In the Matter of MDMA SCHEDULING

Docket No. 84-48

DIRECT TESTIMONY OF FRANK L. SAPIENZA, M.S.

I, Frank L. Sapienza, make the following statement:

I am a chemist employed at the Drug Control Section, Office of Diversion Control, United States Drug Enforcement Administration (DEA). I received my undergraduate and graduate degrees in chemistry from the University of Pittsburgh. I received my masters degree in 1972. Prior to my current position with the Drug Control Section at DEA, I was a forensic analytical chemist at the United States Army Criminal Investigation Laboratories in Fort Gordon, Georgia and Frankfurt, Germany (1970-71), at the Allegheny County Crime Laboratory (1971-72) and at the DEA Mid-Atlantic Laboratory (1972-78). I have worked in the Drug Control Section of DEA since 1978.

In my current position with the Drug Control Section, I am responsible for reviewing and evaluating information relevant to the actual or potential abuse of substances. I prepare reports on the substances reviewed which then serve as the basis for recommendations and decisions concerning the classification and scheduling of substances under the Controlled Substances Act (CSA). I review information from the world scientific literature, from sources within DEA as well as from other Federal, state and local data sources. I have conducted reviews of
narcotic, stimulant, depressant and hallucinogenic substances relative to both domestic and international scheduling.

Reports from DEA agents that clandestine laboratory operators were producing an analog of MDA in an effort to circumvent the CSA, forensic laboratory reports of this substance in the drug traffic, and requests from state and local officials to examine the possibility of controlling this MDA analog prompted DEA to initiate a drug review of the substance, 3,4-methylenedioxymethamphetamine (MDMA).

After gathering and reviewing the available data concerning MDMA, I prepared a document entitled "Schedule I Control Recommendation Under the CSA for 3,4-Methylenedioxymethamphetamine (MDMA)" in January, 1984. (Government document B-2) This document contains an analysis of the factors listed in 21 U.S.C. 811(c) relevant to placing MDMA under CSA control. It also contains an evaluation of the criteria necessary for placing MDMA into Schedule I of the CSA. The document was provided to the Department of Health and Human Services on March 3, 1984 for a scientific and medical evaluation and scheduling recommendation for MDMA.

I examined a number of data sources within DEA in conducting my review of MDMA. STRIDE (System to Retrieve Information from Drug Evidence), is a system which collects, stores, processes and retrieves laboratory analysis information from drug evidence samples submitted to DEA laboratories. Most of the evidence submitted to DEA laboratories is obtained in the course of criminal investigations. The appearance of a substance in STRIDE is a good indication that the substance is a part of the illicit drug traffic. STRIDE data is drug specific and the substances found are verified by chemical analysis, and thus STRIDE is an extremely reliable qualitative measure of the involvement of a particular
substance in the illicit drug traffic. Since law enforcement priorities and the control status of substances play a major role in determining the nature and the direction of criminal investigations, STRIDE data provides a somewhat biased view of the quantitative measure of a substance's appearance in the illicit drug traffic. Most of DEA's enforcement efforts are directed at major distributors of Schedule I and II substances and not at individuals distributing noncontrolled substances. Furthermore, if an agent obtains a purported controlled substance (MDA) which upon chemical analysis is found to be a noncontrolled substance (MDMA), the investigation will usually be terminated. Thus, noncontrolled substances such as MDMA are underreported in STRIDE.

Another DEA source of information is the clandestine laboratory report which describes either operating or potential laboratories having the necessary chemicals and equipment to produce a controlled substance. Occasionally, criminal investigators will find a clandestine laboratory suspected of producing a controlled substance but the analysis of materials obtained from the laboratory, indicate that a noncontrolled substance is being produced. Investigators may terminate surveillance of clandestine laboratories once it is determined that only noncontrolled substances are being produced. Clandestine laboratories producing only noncontrolled substances are sometimes seized if the agents believe that controlled substances are being manufactured. This explains why DEA has seized laboratories making MDMA. Other DEA data sources include investigative case files which describe the circumstances surrounding the submission of drug evidence to DEA laboratories, intelligence reports.
concerning the appearance of new drugs on the illicit market and their trafficking and abuse patterns, and general information contained in DEA files regarding the substance in question.

Non-federal forensic laboratories will sometimes voluntarily report unusual drug exhibits or new drugs of abuse to DEA. Additionally DEA queried some of these laboratories in an attempt to determine if MDMA is encountered in the drug traffic. As with STRIDE, this data is highly reliable as a qualitative indicator of the street availability of a substance. Many forensic laboratories do not identify or report noncontrolled substances, therefore, noncontrolled substances are underreported by these laboratories.

The Drug Abuse Warning Network (DAWN) provides information on the abuse of substances through the collection of data on the number of emergency room visits and deaths associated with a substance. DAWN emergency room data is not verified by chemical analysis and thus in the case of illicit preparations, may not be an accurate indicator of the number or nature of emergency room visits actually associated with a substance. MDMA is trafficked on the street as MDÂ, MMDA, ADAM, etc. and it is likely that some DAWN mentions attributed to these and other substances may be due to MDMA.

My review of the scientific and medical literature and the above data sources as well as others provides the following description of MDMA:
MDMA is the N-methyl analog of MDA and it is in the chemical class of compounds known as ring-substituted phenylalkylamines. MDMA differs from MDA structurally in the same way that methamphetamine differs from amphetamine, by the addition of an N-methyl group. Other ring-substituted phenylalkylamines include the substances, 3,4,5-trimethoxyamphetamine (TMA), 4-methyl-2,5-dimethoxyamphetamine (STP), 4-bromo-2,5-dimethoxyamphetamine (DOB), para-methoxyamphetamine (PMA) and 3-methoxy-4,5-methylenedioxymphetamine (MMDA). All of these substances have a high potential for abuse, no accepted medical use and are classified as hallucinogens in Schedule I of the CSA.

The scientific literature shows that the pharmacological profiles of MDMA and MDA in animals are similar. Both of these substances and mescaline produce the same signs related to motor, autonomic and central nervous system function in the unanesthetized dog and monkey. MDMA and MDA produce analgesia in mice using stretch, hot-plate and tail-flick tests. Increased motor activity in mice was observed after administration of both MDA and MDMA. In humans the effects of MDMA were reported to be similar to those of marihuana, psilocybin and MDA. At low doses both MDA and MDMA produce a change in consciousness without hallucinations, increases in tactile, visual and acoustic sensory perceptions, a decrease in tension and a mood lightening effect. Physical symptoms reported were jaw clenching, mydriasis, pulse acceleration and anxiety produced nausea.

My review of the scientific literature failed to identify any references to studies concerning the therapeutic utility of MDMA. A
check with the Food and Drug Administration revealed that there are no investigational new drug applications or approvals for MDMA. There is also no indication from the chemical literature and chemical manufacturing sources that there is a commercial manufacturer of MDMA.

