



“They Call It Ecstasy”

Sidney Cohen, M.D.

History repeats itself, but nowadays it repeats incessantly. One does not have to wait a century to witness a mindless repetition of what should have been learned from past events. It seems that we are so present-oriented that the errors of the past are ignored and must be reduplicated every decade or so.

It was not very long ago that the adjectives now used to describe MDMA (also Ecstasy, XTC, Adam) were being applied to other drugs like LSD, mescaline, psilocybin and MDA. Whatever differences there might be can be explained by differences in dosage. For example, 25 to 50 mcg of LSD produces a state which is quite like the “miraculous” Ecstasy state. One hundred to 150 mg of mescaline will also do it. MDMA is an hallucinogen, but taken in small doses it leads to feelings of detachment and loss of drives.

First, we will quote some descriptions of the effects of MDMA; later, we will cite the subjective effects of other drugs.

“It helps people get in touch with feelings not ordinarily available to them.” “It has quite a low potential for abuse.” “It’s the most beautiful experience I ever had.” “My most distinct feeling was feeling very good about myself.” “It brings out body sensations.” “It’s the answer.” “Time ceased to exist.” “There is a sense of peacefulness.” “A great emotional sharing.” “You have lots of insights into yourself, *real* insights.” “Serenity.” “It’s like a Sabbath at the end of a long week.” These are state-

because the proponents of MDMA therapy claim that it is not like LSD. In fact, they claim that it represents a novel class of drugs. Numerous reports from patients and subjects given LSD in modest doses, however, can hardly be distinguished from current MDMA reports.

It is quite evident that MDMA is an hallucinogenic drug and, like all hallucinogens, it can produce intensification of perception, cognition and feelings of disengagement with subhallucinogenic amounts. Unfortunately, these effects wash out shortly after the experience.

MDA

How does MDA, “the love drug,” compare in its subjective effects to MDMA? Certain therapists who used MDA concluded that it produces feelings of delight; empathy; serenity; joy; and, insight and self-awareness without perceptual changes, loss of control or depersonalization. It also eliminated anxiety and defensiveness. Such a description is identical to those noted these days with MDMA.

Why then did MDA lose popularity and why was MDMA exhumed after lying fallow for 75 years?

After coming into use for a few years, MDA began to produce casualties and was placed in Schedule I. Makers and takers of the substance then looked around for a closely related drug that was still unscheduled and, therefore, legal.

MDA has the same chemical relationship to MDMA as amphetamine has to methamphetamine. When a methyl group is added to the side chain of MDA and of amphetamine, MDMA and methamphetamine are formed. These alterations would hardly be expected to change their pharmacologic properties and, indeed, they do not. The major difference between MDA and MDMA is that MDA has been studied longer.

Shuster and his colleagues at the University of Chicago have been investigating MDA for at least 10 years. What they have found in a number of animal species is that continuing use leads to a sharp and persistent reduction in serotonin, an important neurotransmitter in the brain. Serotonin levels were reduced for at least a half year (the duration of the study) after the drug was discontinued.

Why the long lasting decrease in serotonin? The best explanation is that MDA or one of its meta-

ments culled from news accounts of MDMA which proponents think is so remarkable that they find it hard to classify this drug.

Let us compare the reports with those made in the past about other more mundane drugs. Here is DeQuincey, about a century ago, describing his drug experience in “Confessions of an Opium Eater”:

“For it seemed to me, as if then, first I stood at a distance and aloof from the uproar of life, as if the tumult, the fever and the strife were suspended; a respite granted from the secret burdens of the heart; a Sabbath of repose, a resting from human labors. Here were the hopes which blossom in the paths of life: reconciled with the peace which is in the grave, motions of the intellect as unwearied as the heavens, yet for all anxieties a halcyon calm; a tranquility that seemed no product of inertia, but as if resulting from mighty and equal antagonisms; infinite activities, infinite repose.”

Perhaps DeQuincey was a remarkable man and any drug, even opium, might produce a remarkable, detached state. Then how about this fragment of a report from one of my unremarkable LSD subjects?

“As the morning wore on, this sense of tranquility increased to an *undescrivable* mood of great calm and peace. The problems and strivings, the worries and frustrations of everyday life vanished: in their place was a majestic, sunlit, heavenly inner quietude.”

LSD is often compared with MDMA in this essay

because it destroys serotonin-producing cells. Methamphetamine reduces dopamine production and, over time, one of its metabolites damages dopamine-producing cells. Serotonin transmission is involved in many important functions like sleep, arousal, mood and others. The possibility that MDMA induces a similar depression of serotonin activity is quite likely. This is now under study. If true, it would constitute a serious brain dysfunction that would normally get worse with age.

