanket ban' on the importation of all substances that have a psychoactive effect that are not otherwise regulated.

A number of synthetic drugs are listed by their market names on **Schedule 9 of the [Poisons Standard legislation](#)**, which is an Australia-wide classification of drugs set out by the Therapeutics Goods Administration.

Penalties

Penalties for possession of a schedule 9 substance vary from state-to-state. In NSW for example, under section 18B of the Drug Misuse and Trafficking Act 1985, the maximum penalty is a \$2200 fine (20 penalty units) or 12 months imprisonment, or both. In QLD under Part 6 in the Health (Drugs and Poisons) Regulation 1996, the maximum penalty is a fine of \$8,007 (60 penalty units). In VIC, under section 36B in the Drugs, poisons and controlled substances act 1981, the penalty is \$1,652 (10 penalty units).

Your students can find the legislation for other Australian states and territories by searching 'AustLII possession schedule 9 substance <state>'.

Legal does not mean safe!

There is a common misconception that since emerging drugs are marketed as 'legal highs', they are less risky than other drugs. This is far from true - emerging drugs are not safe! These new drugs can be more dangerous than other illegal drugs because no one knows what they're made from or what the short- and long-term side effects are.

Most young people don't use MDMA and emerging drugs

When 14-19 year olds were asked about the past 12 months

96%

had not used

ecstasy

99.6%

had not used

synthetic cannabis

99.8%

had not used

any other emerging

psychoactive substances

National Drug Strategy Household Survey (2019)

This very low prevalence is important to stress to young people, as drug use is often initiated because teenagers think it will help them to fit in and feel part of the crowd. If young people realise that the vast majority of people their age do not use MDMA or emerging drugs, it will help to decrease the perceived pressure to try these drugs.

Useful Resources

This reference list provides links to good sources of information for parents who may be interested in reading further.

For information and statistics on MDMA and other drug use among Australian students:

Australian Government Department of Health (2018). Australian secondary school students' use of tobacco, alcohol, and other drugs in 2017.

<https://www.health.gov.au/resources/publications/secondary-school-students-use-of-tobacco-alcohol-and-other-drugs-in-2017>

For information and statistics on MDMA and other drug use in Australia:

The Australian Institute of Health and Welfare (2017). 2016 National Drug Strategy Household Survey report - Detailed Findings.

<https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/report-editions>

Alcohol Drug Information Service (webchat and helpline)

<https://yourroom.health.nsw.gov.au/getting-help/Pages/adis.aspx>

For information on the National Poisons Standard legislative instrument from the Therapeutic Goods Administration

<https://www.tga.gov.au/publication/poisons-standard-susmp>

For detailed information on the Australian legislation about emerging drugs:

The Crimes Legislation Amendment (Psychoactive Substances and Other Measures) Act 2015.

<https://www.legislation.gov.au/Details/C2014B00177>

For general information on emerging drugs:

<https://positivechoices.org.au/teachers/emerging-drugs-factsheet>

For up-to-date monitoring on emerging drugs (new psychoactive substances)

<https://www.unodc.org/LSS/Home/NPS>

For information about emerging drugs:

German, C. L., Fleckenstein, A. E., & Hanson, G. R. (2015). Bath salts and synthetic cathinones: An emerging designer drug phenomenon. *Life Sciences*, 97(1), 2-8.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3909723/>