My review shows that MDMA has been encountered with increasing frequency in the illicit drug traffic since 1970. DEA laboratories analyzed over 60,000 dosage units of MDMA in 34 exhibits from 12 states between 1972 and 1983. MDMA exhibits were found in California, Illinois, Washington, D.C., Colorado, Tennessee, Florida, New York, Pennsylvania, Alabama, Louisiana, North Carolina and Oregon. Non-federal forensic laboratories have reported the analysis of at least 41 MDMA evidence samples to DEA since 1978. The states reporting MDMA submissions were Oregon, Texas, Virginia, California, North Carolina, New York, Maryland and Tennessee. MDMA is trafficked as MDA, Ecstasy, XTC, ADAM, MDM or MDMA. Laboratory submissions range from 1 dosage unit to over 2 kilogram samples in capsules and powders. Investigative case files show that MDMA has been distributed by individuals also distributing controlled substances including cocaine, marihuana, MDA, methamphetamine and PCP.

MDMA is produced in clandestine laboratories by procedures analogous to those used to produce MDA, amphetamine and methamphetamine. The 2 synthetic routes used to produce MDA or MDMA yield the racemic mixture. In those samples of MDA and MDMA for which optical isomerism was determined by DEA laboratories, the racemic forms were found in each instance. MDMA can be synthesized from readily available substances by individuals with minimal chemical education or training.
DEA has encountered 3 functioning MDMA laboratories and 1 non-operational laboratory with the chemicals necessary to produce MDMA. These laboratories were located in Tennessee, California, Georgia and Florida and were capable of producing kilogram quantities of MDMA on a routine basis. Additional MDMA laboratories have been identified by DEA agents but not investigated due to the noncontrolled status of MDMA. Both DEA laboratories and PharmChem Laboratories indicate the presence of impurities in many of the MDMA samples analyzed. Information from clandestine laboratory investigators indicates that MDMA is being produced in an effort to produce a substance with MDA-like effects but not controlled under the CSA. PharmChem Laboratories, an anonymous testing laboratory in California has consistently reported submissions of MDMA since at least 1976. They group MDA and MDMA together and consider both to be drugs of abuse.

My review showed that MDMA has been associated with medical emergencies as evidenced by the 8 DAWN emergency room episodes between January 1, 1977 and April 1, 1981. The reports were from California, Illinois and Massachusetts. A death associated with the use of MDMA was reported in DAWN from Seattle, Washington in 1979. Since DAWN data is not routinely chemically verified and since MDA and MDMA may be used interchangeably, it is likely that some DAWN emergency room mentions attributed to MDA as well as other substances may in fact be due to MDMA. The toxicology reports listed MDA in these cases; MDMA was incorrectly reported on the DAWN forms.
Police reports of individuals who have used a substance identified by laboratory analysis as MDMA show that these individuals exhibited intoxication and paranoid behavior after MDMA use.

Since completing my review of MDMA I have continued to collect information relative to the abuse of MDMA. Since 1984 DEA laboratories have analyzed an additional 7 exhibits of MDMA from Texas and California; 4 of the exhibits were obtained since January, 1985. MDMA is now available in tablet form as evidenced by submissions from both Texas and California. The tablets appear to be clandestinely produced, contain 110 mg of racemic MDMA and are sold as Ecstasy. The price of the tablets in Texas is $20 per dosage unit. In September, 1983, a clandestine laboratory with sufficient material to make over 1 kilogram of MDMA was seized by DEA. Forensic laboratories in Texas, Massachusetts, Oregon and California report analyzing samples containing MDMA. One of the MDMA exhibits from Texas was submitted to the Jefferson County Crime Laboratory by a newspaper reporter who obtained the tablet of MDMA at a party set up to promote the use and distribution of "Ecstasy." Another exhibit was submitted to the Los Angeles Police Department Laboratory by a physician who stated that MDMA was readily available in Los Angeles and abuse among young people was prevalent.

Individuals promoting the distribution and street use of Ecstasy are circulating pamphlets and flyers describing MDMA, how to experience it most effectively and how to compensate for difficult experiences with MDMA. These pamphlets are attached as Exhibits 1 through 5. The material makes no mention of the use of MDMA in a medically supervised environment. It warns of "very difficult trips," "negative reactions," "a narrow effective dosage doorway. . . ."
If too much is taken, it becomes toxic," "headaches cramps and acute fatigue if repeated too frequently," "great care must be taken in swallowing solid food since there is a minimum amount of anesthesia present." Ecstasy is described as "the ultimate high," "a good trip," "a powerful, pleasurable and peaceful experience but it's also quite demanding," "a two day trip," and a substance that "the government hasn't made illegal yet."

Published descriptions of the effects of MDA on humans by users and researchers parallel those claimed by the pamphlets and circulars promoting MDMA. (Attached as Exhibit 6) The April, 1985 issue of "High Times" in a report on MDA prepared by David Smith, M.D. and Rick Seymour of the Haight-Ashbury Free Medical Clinic states that "Some researchers (Grinspoon and Bakalar) have concluded that MDA produces feelings of aesthetic delight, empathy, serenity, joy, insight, and self-awareness, without perceptual changes, loss of control or depersonalization; and seems to eliminate anxiety and defensiveness."

(Attached as Exhibit 7) The same issue of High Times magazine, lists the prices for MDMA in Austin, Texas and Boulder, Colorado (Attached as Exhibit 8) while the January and February, 1985 issues of High Times list the prices of MDMA on the United States national market. (Government document B-11) Other substances with price quotes in High Times include marihuana, LSD, cocaine, psilocybin mushrooms, and hashish.

Toxicology Testing Service, an anonymous testing laboratory located in Miami, Florida reported 19 submissions of MDMA since April, 1984; 12 of these since October, 1984. Submissions were from Florida, New York, California, Texas, Oregon, Vermont, New Hampshire, and Washington, D.C.
MDMA was submitted in powder, capsule and tablet form as MDMA, MDA, MDM, Ecstasy, ADAM, XTC, cocaine and Essence. Prices quoted were $70/gram in New York, $85/gram in California, and $10-$20 per dosage unit in New Hampshire. The submission of Essence from the Bronx, New York contained MDMA and PCP. PharmChem Laboratories reported 20 submissions of MDMA between May, 1983 and May, 1984 when it discontinued its anonymous testing service. The MDMA samples were from Washington, California, New York, Connecticut, Massachusetts, Texas, New England and Vancouver, Canada. MDMA was submitted in capsule and powder form as MDA, MDM, MDMA, ADAM, Essence, Ecstasy, Psychedelic, and Alkaloid-based neurotransmitter.

