

MDMA

May 17 & 18

A National Conference
By The Haight Ashbury
Free Medical Clinic

September, 1985

MDMA, also known as Ecstasy and Adam, has created more controversy in our society than any drug since LSD. The National Conference on MDMA, presented by the Haight Ashbury Free Medical Clinic and scheduled for the weekend May 17 and 18, 1985, at the Merritt Hall Institute in Oakland, will provide a forum for unravelling the mysteries and questions that surround this controversial drug. Clinical, therapeutic, consciousness, ritual, psychosexual, historical and current legal issues will be explored by the nation's leading experts in this new realm of drug study and investigation. Psychotherapists and their clients who have utilized MDMA speak to its utility as a therapeutic means to permanent, deeper self-understanding by breaking through repressed psychological blocks, and as a tool to personality restructuring and spiritual growth.

MDMA users report experiencing higher levels of consciousness, increased interpersonal empathy and even Jung's "oceanic feelings" of being one with the cosmos. However, higher doses have produced toxic actions including toxic psychosis, paranoia and thought disturbances, making it a drug of potential abuse as well as a potentially useful therapeutic agent.

While many researchers see MDMA's therapeutic actions as totally unique and compare its appearance to the dawn of anaesthetics in importance, providing new understanding into the relations between emotions and brain chemistry, the enforcement agencies view MDMA, which has qualities of both a psychedelic and a stimulant, as sufficiently dangerous to warrant its emergency banning from all use.

For more information on the Conference, please send a SASE to MDMA CONFERENCE, Haight Ashbury Free Medical Clinic (Training), 409 Clayton Street, Box CG, San Francisco, CA 94117. There will be a discount for early registrations.

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comparison of MDMA with the structural congener, MDA (3,4-methylenedioxyamphetamine). Researchers at the University of Chicago described serotonin nerve terminal degeneration in rats' brains following four days of subcutaneous administration of MDA in dosage 5 mg/kg or greater given every twelve hours (Ricaurte et al. 1985).

Like mescaline, the primary psychoactive ingredient in peyote, MDMA belongs to a group of ring-substituted amphetamine congeners commonly called "methoxylated amphetamines." Figure 1 compares their chemical structures.

Subjective Effects of MDMA

George Greer, a psychiatrist in private practice in Sante Fe, in a privately-circulated manuscript described his therapeutic work with MDMA in 29 subjects. Doses of 75-150 mg of MDMA were administered, generally in the patient's home. Reported effects included the following: a perception of increased trust and intimacy with others who were present; enhanced communication, increased insight into personal patterns of behavior or problems; feelings of warmth, freshness, love and euphoria; and sensations of being more alive, more self-aware and at peace. Common negative effects were anxiety, nervousness, jaw tension with teeth-grinding or cheek-biting, anorexia, and a subjective sensation of being cold. Some subjects reported fatigue and insomnia for hours following use (Greer, 1983).

MDMA is not hallucinogenic at therapeutic doses. It usually does not produce changes in visual perception; however Greer mentioned a brief period of visual hallucinations in one of his subjects, who took 200 mg of MDMA.

Pharmacokinetics of MDMA

Effects of MDMA usually begin 30 to 45 minutes after oral ad-

MDMA: "Ecstasy" as an Adjunct to Psychotherapy and a Street Drug of Abuse

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The use and abuse of MDMA (3,4-methylenedioxyamphetamine), primarily called Ecstasy or XTC on the East Coast and Adam on the West, has significantly increased in California and other parts of the country. First synthesized in 1914, it remained an obscure amphetamine congener until recently. During the early 1980s, a few psychedelic chemists used MDMA as a probe of consciousness, and a few psychotherapists used it as an adjunct to psychotherapy.

In 1984 the street drug culture, the media, and the Federal Drug Enforcement Administration (DEA) discovered MDMA. That year the DEA announced its intent to schedule the drug (*Federal Reg* 1984; 49:30210), and in 1985 the emergency scheduling process brought MDMA to national attention. Articles appeared in *Time* (June 10, 1985, p 64), *Newsweek* (April 15, 1985, p 96), *New York Magazine* (May 20, 1985, p 38) and *Life* (August, 1985, p 89). In August 1985 the scheduling of MDMA even became the subject of a "Doonesbury" cartoon.

The magazine coverage generally focused on MDMA's psychotherapeutic and abuse potential. The article in *Life*, however, sensationalized the drug's recreational use. Showing a photo of an attractive young woman, head thrown back, eyes closed, "ecstatically" dancing the night away in a Dallas club, *Life* portrayed MDMA as chic, exclusive and fun. An ad agency could not have created a more appealing image, and MDMA dealers are reaping the benefits. Dealers in the Haight-Ashbury, for example, report that sales of MDMA have soared. No longer are they selling just to street drug abusers and young urban professionals seeking enlightenment; the party set has arrived.

The DEA evoked emergency scheduling provisions of the Controlled Substances Act on May 31, 1985, to place MDMA temporarily in Schedule I (no medical use, but high abuse potential). The emergency, according to the DEA, was to avoid an imminent hazard to the public safety (*Federal Reg* 1985; 50:23118), i.e., the possibility that MDMA might cause irreversible brain damage.