The Therapeutic Use of MDMA

There are two elements to the MDMA story. The first involves its use in physically and psychologically well or only mildly depressed people with the expectation that they will communicate better, experience improved feelings and resolve their conflicts. The way in which the sessions are conducted has an uncanny resemblance to LSD therapy sessions conducted 20 years ago. The initial results are equally positive. Patients feel better during and shortly after the MDMA experience, but the LSD results appear to be even more sustaining. (Despite this, LSD did not make it to therapeutic acceptance.)

Although a few dozen therapists have been using MDMA for a number of years, not a single paper has been published in a scientific journal on this subject. The only description that seems to be available, aside from the media accounts, is from a therapist who had it reported privately. In contrast, over a hundred articles and books about psychotherapy with LSD exist and that technique is no longer used. A long term followup on the MDMA patients is, of course, not available.

Side effects consist of amphetamine-like sympathomimetic actions: muscle tension, bruxism, anxiety, blurred vision, sweating, anorexia, insomnia, tremors, hypertension and tachycardia.

Unfortunately, the MDMA therapists who claimed that MDMA had a low abuse potential were wrong. Hundreds of thousands of doses are being sold on the street. Certainly, calling the drug “Ecstasy” does not hurt its sales. “Ecstasy” does not equal ecstasy, but truth in advertising codes do not apply in street sales. Nor is there any need for quality controls or bioavailability testing such as any marketed drug requires.

Everything that has been observed with MDMA is

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similar to the observations made with the dozens of drugs in the methoxylated methamphetamine series. In sufficient dosage, they are all sympathomimetics, anorectics, stimulants, dissociating and paranoid-producing agents. Attempts to mystify this drug and set it apart from its relatives like MDA, DOM (STP), PMA and the others, reflects a lack of knowledge about the series. In addition, all hallucinogens, in modest doses, have induced feelings of interpersonal closeness and serenity. A multitude of articles and books about LSD and mescaline are available to those who read attesting to their ability to facilitate psychotherapy, provide insights and produce equanimity. Nevertheless, LSD was misused to the point that further research became impossible.

As might have been predicted, MDMA is taken under non-medical conditions, sometimes all day long for its stimulant-euphoric effects. It is used in more than average doses as an aphrodesiac. Visual distortions, hallucinations and paranoid thinking have occurred. Three deaths are known that are claimed to be MDMA related. By comparison, deaths directly due to LSD are essentially unknown. It is the suicide, homicide or accident proneness of the state that caused the lethal consequences of LSD. In this respect LSD is safer than MDMA. The LD₅₀ (lethal dose for 50% of a population) for MDMA is about 10 times the therapeutic dose. For LSD it is 100 times the therapeutic dose. All this is no endorsement of LSD for psychotherapeutic purposes. It simply points up the fact that MDMA has no advantages over equivalent amounts of LSD. Instead, it seems to be even less safe than LSD.

Discussion

MDMA has been labelled a “designer” drug. While Pierre Cardin and other stylists may object, the term is apparently here to stay. Let us forget, heroin was the first of the “designer” drugs. But what is a “designer” drug? It is not a drug designed to be better than its predecessors. It is one with the same

subjective effects as previous drugs, but which is still legal to manufacture and possess. It has the advantage of not being studied so that its adverse effects are not well known. Now that MDMA has been placed under control with substantial penalties for trafficking and possession, the search is on for another closely related chemical that will also take a few years to bring under drug abuse control legislation.

What is to be done about the almost ludicrous effort to keep abreast of the new drugs designed to evade the law? Do we have to wait for the overt abuse of these agents before controlling them? Meanwhile, chemists will move on to other analogues as the drug in fashion is about to be scheduled. Why cannot the classes of drugs that are known to be abusable be controlled, rather than the individual drugs? Class scheduling would avoid the “designer” game. It is now possible to predict with good accuracy, the propensity for abuse of a substance or a class of substances by looking at its structure, and by performing some simple animal tests, if necessary.

The search for chemicals that will provide us with feelings of love, serenity and peace is a reflection on ourselves and on the world as it is. Equanimity is difficult to achieve because most of us have not developed into the state, and the planet hardly provides a basis for tranquility. While the chemical search continues, we should consider why the more strenuous, but also more satisfying and sustaining search into ourselves is not employed more often.

As we have learned and forgotten from LSD instant psychotherapy, the feeling that momentous changes have occurred fade away. One is left no better, sometimes worse, than before the chemical holiday because of the absence of enduring change. It became evident that an LSD experience might be the beginning, not the end, of a search for sustaining change and that the hard work of restructuring still had to be done. So it will be with MDMA.

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