The World Health Organization (WHO) has collected information relevant to the international scheduling of 28 phenethylamines, including MDMA. I prepared the DEA portion of the U.S. Government submission to the WHO concerning these substances and assisted in reviewing the document entitled "Critical Review of Information on 28 Uncontrolled Phenethylamines." (Government document B-5) None of the countries submitting information reported that MDMA had an accepted medical therapeutic usefulness or any registered production, consumption and international trade. Canada reported that MDMA has been in Schedule H of the Food and Drugs Act since June, 1976 along with MDA, LSD and other hallucinogens. MDMA was placed under control after it appeared in the illicit drug traffic and a clandestine laboratory was found in Ontario. The Canadian government reported encounters with MDMA in 1983 and clandestine laboratories were seized in 1980 and 1983.
Information from the Federal Criminal Investigation Office (BKA) shows that there is no known legal use of MDMA in the Federal Republic of Germany, that there is no licit production of MDMA and that MDMA is not controlled under the laws of the Federal Republic of Germany. The BKA reports further indicate that local police laboratories have encountered MDMA in the illicit drug traffic. In April, 1984, capsules containing a white powder alleged to be stronger than cocaine were being sold for $20-$50 per capsule in the Baden-Wurttenburg area. Laboratory analysis determined that the substance was MDMA. Encounters with MDMA were also reported in the areas of Hessen, Rheinland-Pfalz and Hamburg.

Scientific literature published since my initial review shows that racemic MDA and MDMA have common discriminative stimulus effects in rats. (Government's Document A-6). Another publication reports that the acute lethal doses of MDA and MDMA in mice were similar; that both substances show increased lethality after aggregation, that both substances showed early signs of increased motility, followed by excitatory signs that progressed to convulsions during toxicity determinations (Government Document B-5). No literature was found describing any studies relative to the clinical utility of MDMA.

In conclusion, the information which I have collected, reviewed and evaluated along with the scientific and medical evaluation of the data by the Department of Health and Human Services show that MDMA has a high potential for abuse based on its chemical and pharmacological similarity to MDA, its self-administration without medical supervision, its clandestine synthesis and its distribution in the illicit drug traffic.
MDMA has no currently accepted medical use in treatment in the United States since there are no approved new drug applications or exemptions for MDMA as determined by the Food and Drug Administration. Accepted safety for use of MDMA under medical supervision has not been established since MDMA has no accepted medical use in treatment and has not been evaluated for safety by the Food and Drug Administration. Thus MDMA satisfies the criteria for Schedule I control under the CSA.

I declare under penalty of perjury that the foregoing statement is true and correct. Executed on April 25, 1985 at Washington, D.C.

Frank L. Sapienza
Everything looks wonderful when you're young and on drugs.

In the decades since LSD was synthesized, a number of scientists have tried to figure out why such minute quantities of lysergic acid could have such a profound effect on the human nervous system. Their research has led, in the case of one pioneer "drug designer," Alexander Shulgin, to successful attempts to isolate the psychedelic experience chemically. Concentrating on the mescaline molecule, Shulgin has been able to isolate the mimetic neuro-transmitter that enhances colors, and one that enhances sounds.

Using Shulgin's research, a group of underground chemists have come up with a new drug called Ecstasy, a drug tailor-made to stimulate the message-signal of empathy in the human nervous system. Several WETheads took it recently, strictly in the interests of scientific research, and as one reported: "This girl and I sat there for about an hour and a half saying to each other 'Are you getting off? Are you really stoned?' Then finally, we said, 'Fuck it. Let's go for a walk.' And we had this incredible four or five hour walk — total joy and clarity and pleasure. We're walking down Hollywood Boulevard. People are smiling at us, flower vendors are giving us flowers. The sun is shining happily down. And she says suddenly, 'You know, I'm really in ecstasy!'

Intrigued by the results, we went to visit the distributor for Ecstasy, a mild-mannered, balding in his late thirties with a new wife and a tiny baby in the West Hollywood apartment, and we asked precisely, was going on. This was his reply...

The actual chemical is a secret, for obvious reasons. So far as I know, the government hasn't made Ecstasy illegal yet; but it's in a group of chemicals which the government would rather not see around, so there's no patent protection. All I can say is that MDMA, a cousin to MDA, is the closest molecule to it.

There's a chemical message-signal for every thought and emotion that you ever had in your life. That's how it works, that's the mechanics for the experience of what we call life. It might sound cold-blooded and mechanistic, but as far as I'm concerned, that's how God does it in the physical world. As I see it, empathy is an emotional tuning to another nervous system, and this chemical triggers it.

The only trouble with LSD is, as far as I'm concerned, that you get blasted past things so fast that it's hard to remember what happened on your trip, to reflect on things the next day. LSD lets you pass the human sphere. I mean, let God take care of the meta-cosmic. I want to be a good human. That's what I'm interested in — it's perfect for people who want to develop their human relational capacity. It's a domestic psychedelic.

"Ecstasy is a powerful, pleasurable and peaceful experience, but it's also quite demanding. If you take it too often, you use up the empathy neuro-transmitter that you naturally produce and you get kind of tired and strung out. You get tired from being that open. Ecstasy once every two or three weeks is plenty. In my opinion, it's really a two-day trip. The first day is really the ecstatic empathy-sharing that you have with another person. The next day is for hanging out and relaxing, sharing with your friends some of the insights you've had. If you take it alone, and there's nobody there to empathize with, it can be a real lonely drug.

"I find it best to take Ecstasy on an empty stomach, with no other drugs in your system. If you have a lot to drink, it will make you sick to your stomach. Food will break it down and diminish the effect. I wouldn't snort it either, because it tastes awful. My wife and I like to take it on a Sunday morning when we wake up, if it's a nice day with nothing pressing. Then the next day we have a quiet, peaceful reintegration.

"Why do we call it Ecstasy rather than Empathy? Well, let's face it, ecstasy sells better than empathy. One of the best marketing concepts is to present it as a false aphrodisiac, which it is. Because a true aphrodisiacal stimulation between two people who are fond of each other is being fond of each other. A lot of people who've used this drug for a sort of sleazy seduction trip when they really didn't care for the other person at all have had very unpleasant experiences. They got sick to their stomachs, confused, and paranoid; because the drug shows what's there, and if what's there to begin with is nasty, well...

"We first started distributing Ecstasy five years ago, but three years ago a couple of chemists who were making it got strung out on it and they got frightened and changed the formula, which completely ruined the business. It cost us probably a quarter of a million dollars in profits and screwed up everything for a year and a half. But for the last year they've manufactured the original chemical and refined it even more, so that in some respects it's even better than the original. But it's taken a long time to build up the distribution network again. Money has gotten tighter and a lot of old customers are free-basing and doing more coke. Right now more people are interested in egoism than in empathy, and coke is the ideal neuro-transmitter for that. People are a lot more selfish than they were five years ago. It's become a tougher world, so people have gotten a lot tougher too.

"There's been a drug culture for fifteen years and people are very blase, and they're used to doing lots of drugs all the time. Unfortunately, they lose the perspective, the significance of these experiences — the value that these experiences can actually have in their lives. In the world today, it seems like you have to be hit by a Mack Truck to say ahhhh . . . ."
FLIGHT INSTRUCTIONS FOR A FRIEND
USING XTC

From what you said, you mostly did everything correctly except the most important part, which is the absolute necessity of sharing the same setting and space with another person—one you are fond of.