No specific animal or human research on MDMA supports the notion of brain damage; the potential is based entirely on the

(continued)

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ministration of a 75-150 mg dose. Moderate increases in pulse rate and blood pressure may occur. Peak effects occur 60 to 90 minutes after ingestion and are diminished after 2 hours. Psychological effects largely dissipate in 3 hours with the exception of some residual sympathomimetic effects which may last up to 5 hours (Shulgin, 1978).

This history of MDMA's use as a psychotherapeutic adjunct parallels that of LSD and involves many of the same people.

MDMA as an Adjunct to Psychotherapy

The use of medications to gain access to repressed memories or to buffer emotional response to painful memories has a long tradition in psychiatry. When sedatives such as intravenous sodium thio-pental (Pentothal[®]) are used, the procedure is sometimes called narco-synthesis. During the 1950s psychotherapists administered low doses of LSD (McGlothlin & Arnold, 1971) or MDA (Naranjo, 1973) to patients as an adjunct to psychotherapy. The term "psycho-lytic therapy" was used to describe psychotherapy augmented by psychedelic-type drugs. A psychedelic drug given in a high dose without psychotherapeutic assistance was generally termed "psychedelic therapy." During the 1960s psychedelic therapy was under study for the treatment of alcoholism (Abramson, 1967).

Psychotherapists have administered MDMA as an adjunct to therapy in much the same way as low-dose LSD or MDA. The history of MDMA's use as a psychotherapeutic adjunct parallels

that of LSD and involves many of the same people. At first, researchers explored the use of LSD as a psychotherapy adjunct, but before there was general psychiatric consensus about efficacy, other psychotherapists began giving LSD to patients in non-research settings. Some therapists administered it responsibly, but others took the drug with their patients or administered it under conditions where therapeutic intent was questionable.

The reckless administration of LSD and the dissemination of the drug among psychedelic-using subcultures resulted in its being placed in Schedule I of the Controlled Substances Act. As a consequence, LSD psychotherapy research stopped, but illicit recreational use was unabated.

Results of MDMA Therapy

Greer reported improvement in psychiatric disorders and mood in some of his patients. Some patients reported positive changes in attitude, increased self-esteem, more acceptance of negative emotional experiences, and belief changes, which persisted from weeks to years following the session. (Greer, 1983).

The efficacy of MDMA-augmented psychotherapy is not established; however this could be said about many common and accepted forms of psychotherapy. The effects of psychotherapy of all types are difficult to measure objectively. Greer (1985), summarizing a March 10-15 conference at Esalen Institute in Big Sur, California, on the therapeutic potential of MDMA, noted that current reports on the benefits of MDMA are anecdotal, but uniformly positive.

Abuse Patterns of MDMA

Occasional cases of abuse of methoxylated amphetamine congeners have been seen at the Haight-Ashbury Free Medical Clinic since the mid-60s (Meyer,

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Rose, Smith, 1968). In 1984 the staff treated about 4 new cases of MDMA abuse a month. Patients were seen who had taken 5-15 tablets or capsules per day over 2 to 3 days and developed amphetamine-like toxicity, i.e., increased blood pressure, anxiety reactions, paranoia and disorientation. All signs and symptoms disappeared when MDMA was stopped.

As might be expected, patients with a history of drug abuse seem particularly susceptible to MDMA abuse. One such case resulted when a psychiatrist treated a cocaine addict with MDMA. The patient reduced his cocaine abuse, but began using 250-750 mg of MDMA daily. Severe personal and family disruption resulted.

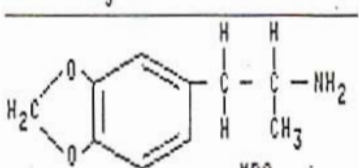
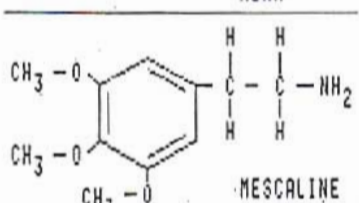
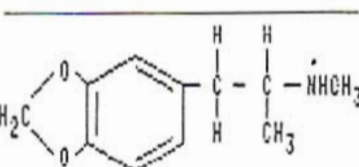
Appropriate drug control policy should allow the continued investigation of MDMA while reducing drug culture availability . . .

Conclusion

MDMA, a promising psychotherapeutic adjunct whose efficacy has not been established, has now reached the drug culture. It appears to have low abuse potential; however, as a cult drug, it has its adherents. When MDMA was used as an adjunct to psychotherapy, no significant toxicity occurred; however, as would be expected, significant MDMA toxicity occurs with chronic, high dose use. Although its episodic, low dose recreational use is achieving publicity, case reports of significant toxicity from such use has yet to appear.

Appropriate drug control policy should allow the continued

investigation of MDMA while reducing drug culture availability. Trying to stop drug abuse by making every drug with any abuse potential a Schedule I drug is not



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