When considering the implications of this new data, it is important to keep in mind that MDMA has been used for almost twenty years in the United States without a single case in the scientific literature suggesting that anyone, user or abuser, suffers from MDMA-related brain damage. Fenfluramine, an FDA-approved prescription drug for over twenty years, has recently been discovered to cause serotonin neurotoxicity more readily than MDMA, yet it too has failed to result in a single case of fenfluramine-related brain damage being reported in the literature.

## DR. NICHOLS CONFIRMS THAT PROZAC BLOCKS MDMA NEUROTOXICITY

At Purdue University's School of Medicinal Chemistry, Dr. David Nichols replicated an experiment conducted by Dr. Schmidt in which rats were given both MDMA and Prozac (fluoxetine), a new drug for the treatment of clinical depression. Prozac is extremely popular, returning sales of about $400 million a year and growing to Eli Lilly. Prozac stimulates the serotonin system in a manner somewhat similar to MDMA but to a lesser degree and without neurotoxicity.

**The simultaneous administration of Prozac and MDMA completely blocked the neurotoxic properties of MDMA. This finding may be the key to unlocking the door to FDA-approved human studies with MDMA, since it seems possible that the MDMA neurotoxicity risk, difficult to estimate, can instead be entirely eliminated.**

It may be that both the dopamine neurotransmitter itself, released by the MDMA, and MDMA metabolites are neurotoxic, not the MDMA itself. Several hours after Prozac and MDMA are administered, the brain has broken MDMA down into its metabolites and released extra dopamine. These compounds, which usually would be absorbed by the serotonin nerve terminal re-uptake sites, are blocked from doing so by Prozac molecules which have filled the re-uptake sites. Neurotoxicity is prevented and the dopamine and MDMA metabolites are eventually reabsorbed or broken down into their harmless components, without having caused any damage.

Two basic questions remain, 1) Can Prozac's prophylactic effect in rats be replicated in primates or man? (See p. 10!) and 2) Does Prozac change the subjective experience of MDMA, and if so how.

## REQUESTED: SUBJECTIVE REPORTS OF THE PROZAC/MDMA COMBINATION

Determining if there is a method of eliminating MDMA's neurotoxicity without diminishing its valuable subjective, therapeutic effects would provide important information to MDMA users and could play a major role in the initiation of FDA-approved human studies. Several people who have tried a combination of Prozac and MDMA report the MDMA experience to be essentially unchanged. Others feel there is some effect. Reports from experimenters in the field (that hopefully means some of the intrepid readers of this newsletter) are the only sources of information on this matter.

**MAPS requests people who have tried an MDMA/Prozac combination to send in written reports on their subjective experiences. The combination of most interest is a standard dose of Prozac (20mg) with 75-100 mg of MDMA, taken simultaneously.**

If the reports suggest the MDMA experience remains unchanged, a small study to determine if Prozac blocks neurotoxicity in primates would follow (See p. 10!). If successful, an application for an FDA-approved study to investigate therapeutic uses of the combination would be submitted.