This is not a "mind altering" trip. This is an enhancement of the tactile senses in a giving and receiving way. It does not blow your mind out of your body or isolate your body from your mind or cancel out one or the other.

The operative words are empathy, gentleness, and joy of life, body and mind. If you want to groove only on yourself, this is not the way to go.

1. Be in a pleasant setting.
2. Rested.
3. No food, drugs or alcohol in your system.
4. A companion you care about (wife/husband, lover, friend).
5. Ingest the entire amount you plan to take at one time. If you want it to come on a little faster, dissolve it in about 1/4 glass of beer (the bitterness of beer helps to mask the bitter taste of XTC) and drink it down.
6. You will feel a gentle warmth flooding your body and your mind becoming peacefully alert. There is no rushing or hurrying toward the uncontrollable unknown.

This is happiness. Security. Peace. Freedom. Your body feeling life, kissing in your veins. Your mind agile. No nuclear explosions, but a blooming sensuality. Each sense enhancing the others. A big smile, the easing of tensions in mind, body and soul!

7. After an hour or so to get used to the sensations you might want to go for a walk and enjoy the surroundings—or you might find yourself perfectly contented to simply enjoy being where you are.
8. You will experience a certain lassitude the next day. We prefer to consider this an after-glow and like to take the time to bask in one another's company and discuss the experience of the previous day.

However, everyone does not always have the luxury of times available and sometimes we all simply relate to this lassitude as tiredness. The following combinations of vitamins (available from most any health food store) will dispel the tiredness and re-invigorate you almost immediately.

MIX AND INGEST EACH COMBINATION
SEPARATELY IN WATER

A. 1. L-phenylalanine
   2. Vitamin B6
   3. Vitamin C powder
B. 1. colcin chloride
   2. Vitamin B5

p.s. We have discovered that the colcin chloride also helps to re-energize male sexual vitality. Try taking it before retiring for a couple of nights before taking the XTC as well as the day after
EXHIBIT 2
Ecstasy
21st CENTURY
ENTHEOGEN

ENTHEOGEN: n. (Gr. en within & theos God & gen becoming) Any substance (synthesized or natural) whose ingestion creates in the taker experience of God, ultimate reality, the ground of Being, Absolute truth, or at-one-ment.

You have a longing to forsake this world and its reality and to penetrate to a reality more native to you, to a world beyond time. You know, of course, where this other world lies hidden.

It is the world of your own soul that you seek. Only within yourself exists that other reality for which you long. I can give you nothing that has not already its being within yourself. I can throw open to you no picture gallery but your own soul. All I can give you is the opportunity, the impulse, the key. I can help you to make your own world visible. That is all.

Herman Hesse
Steppenwolf
WHAT IS ECSTASY

The chemical name of Ecstasy is "methyleneoxymethamphetamine." It is also known as ADAM, MDMA, XTC, and in one state, "M&M."

First, it should be noted that although the name, "Methyleneoxymethamphetamine," ends with words familiar to many who have no chemical background, "methamphetamine," this fact in no way implies any similarity in action to the drug which is known as methamphetamine or the drug known as amphetamine.

XTC is a non-hallucinogenic compound, except in high doses, which can induce a state of profound affinity by opening up the central nervous system at the heart chakra. The heart circuit is the chakra through which we express unconditional love, forgiveness, and intra-personal understanding. When this circuit is opened, people are able to express and feel love free of expectations and conditions, and to experience acceptance of their role in the human drama.

Ecstasy brings about a condition of peacefulness, an ability to feel trust, a lowering of psychological barriers, and often an extraordinary increase in insight.

Because Ecstasy is an MDA-like compound, it comes from the volatile oils found in a small number of plants; namely, nutmeg, mace, saffron, calamus, crocus, parsley and sassafras. The aminization (conversion to amine form), of these plant oils heightens and clarifies the mental effects and all but eliminates the physical side effects that often accompany the use of botanicals.

HOW SHOULD ECSTASY BE TAKEN

XTC has a narrow effective dosage doorway. The correct dosage is therefore important and does vary slightly between different people. 125 milligrams (1/8 of a gram) ingested orally on an empty stomach is typically a good dosage. 100-150 milligrams is a good dosage range. If there is food in your stomach, the drug doesn’t come on. If too much is taken, or if the experience is repeated too frequently, headaches, cramps and acute fatigue afterwards may result. It is a good idea to wait at least a week between trips. 90% of the trip is over within four hours. The last 10% takes a full day to pleasantly recede. Make a point to drink plenty of water during your trip. This helps your body to heal itself by flushing out your tissues.

If you take the suggested dosage of Ecstasy, we found that it is totally water soluble, and within any two hour period of having ingested it, there were no remains that could be traced in the blood or the urine from laboratory tests.

WHAT CAN BE EXPECTED

In almost all cases of having witnessed people’s first experience with Ecstasy, there are two things that come out. One is that it is the most beautiful experience they have ever had; and the other, that they would like to share this experience with certain people, and they will usually name off three or four of their closest friends and one or two relatives.

Another very common experience is a type of age regression where they will remember some very beautiful positive aspects of their childhood or recent past, and talk freely of them.

Typically, XTC brings up unexpressed emotions. If an individual has a reservoir of unexpressed negative emotions, these feelings will come up first. These emotions (sadness, anger, jealousy, etc.) if left unexpressed, create a state of dis-ease which will manifest disease over the long run. These emotions are meant to be expressed. Surrender. Feel Them. Release your dis-ease. After any expressed negative emotions are released, unexpressed positive emotions follow.
XTC provides an experiential demonstration of the power of the unconditional acceptance to heal the human spirit and the human body. This is the way in which the human organism was designed to operate.

Feel this, learn this, and remember this always.

You will have no after affects such as a hangover type of feeling, or a buzz in your head the next day. In fact the day after Ecstasy is perhaps even more pleasant than the actual experience because you feel like your floating like a butterfly the whole day, and yet your very much in tune with what you're doing, and the work that you're doing that day compared to your average workday world, because you are more in tune with your body, mind and senses.

PREPARATION FOR THE TRIP

You should go into your first Ecstasy sharing with the understanding that your going to have a beautiful, relaxed experience, that your heart is going to open totally to feelings of love, that you will not have any anxiety reactions, that you will alter your consciousness in such a way that when the experience is over you will take something from the experience that will enrich your life, and that you can expect to have virtually no physical sensations that will in any way impair you to make you feel uncomfortable.

No alcohol should be used during an XTC session, although some people find a glass of wine useful after baseline has been regained, as a means of calming the slightly "wired" effect occasionally experienced.

CAUTION

We feel that, until further research has been done, it would be wise for certain people to avoid the use of XTC. These include diabetics or hypoglycemics (too little is known about the effects of XTC on blood-sugar levels), and people who have experienced convulsive episodes after early childhood. Pregnant or lactating women should absolutely not use XTC. We feel that no drugs, except those prescribed by the woman's physician, should be taken during these times.

