

Dear Omni Forum,

August 1, 1985

I particularly enjoyed the mythology and science-fiction stories in Ron Seigel's Chemical Ecstasy article, August 1985. If only the attempt at science hadn't yielded simply more science fiction, the piece would have been much more interesting and useful. As it reads, it is a biased, misleading collection of innuendos that does both the magazine and the readers a disservice.

For instance, we hear that "secret U.S. Army tests in the Fifties found that it (MDMA) also ended the lives of experimental animals". We are supposed to draw the conclusion that the simple fact of the deaths of the animals was unexpected, and is particularly significant. We are not told that the explicit purpose of the 1953 study was to see how much of MDMA and seven other compounds that it took to kill 50% of the test animals in five separate species. The experimental procedure was to daily inject increasing amounts of the compounds, until 50% of each group of animals died.

Most importantly, we are not told at all of the directly relevant May, 1985 study by Intox Labs of Redfield Arkansas that showed the Lethal Dose in 50% of the rats orally administered MDMA to be over 300mg./kg. If you could reliably draw exact extrapolation estimates across species (which you can't), the LD50 would equal over thirteen and a half grams per 100 pounds of human body weight. Given orally, the therapeutic dose usually ranges between 60-200 mg. per session, well under 1/65 of the LD50.

We are told the use of low doses reduces toxicity "but leave subjects with clenched jaw, wiggly eyes, and high blood pressure...nausea and vomiting..." Implying permanent damage. We are not told about the October 1984 human toxicity study sponsored by Earth Metabolic Foundation which found that in those people that experience jaw tension, nystagmus, nausea or vomiting, these not necessarily discomforting physical effects almost always fade away after a few hours. Remarkably, after 24 hours, most people in the study had slightly lower blood pressure than before they experienced MDMA. Absolutely no abnormalities showed up in the blood chemistry or urine analysis or in the neurological study.

We are told that "Despite users occasional anxiety, depression and hallucinatory confusion, therapists insist there is benefit without abuse." We are not told that when taken in a therapeutic setting, there has not been one single case of a therapeutically damaging MDMA experience, and there have been many thousands of significantly healing sessions. Nor are we told that the therapists have taken the official public position in the DEA hearings that MDMA does have an abuse potential, which is low in comparison to other drugs. Finally, MDMA is not a hallucinogen.

We read misinformation to the effect that "Shulgin discovered its effects in 1978...since then 30,000 doses have been distributed each month." Actually, Dr. Shulgin was told about MDMA by another chemist, the DEA first knew about MDMA in 1970 when it got its first sample, and therapists began using MDMA before 1975. Up until 1983, only about 60,000 doses were distributed each year. Consumption steadily increased to hundreds of thousands of doses per month by Spring of 1985. Estimates of about 1.5 million total administrations of MDMA seem reasonable. The National Institute of Drug Abuse sponsored "Drug Abuse Warning Network" first detected MDMA in 1977, and there have been a miniscule total of only 8 mentions of MDMA since then, all of them before 1982, making MDMA seem safer than aspirin or penicillin.

Finally, we are told that "the dream has been disturbed by the night terror of MDMA's toxicity." Presumably, this refers to the DEA claims that MDMA causes severe brain damage. There have been only two completed studies directly investigating the brain neurotoxicity of MDMA, both conducted by Intox Labs with the first study completed in June and the second study in July. The first study showed that one time doses of up to 400mg/kg of MDMA given orally to 7 different rats caused no permanent observable functional damage, and upon dissection no observable brain damage whatsoever. The second study showed that a daily oral administration of MDMA in 40 rats, beginning with 25mg/kg per day and ending 13 days later with 300 mg/kg per day, produced no observable functional or brain damage, even after the brain tissue was examined using four separate techniques.

The rat study that was the sole piece of evidence used by the DEA to infer severe brain damage in humans with therapeutic doses of oral MDMA was not even with MDMA, but with injected MDA, at about ten times the therapeutic MDMA dose. Dr. Seiden, one of the authors of that study, appeared to testify in Kansas City on July 10 during the official DEA hearings. Even he stated that at this time there was sufficient scientific justification to proceed slowly into initial human studies with MDMA.

As far as your apocryphal "evangelical pushers talking of turning on the Pentagon", the Pentagon is already turned on, and addicted to that most dangerous substance, nuclear weapons. And those "enchanted psychiatrists (who) lobby against bans" are simply asking for permission to continue treating the health of their patients to the best of their medical judgements, and are asking for permission to conduct research to replace fear with facts.

Dr. Siegel's track record for evaluating drugs is not very reassuring, he was seriously fooled by cocaine. It is a sad commentary that in his zeal to not be fooled again, he has become the dreamweaver, conjuring up dangers that fade in the daylight of genuine scientific inquiry and leaving those that do exist undiscussed.

There are the only two MDMA-linked deaths in the literature. There is one case of a 60 year old man with a very weak heart who died of heart failure shortly after taking 200mg. of MDMA. MDMA temporarily increases blood pressure and should not be used by people with a compromised heart, although several people with pacemakers have experienced MDMA with no complications. MDMA can also trigger epilepsy in people predisposed to epileptic fits, and there is one death related to MDMA in this way.

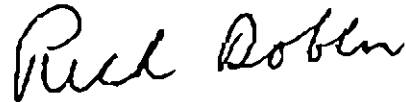
Also, by virtue of MDMA's ability to allow emotions to become more felt and present, when taken in a non-supportive setting it can be disruptive to those with preexisting psychological disturbances, and could precipitate a psychological disintegration. This same capacity of MDMA to open a window into the emotions, when used therapeutically, can facilitate much needed healing. The context, set and setting are much more determinative variables than the MDMA itself. As the son of a physician who administers an inpatient drug abuse treatment facility, I deeply know the tragedy of drug abuse and have initiated discussions with Straight, the national drug abuse treatment program, in order to investigate and if possible limit cases of MDMA abuse.

As the grandson of an 81 year old woman who is suffering from a clinical depression that electroconvulsive therapy and various drug treatments have not cured, I am struggling to legally treat her with MDMA under medical supervision. As the

coordinator of the Esalen scientific conference on MDMA that was referred to in the article, I am seeking scientific truth.

The way is clear to break free from Dr. Siegel's nightmares, from the mythological Circe's imprisonment, as well as from the sorcery of the magical pharmacologists. As is written over a main door, at CIA Headquarters, "Know the truth and the truth shall make you free."

Psychedelically Yours,

A handwritten signature in cursive script that reads "Rick Doblin". The ink is dark and the signature is fluid and connected.

Rick Doblin

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