

MDMA - THE VIEW FROM ENGLAND

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ALTHOUGH patented in 1913, MDMA was re-discovered in the seventies by Alexander Shulgin, a chemist who devoted his life to finding the perfect drug to facilitate psychotherapy, which was its first use. In the UK it has been illegal since 1977, and has had a high profile in the rave culture since the late eighties, though its use is not confined to ravers. Unlike LSD and amphetamine, MDMA is widely used among several distinct social groups - students, clubbers, football supporters, mortgage-holding ex-hippies and, in Liverpool at any rate, pot-bellied beer drinkers.

IHAD HEARD some amazing stories from California about how it dissolved fear and allowed love to flow, and I was curious to try it. My opportunity came some five years ago when, for £15, I bought a large white pill that tasted decidedly bitter. After half an hour I felt extraordinarily relaxed and enjoyed stretching out like a cat. Life was good, my mind was clear and my mood optimistic. It reminded me of being in love. It was exhilarating like parachuting from a plane, floating above the world: it was euphoria, elation... MDMA.

Taking MDMA was a turning point in my life. In one afternoon all my tensions and neuroses were washed away, and the real me was able to come out. I realised that what I had come to accept as my normal state over the past few years was actually a mild depression. And the memory of that afternoon stayed with me and helped me to kick it.

None of which squared with what I had read about MDMA ('E' or MDMA). Death, addiction, physical collapse, disorientation, madness and the risk of premature senility were among the disastrous effects reported in both the tabloid and quality press. The mismatch between my own - and my friends' - positive experience and these reports intrigued me. So I began an investigation into MDMA and what its effects really are. What I have found to date is that the scientific evidence is not nearly as conclusive or monolithic as is often suggested. In fact, the balance of evidence today weighs against MDMA being a significant health hazard.

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One of the most alarming claims to come out of research into MDMA is that it causes damage to nerve endings in animals, leading to speculation that the drug may have tragic long term effects such as early senility. But new research about to be published by the US National Institute on Drug Abuse (*Assessing Neurotoxicity of Drugs of Abuse*) has revealed that the usual method of assessing damage was unreliable as it assumed a link with reductions of a substance found in the brain called 5HT or serotonin. Dr. O'Callaghan, a researcher for The Environmental Protection Agency, was looking for a standard way of assessing neurotoxicity. For his trials on rats he needed some specimens with damaged nerve endings, so gave them high doses of MDMA. But, though serotonin was temporarily reduced, no damage to nerve endings occurred even with doses of 30 mg/kg (equivalent to a person taking 20 'E's) twice daily for a week. Of course humans may react differently to rats, but the previous conclusions based on serotonin reductions must now be re-evaluated.

There are some who argue that MDMA causes harm simply by reducing serotonin. In another paper (*The Neurotoxicity of MDMA and Related Compounds in The Neuropharmacology of Serotonin*, published in *Annals of the New York Academy of Sciences* 1990), Dr. Molliver showed that the reduction of serotonin in the brain caused by MDMA is precisely the same as that caused by Fenfluramine, a legal drug that has been widely prescribed for over twenty years as a slimming pill in doses equivalent to taking an 'E' every day. Yet there are no recorded cases of brain damage due to Fenfluramine.

THE SWISS Medical Society for Psycholytic Therapy, headed by Dr. Styk, claims particular success in using MDMA to treat addiction, traumas and emotional illness. Typically, a group of a dozen patients start the day by taking MDMA relaxing on the floor listening to music through headphones. This helps them to express themselves freely and honestly during the following group session, which lasts the whole day. "To date we have treated several hundred patients", says Dr. Widmer, "with great success... The suspicion of toxicity to the nervous system, which was considered a possible side effect of MDMA, was not substantiated by our use of therapeutic dosages of this substance." Dr. Ricaurte, one of the foremost researchers in MDMA neurotoxicity, found that doses as low as 5 mg/kg (equivalent to a person taking about three 'E's) slightly reduces serotonin in primates (*Brain Research*, vol. 446, 1988). Since then he has tested lower doses on primates and his latest, as yet unpublished, studies show that there is no reduction in serotonin levels at therapeutic doses.

Dr. Henry of the National Poisons Unit at Guy's Hospital, London, the researcher most quoted in alarmist reports, has been accused by one of his own sources of a misrepresentation of the facts. In a recent article in the *British Medical Journal* (*MDMA and the Dance of Death*), Dr. Henry claims that MDMA has no therapeutic potential. To support his argument he refers to a study by Dr. Greer where 29 volunteers were given the drug by psychotherapists and "All 29 experienced undesirable physical symptoms..." including nausea, stiffness and sweating.