During the session, liquids (fruit juices, tea, coffee etc.) should be available, and clients should be encouraged to drink, in order to avoid any dehydration.

During and immediately after an XTC session, great care must be taken in swallowing solid food, since there is a minimum amount of anaesthesia present, and the usual reflexes might be altered in such a way as to allow sudden choking on food which is carelessly chewed or swallowed too fast.

Stomach upset is unusual with XTC. When and if it happens, and especially if there is vomiting, psychological causes should be looked for. Usually, in such cases, the insight into the cause of the trouble arrives with, or just after, the vomiting or nausea. It might safely be said that almost all physical problems manifesting after the first 45 minutes, in a healthy person, are liable to be psychological in origin.

FOR SAFE USE OF ECSTASY

Now, as to the question of how often one can safely take XTC, our answer is based on personal experience and on the experience of a few other people. On the physical level, it is possible to take XTC as often as every two to three days without physical danger, as far as we have been able to see. However, the experience of two veteran researchers leads to the conclusion that, if XTC is taken as often as every two or three days, the effect tends to flatten out. There appears to be a need to assimilate the experience, on all levels of the psyche, and if there has not been sufficient time to do so, the next experience will be diluted in effect, and felt to be less satisfactory than the previous one.
A theory about this is the fact that people are right-sided and left-sided in their brains activities. The right side of the brain has to do with analytical type of thought. In this country we have been raised to use the left side of our brain only.

Only a few artists are able to escape and wander into the right side of their brain during their creative periods. What Ecstasy actually does to the nerve synapses in the back of the brain, is close off the channel to the left analytical side of our brain, and totally open the circuits to the intuitive, creative side of our brain.

THE FINAL EFFECTS

It is such a wonderful experience to be there finally, that it affects an immediate transformation. The same effect is experienced when you have meditated for years, learning how to shut off the thinking, analytical side of the brain.

You are in a pure space of non-thinking, and you are feeling only what actually is at the present moment. This is the Nirvana that all Saints and Masters talk about. However, at the end of the experience, the right side closes down, the left side opens back up again, and we're back to normal, but with one difference.

We saw a door open and how it could be. We know its possible to get there naturally. That's what Ecstasy is all about-learning how to get to the state of euphoria in a natural way without any chemical agents or aids.

The physical effects are virtually minimal. There is sometimes a warm feeling you have in your chest in the very beginning. This is usually only on your first experience, because there might be a slight resistance to taking an unknown substance, and that resistance converts itself into a form of heat in the chest. Its not uncomfortable, but you may notice it.

Your physical motor functions are very coordinated. There is nothing you cannot do on Ecstasy that would prevent you from carrying on your normal activities. As a matter of fact, you are better coordinated. You are better able to dance or move effortlessly throughout any motor activity you may desire.

If you do not tell your acquaintances that you are having an experience with Ecstasy, there is no way they can tell that you are under the influence of anything from your appearance, actions or manner of talking.

FOR THE RECORD

It is possible for people to have very difficult trips on XTC, although this occurrence is rare. Individuals most likely to react in this fashion are people with strongly suppressed negative emotions who act as if they aren't hurting when they are hurting badly. People with rigid personalities and belief systems can also have difficulties when their operational foundations dissolve.

XTC is a tool for reaching out and touching others in soul and spirit. If responsibly used, strong bonds of unity and love can be forged that strengthen everyone involved.

Neither Ecstasy itself, nor any of its components are on the controlled substance list of the Drug Enforcement Agency (DEA). Ecstasy was developed after the vast sweeping legislation that placed every substance on the controlled substance list that was known at the time.
FOR MAXIMUM BENEFICIAL USE OF ECSTASY

Prepare your set and setting.
Fast beforehand.
Plan to learn as much as possible.
Plan to heal your mind.
Plan to heal your body.
Meditate on this.
Try to retrieve as much as possible.
Trust yourself, and surrender to the experience.
EXHIBIT 3
1.) Just in case you may have a calcium deficiency, you should take a calcium supplement of some kind prior to taking ECSTASY. You should take calcium with a meal (1 with breakfast & 1 with lunch) but not on an empty stomach.

2.) About an hour prior to taking ECSTASY you might want to prepare a snack tray of some sort. Example: Cheese & Crackers or fresh fruit. Whatever you prepare, make sure it is something very soft and something that you really like, also, be sure to cut it up into small bite-size pieces. (You will not want anything to eat until after you start coming down, but caution should be taken in chewing food very good and swallowing very carefully. You will be amazed at how good food tastes).

3.) Things you might want to have on hand: A) LoSoL: anti-acid tablets (like Rolaids or Tums, but better, and taste good). B) Peppermint: (Just in case of an upset stomach, chew up 2 LoSoL and suck on a small piece of Peppermint). C) A bottle of wine (of your preference) nothing bubbly or carbonated. (Just in case someone cannot relax or starts to feel up-tight or nervous, pour them a small glass. Only for such reasons mentioned above, should anyone drink the wine. (Alcohol and Drugs will lessen the effect of ECSTASY). D) A couple of wet cool wash cloths: (if someone starts feeling warm, it is very pleasant to wipe the face, or the neck, or chest, back or arms). E) A couple of Blankets and lots of Pillows: (almost everyone goes through a stage where they feel cold or chilled, just bundle up in a blanket or cuddle with a pillow. The pillows are nice to lay around on also.

4.) Do not eat anything at least 3 to 4 hours prior to taking ECSTASY. Do not do any kind of drugs or alcohol at least 8 hours (even better 24 hours) prior to taking ECSTASY.

5.) Light some incense and candles if you want and turn on some very soft (relaxing) music. (It is very important that the music is soft and low (in the beginning) to create a very relaxed and mellow atmosphere. You might even want to unplug the telephones.)

6.) Fill an ice bucket, have a large picture of water and enough glasses for everyone. Keep this in the same room with you (not cut of the way).

7.) Take out enough ECSTASY for everyone to have 1.

Continued
8.) Make everyone come together and sit in a circle or group. Do not let anyone sit off by themselves at first. Make each person feel like you really want them there, to experience one of the greatest things you've ever done. It is easy, when you already know just how wonderful they are going to feel in 30 minutes to an hour and especially easy because they are your friends. (You have to set the rules. If they don't want to be part of the group, then they don't really want to have a wonderful ECSTASY experience).

9.) For faster results, crush each ECSTASY pill up separately and put in a spoon. Or, you can chew it up (Warning: It taste terrible). If the taste is unbearable, eat a very small piece of Peppermint.

10.) Refill everyones glass.

11.) Now the Wait: Sit around and talk about what you might expect, or what you want to expect, or read the ECSTASY booklet out loud so everyone knows what it is all about. If you like, you could make your snack tray now, to kill the time. (You could do steps 2 through 6 now, if you wanted) You will be amazed at how quickly the time goes by. It is very common for someone experiencing ECSTASY for the first time to say (or at least think) "When is it going to Hit me?" First of all, it isn't going to Hit you. It will come-on very gradual and smooth. Secondly, the effect it has on you depends on your state-of-mind. You can make it come-on by just laying back, closing your eyes and being quiet. However, you can shut it off instantly. Example: the phone rings or someone knocks on the door, you become straight, automatically. Always keep everyone in sight or at least know what state-of-mind they are in. If they are off by themself, in another room, check on them. They may need someone to talk to, but don't want to burden someone else with their problems.

It is not unusual for someone on their first ECSTASY trip to go through an emotional stage. These stages never last long, and in each persons' own way they find (or become) their "Real Self". As for the different emotional stages you may go through, remember, they will pass. However, if there are any bad emotions that you have held in, they will usually surface first. Give into them, let them surface, and get them out of your system and then the rest of your ECSTASY experience will be for all of your emotions to surface.

12.) So, kick back, relax and be prepared to experience the Ultimate High, ECSTASY!

Your Friend
XTC is a non-hallucinogenic psychedelic compound which can induce a state
of profound affinity by opening up the central nervous system at the
heart chakra. The heart circuit is the chakra through which we express
unconditional love, forgiveness, and intra-personal understanding.
When this circuit is opened, people are able to express and feel love
free of expectations and conditions, and to experience acceptance of
their role in the human drama.

Typically, XTC brings up unexpressed emotion. If an individual has a
reservoir of unexpressed negative emotions, these feelings will come up
first. These emotions, (sadness, anger, jealousy, etc.) if left unexpressed,
create a state of dis-ease which will manifest disease over the long run.
These emotions are meant to be expressed. Surrender. Feel them. Release
your dis-ease. After any unexpressed negative emotions are released,
unexpressed positive emotions will follow.

XTC is an extrospective and intuitive communication tool unlike most of
the introspective psychedelics. It feels good to trip and share with friends.
XTC illuminates the good sides of people and events. It is extremely mild
and gentle relative to other psychedelics, and tends not to be subtractive
of one's normal functions. Unlike other psychedelics, the information
exposed is more easily retrieved and applied after the trip is over. By
opening up just the heart circuit, rather than all of the higher circuits
at once, XTC tends not to overwhelm one with too much information, or with
too many distractions.

XTC provides an experiential demonstration of the power of unconditional
acceptance to heal the human spirit and the human body. This is the way
in which the human organism was designed to operate. Feel this. Know this.
Learn this. Very simple. Remember this.

XTC has a narrow effective dosage doorway. If too little is taken, it has
no effect. If too much is taken, it becomes toxic. The correct dosage is
therefore, highly important and does vary slightly between different people.
125 milligrams (1/8 of a gram) ingested orally on an empty stomach is
typically a good dosage. 100 - 150 milligrams is a good dosage range.
If there is food in your stomach, the drug doesn't come on. If too much
is taken, or if the experience is repeated too frequently, headaches,
cramps and acute fatigue afterwards will result. It is a good idea to
wait at least a week between trips. 90% of the trip is over within four
hours. The last 10% takes a full day to pleasantly recede. Make a point
to drink plenty of water during your trip. This helps your body to heal
itself by flushing out accumulated toxins in your tissue.

For maximum beneficial use of this tool-

- Prepare your set and setting.
- Fast beforehand.
- Plan to learn as much as possible.
- Plan to heal your body.
- Plan to forgive. Especially, plan to forgive yourself.
- Meditate on this.
- Try to retrieve as much as possible.
- Trust yourself, and surrender to the experience.

XTC temporarily suspends the programs that direct and shape behavior. During
this suspension, it is possible to choose to change direction and to chart
a new course for future navigation. Think about it.

It is possible to improve the performance of your central nervous system
and to feel like this more of the time without using XTC.

Choose to evolve-
Celebrate in life-
Create peace-

Good luck.
Reflections on the Nature & Use of XTC, Part II

XTC has enormous potential as a tool for connecting and unifying groups of people. Although there are endless possibilities for application of this tool within a group setting, the following guidelines have proven invaluable in terms of creating productive sessions. People seem to get higher if the sessions are directed and organized. We see these guidelines as a point of possible departure, open to change and interpretation but of enough importance to pass this information along. Create your own ritual.

A session is organized as the result of one person’s decision to host the event. The host invites friends over and prepares a space for the session that is clean, attractive, warm and safe.

The participants begin by expressing their hopes, reservations and expectations for the session.

As the effect unfolds, all participants are encouraged to share their experience and insights with the group as an entity.

Private conversations tend to disconnect the group, and should be minimized.

Shared silence is exquisite.

Having pencils and papers on hand at all times allows people to retrieve information for use at a later time.

Getting together the following day for a de-briefing after the experience has dissipated is helpful to bind the things learned during the session into normal operating consciousness. We recommend doing this.

If the session is successful and the group wishes to get together again, a new host volunteers to provide the space for the next one, and sets a date.

This procedure seems to work best if the majority of the participants are already familiar with the XTC experience, and first-timers are held to a few.

 Provision of the XTC itself works well if all participants bring their own supply to the session as much as possible. This relieves the host or any one person from the burden of providing for all, and tends to make the experience more collective and easier to get together for repeats.

As mentioned in Reflections, Part I, it is possible for people to have very difficult trips on XTC, although this occurrence is rare. Individuals most likely to react in this fashion are people with strongly suppressed negative emotions who act as if they aren’t hurting when they are hurting badly. People with rigid personalities and belief systems can also have difficulties when their operational foundations dissolve.

Should a negative reaction occur in a group setting, the participants can best handle the situation by extending love and compassion to their brother or sister who is in trouble. What does this mean? It means supporting them in feeling whatever they’re feeling, even if it’s negative. On the other side of all negative emotions is love. Experience has shown that these people often stand to gain the most from these experiences. The act of releasing themselves allows them to be reborn as more sensitive and understanding people, infused with new vigor for life. If possible, try to initiate these people in a small, private session rather than a group session, if the potential for difficulty can be recognized ahead of time. This occurrence is rare, but does happen and should be considered. It can be very intense.

XTC is a tool for reaching out and touching others in soul and spirit. If responsibly used, strong bonds of unity and love can be forged that strengthen everyone involved.

(The above has been generated by the Psychedelic Education Center (PEC), P.O. Box 7934, Santa Cruz, CA 95061. We’d love to hear your reports.)

Celebrate in life,
choose to evolve,
create peace.
EXHIBIT 6
The National Clearinghouse for Drug Abuse Information recognizes the need for clarifying some of the more complex issues in drug abuse by gathering the significant research findings on each subject and developing fact sheets on the problem. These fact sheets, which are part of the Clearinghouse Report Series, present information about treatment modalities, the pharmacology and chemistry of the various drugs of abuse, and opinions and practices of recognized authorities in the field. This publication was researched and written by James R. Gamage and E. Lief Zerkin of the Student Association for the Study of Hallucinogens (STASH), Beloit, Wisconsin, under Contract No. HSM-42-72-231.