In a letter in the *BMJ*, Dr. Greer accused Dr. Henry of omitting the positive results of this study. "Eighteen of my subjects reported positive changes in mood after their session; 23 reported improved attitudes, such as towards self and life in general; 28 reported improvement in interpersonal relationships, and three of the five couples reported benefits from a few days to up to two years; nine reported improvements in their working life; 14 reported diminished use of abusable substances

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(alcohol, marijuana, caffeine, tobacco, cocaine and LSD); 15 reported beneficial changes in their life goals; and all nine subjects with diagnosable psychiatric disorders reported considerable relief from their problems..."

THERE ARE NOW 15 deaths in England blamed on MDMA, and they cannot be taken lightly. Dr. Henry believes that the cause of death is due to overheating, dehydration and exhaustion from dancing in hot clubs without drinking enough. This does not happen in America where MDMA is usually used at home or at outdoor events - the five MDMA-related deaths in the US have been attributed to heart failure and asthma (Dr. Dowling in Peroutka's *MDMA* 1990). Ravers dancing on 'E' feel fine in conditions that would otherwise send them gasping for air and water, meanwhile increased body temperature can lead to strokes and internal bleeding. However, the risk is relatively small. Taking a conservative estimate of two million MDMA users and the number of deaths at 15 over the past two years, the risk of death per year is less than four in a million. Users are 33 times more likely to die on the road and would be ten times as likely to die playing soccer if that was their hobby (*Living with Risk* published by the British Medical Association). Guessing a total consumption of 50 million 'E's, the risk of death from taking an 'E' is about the same as taking five rides at a fun fair (1 in 16 million, *New Scientist*, 29 August 1992). The risk is reduced for people who look after themselves by drinking plenty of water and cooling off before they overheat; the risk is greater for those who use high and frequent doses.

However, I believe the real dangers are emotional. Unexpected insight can be acutely disturbing in some situations and, for immature users in particular, can be too much to handle. To lower defences is as valuable in therapy as it is dangerous in a situation where the user feels uncomfortable with themselves or those they are with. →

ONE TROUBLE with MDMA is that you never know what you are buying. Most recent figures of street sample analysis of "MDMA" in Amsterdam show that only one in three was MDMA. However some was MDEA and MDA (drugs with broadly similar effects), giving a two to one chance of producing the desired result. Of the remainder, half were amphetamine and/or caffeine and the other half, or one in six of the total, contained no active ingredient at all. Street testing is not allowed here, but I'm told that drugs seized by police here include more MDA. None contained heroin, broken glass or poisons.

It may well be that MDMA has actually had a beneficial effect in Britain. Last season saw a large reduction in football violence. Mark Gilman from Lifeline in Manchester is conducting a two year study of a sample of young men in the north west including 'football hooligans'. He says "In their transition from hooligan to raver these young men spurned excessive use of alcohol in favour of ecstasy. Conversations were no longer about which team's 'lads' could be ambushed where and when. Rave culture and ecstasy use have become more attractive than using large amounts of alcohol and running around the streets looking for fights with opposing football fans. MDMA use encourages a desire for friendship and togetherness, not aggression." It is not that MDMA is cheaper, the cost of a good night out is about the same. However, he tells me that the shortage of good 'E' this season has caused a return to alcohol along with other drugs, and he fears a return to the previous levels of violence.

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There is no reason to believe that this change of behaviour is restricted to football fans. Just as LSD in the sixties caused lasting cultural changes, I believe that the widespread use of MDMA now is laying down the foundations of new, as yet undefined, social values. And I believe it will be a largely positive change.

ACCORDING to a Harris poll last January, a third of all 16 to 25 year-old club goers admit to using MDMA. They, and all the other users are not influenced by proscriptive edicts. What people need is sound information, and that requires research. The problem is, as a senior American researcher in neurochemistry told me: "It's a matter of research grants. The government has no motive for handing out money to kick itself in the teeth."

However, the first steps are being made towards MDMA becoming a prescription drug in the US. A non-profit organization, the Multidisciplinary Association for Psychedelic Studies (MAPS), has opened a Drug Master File for MDMA at the FDA in order to conduct the necessary research. Studies into the effects of MDMA in human volunteers have been approved by the FDA. A recent report in which 20 psychiatrists describe how they have personally benefited from using MDMA was published (Dr. Leister in *Journal of Nervous and Mental Diseases*, August 1992).

There are those who think that MDMA can be stamped out by a scare campaign or heavy use of the law, and others who believe it is a passing fad. MDMA is here to stay for a simple reason: it provides access to an experience that human beings value. ■