MDA

Although MDA, ("Mellow Drug of America"), the so-called "love drug," has received considerable attention and notoriety on the "street," it has unfortunately received little attention or recognition in the laboratory. There are numerous gaps in our knowledge about this drug and its effects. A review of the limited information now available can only suggest the potential benefits and dangers of MDA; no conclusions can be made.

History, Chemistry and Pharmacology

MDA (3,4-methylenedioxyamphetamine) was first synthesized in the 1930's and is chemically related to both mescaline and amphetamine. Several "psychotomimetic amphetamines" have been developed by the addition of various substances to the phenyl ring of the basic amphetamine molecule. These substances, which vary in hallucinogenic activity, include MDA, DOM (STP), MMDA, and TMA.

MDA is classified as an hallucinogen; however, some investigators have found the drug to possess some stimulant and minor sympathomimetic properties. Cook and Fellows (1962) hypothesized that because of its structural similarity to amphetamine MDA possessed a favorable therapeutic index as an anorectic (appetite suppressant). However, in clinical trials obese patients receiving
oral doses of MDA up to 120 milligrams (mg.) daily only experienced unpleasant central nervous system effects without the anticipated loss of appetite. Mann and Quastel (1940) found methylenedioxyamphetamine (MDA), like amphetamine, to be an active inhibitor of monoamine oxidase (MAO).

Studies by Gunn et al. (1939) determined the minimum lethal dose in mice by intraperitoneal (i.p.) injection to be 120 milligrams per kilogram (mg./kg.). In a more recent study, Richards and Borgstedt (1971) determined an LD-50 (i.e., that dose which kills 50 percent of an animal population) in mice to be 75 mg./kg. following i.p. administration. However, since only six mice were used in their study, the results can only be considered preliminary.

**Physiological Effects**

In the first human investigation with MDA, Loman et al. (1941) administered the drug in an unspecified dosage to a single patient with Parkinson's disease. An increase in muscular rigidity was observed. Beniecki and Muszynski (1953) noted that MDA produced a marked stimulatory effect on the respiratory centers similar to that exhibited by typical analeptic agents (stimulant drugs). In a study of spontaneous electrical activity in the brain of the unanesthetized cat, Fairchild et al. (1967) found MDA to possess more potent hallucinogenic activity than mescaline at equal doses. This appears consistent with the findings of Alles (1959) who experienced hallucinogenic phenomena with MDA at a dose four to five times less than would be required with mescaline.

The only visible physical effect seen consistently in humans receiving MDA is mydriasis (dilated pupils).

**Psychological Effects**

Naranjo, Shulgin and Sargent (1967) administered MDA orally to eight volunteers in a supportive clinical setting. All eight had previously experienced the effects of LSD under comparable conditions. Four of the eight volunteers received 150 mg. of the drug individually; one married couple had each partner receiving 150 mg.; and another married couple had each partner receiving 40 mg. with one partner being given an additional 40 mg. after the first hour. Effects of the drug were noted between 40 and 60 minutes following ingestion by all eight subjects. The subjective effects peaked at the end of 1½ hours, and the effects persisted for approximately 8 hours.

In spite of the researchers' expectations that MDA had a "potential for producing changes in affective mood and mild depersonalization," as well as visual distortion, none of the eight subjects reported hallucinations, perceptual distortions, or closed-eye imagery, all of which are common reactions to LSD, psilocybin or
mescaline. Yet these investigators have reported a similarity between MDA and LSD. Their subjects stated that both drugs had brought about an intensification of feelings, increased perceptions of self-insight, and heightened empathy with others during the experience. Most of the subjects also reported an increased sense of aesthetic enjoyment at some point during the intoxication. In addition, seven of the eight subjects reported that music was perceived with "three-dimensionality," as is often reported with other hallucinogens.

Both married women exhibited amnesia for some episodes in the sessions. However, the amnesia appeared to be temporary; and with the assistance of a therapist, most of the session could be recalled a few days later.

Naranjo, Shulgin and Sargent (1967) concluded that MDA, to a certain extent, is in a class by itself and suggested investigating the possibility (since the drug produces an "inward, talky experience") that it might be of value in the facilitation of psychotherapy. In some initial observations of patients with psychoneurotic symptoms receiving MDA, the authors found a 50 percent frequency of spontaneous reminiscence of childhood events with almost no symbolic content, and without the aesthetic or mystical overtones that are so characteristic of most hallucinogens. In many of the subjects there was a type of amnesia, similar to that seen following emergence from a hypnotic trance after their experience with MDA. Delirium was experienced by two of the thirty patients, and in one there was erratic behavior, none of which was remembered afterwards. The experience was notable for the absence of visual distortions and color effects.

**Subjective Effects**

In general, MDA produces a sense of physical well being with heightened tactile sensations. The MDA experience is usually devoid of visual and auditory distortions which mark the LSD experience. People under the influence of MDA often focus on interpersonal relationships and demonstrate an overwhelming desire or need to be with and talk to other people. The most often reported unpleasant side effects are periodic tensing of muscles in the neck, tightening of the jaw and grinding of the back teeth.

Alles (1959) reported:

To evaluate the effects of 3,4-methylenedioxyamphetamine, I took 0.4 mg./kg. of the hydrochloride by mouth. This was a total dosage of 36 mg. During the following 2 hours, I observed no noticeable change in blood pressure or heart rate, and, subjectively, I felt nothing comparable to the effects of amphetamine within the same period of time. Consequently, I raised the dosage and proceeded to take, after 2 hours, a dosage of 1 mg./kg., or a total of 90 mg. Additionally. Within a few minutes, I realized that a notable subjective
response was going to result; I began to feel different quite promptly...

Forty-five minutes after the second dosage of the methylenedioxyamphetamine salt, when I was seated in a room by myself, not smoking and where there was no possible source of smoke rings, an abundance of curling gray smoke rings was readily observed in the environment whenever a relaxed approach to subjective observation was used...

I found that now, too, I had a qualitatively different sensation in my finger tips. Then, as I tried stronger stimulation of the finger ends, I experienced a peculiar phenomenon that I had never noted before; nor have I noted it since, under any conditions. If you watch as you touch a table top with your finger, you will notice that the time when you hit it, as determined visually, and time when you feel it are in essential coincidence. However, under this drug, I found that I first hit the table and then felt it; the feeling was a very definitely delayed phenomenon.

As published accounts of the subjective effects of MDA are scarce, several individuals were interviewed who had taken the drug on one or more occasions with friends in non-clinical settings. The MDA experience was variously described as "a very pleasant body high," "more sensual than cerebral," and "much more empathic than inward." One individual described his experience as follows:

While under MDA I felt in complete control. There was no sense of loss of control as with other drugs such as acid (LSD). The predicament of surrendering to the drug's effects never presented itself. I felt incredibly in touch with my own feelings and those of others for the first time in many years. Following the experience, I found myself "rinsed out" and totally energized both physically and emotionally for the next few days.

Patterns of Use

MDA is produced illicitly and may appear in liquid form or as a powder (usually white) placed in a capsule or pressed into a tablet. The drug is usually taken orally, although it is occasionally "snorted" through the nose or injected intravenously. As with all street drugs, the dosage and quality of MDA varies greatly. Upon chemical analysis, MDA has been found to be adulterated, or "cut," with amphetamine, cocaine, LSD, and atropine. Often alleged "MDA" is found to contain a combination of LSD and amphetamine which results in an LSD experience for the first 6 to 8 hours followed by persistent amphetamine-like effects (e.g., restlessness, inability to sleep, anxiety).
In general, street doses of MDA range from 100 to 150 mg per dose. Richards and Rgestedt (1971) reported that the ingestion of 500 mg of pure MDA resulted in the hospitalization of three individuals due to physical complications. Meyers et al. (1967/1968) reported the occurrence of one human death in association with the use of MDA in combination with another drug; however, both the dose of MDA and nature of the other drug were unspecified.

The unpleasant MDA experience ("bad trip"), if it occurs, should be treated the same as adverse reactions to other hallucinogens. This involves "talking down" the individual in a warm, non-threatening environment by an empathetic person who is capable of conveying the individual to hospital facilities should it be required.

Legal Status

MDA (3,4-methylenedioxyamphetamine) is considered a controlled dangerous substance under the Comprehensive Drug Abuse Prevention and Control Act of 1970. Illegal possession of MDA could result in a sentence of a term of imprisonment for not more than one year, a fine of not more than $5,000, or both. A conviction for illicit manufacture or sale could result in a sentence of a term of imprisonment for not more than five years, a fine of not more than $15,000, or both. Subsequent convictions would result in increased penalties.

Comment

It is puzzling that so little is actually known about MDA considering the drug has sparked interest both on the street and in the laboratory:

It is difficult to predict a future of the psychotomimetic amphetamines in general although MDA or methylenedioxy-amphetamine may potentially, at least, be the most important in the future. In April, 1970, an article in the Berkeley Barb, entitled "How to Turn Speed to Love," described MDA "as the new love drug which had been getting rave reviews in the Diggers Chamber of Commerce."

--David E. Smith, M.D. (1969)

On the whole, judging from the previous reports and from the results of the studies here, the effects of MDA appear to be sui generis: it affects the feelings in a way which is comparable to that observed with hallucinogens, but it does not bring about the perceptual phenomena, depersonalization, or disturbances of thought which characterize those substances. Further, there
is little evidence of the peripheral sympathomimetic effects of amphetamine. It is suggested therefore that this compound may be of value in the facilitation of psychotherapy, by virtue of its ability to enhance access to feelings and emotions without the distractions of sensory distortion.

--Claudio Naranjo, M.D. et al. (1967)

However, as this drug continues to be used, we need to know more:

Insofar as physical effects at high doses are concerned, we know very little. There are no accurate studies available of high dosage users of MDA. Although many other psychedelic agents are known to have been consumed in huge quantities, few, if any, deaths have been proven to have occurred as a result of their toxic effects on the body. The newspapers have frequently referred to deaths of this kind as being due to MDA, but this has not yet been proven. Research into the physical effects of MDA, including its toxicity at high doses, is needed.

--Robert N. Richards, M.D. (1971)
References


MDA. STASH Capsules, 2: 1, April 1970.


MDA
(Methylenedioxyamphetamine)
AKA THE LOVE DRUG,
PSYCHEDELIC SPEED

Medical advice by David E. Smith, M.D. Written by David E. Smith and Bob Sevigny of the Haight-Ashbury Free Medical Clinic. The authors do not advocate the use of any psychoactive substances.

known to use: MDA, MDMA, DOM, DOET, TMA, DMA, and D-MMDA. All of these are similar in chemical structure and effects. They differ mostly in dosage and duration of effect. For example, MDA dosage is 100 to 150 milligrams and duration is eight to 12 hours, while DOM (known on the street as STP) is potent at five milligrams and can last from 16 to more than 24 hours. With the latter, the effects of a high dose can last so long, ebbing and returning, the user may think that they will never end.

MDA and its analogues are synthetic, but related to serotonin, which is contained in oil of sassafras and oil of camphor, and is the psychoactive ingredient in nutmeg and mace. They are produced by modifying the major psychoactive components of nutmeg and mace into their methylated amphetamine forms.

Hazards and Liabilities
As is true with all psychedelic drugs, effects vary with expectation and setting. MDA is not the sort of drug to be taken with alcohol and downers at wild parties. Its use can drain energy, leaving one tired and sluggish the next day. MDA may affect a woman's gamutinary tract, and may even activate latent infections and other problems of the gamutinary tract.

It should be noted that, in the case of MDA, the synthetic is more benign than the natural. Nutmeg and mace do have some psychoactive properties, but the aftereffects are dire enough to make these poor drugs of choice.

Naranjo warns that MDA is toxic to certain individuals. Typical toxic symptoms are skin reactions, profuse sweating or confusion. Some of the more serious reactions reported are aphasia, in one case, death. This serious neurological toxicity is a result of elevated blood pressure and effects on the brain associated with higher doses of MDA.

First-Aid Plus
If such problems develop, medical care is required; anti-hypertensive medication and neurological care may be necessary. Anxiety, panic and paranoid reactions can usually be handled by reassurance in a supportive environment. Occasionally, sedative medication such as Valium® is recommended.

Antipsychotic medication is not needed unless a prolonged psychotic reaction occurs. This usually happens only in individuals who have major underlying psychological problems prior to taking MDA. In these rare cases, prolonged psychotropic care may be needed.

References
EXHIBIT 8
IT'S A BARGAIN

by Gene Wheelwright

Here in New York, in mid-January, the market is flooded with dope. The usual end-of-season glut of sinsemilla on the West Coast never materialized here, and connoisseurs make do with what they can scavenge from Kentucky and Maine and such. Occasional importations of California sinsemilla—often from some of the larger growers—arrive on the market, viaوا_phrase packaged in the most secure arrangements, and sell for prices that make them highly desirable.

But we're willing to give the growers the benefit of the doubt—because we know, ourselves, what's really involved in bringing a harvest of high-quality marijuana. We know the level of energy that it takes to tend a crop from start to finish—and what you have to put up with in the way of pests, paranoia and rip-offs, both criminal and judicial.

Americans are notorious for buying their food and their tobacco at prices that have gone down under Reagan. We understand there's been considerable more resistance out West to the rising, premium prices those growers up north are always demanding. Yes, $2,300 is a lot to pay for a pound's worth of smoke—not to mention the $3,200 we've heard of Hawaiian going for. But if you're willing to give the growers the benefit of the doubt—because we know, ourselves, what's really involved in bringing a harvest of high-quality marijuana. We know we're working on recouping our losses—but they haven't raised their prices.

So give these folks a break who are putting their ass on the line for the sake of your sensational ephemeral flash. Kings of yore were known to rack their treasures for just one of those major neurological transformations that you probably take for granted. In light of these upshots times, with their built-in impediments to getting high, we say the price we pay for our dope is a bargain.

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