

ABUSE

FOLIO

MDMA

AKA

● Ecstasy, Adam, XTC, MDM, E, doctor, the yuppie drug, etc.

CHARGES

● Enforcement considers MDMA to be a potentially dangerous drug with a high abuse potential. In high dosages it can produce disorientation, anxiety, paranoia, elevated pulse, and blood pressure as well as other adverse stimulant effects. "Similar" drugs (methamphetamine and MDA) are reported to have produced neurotransmitter site damage in rats when injected at high dosages.

NATURE AND USE

● MDMA is a short-acting phenylethylamine compound that was first synthesized and patented by E. Merck and Co. of Germany in 1914. Its chemical name is N-methyl-3,4-methylenedioxy-alpha-methylbenzethanamine N, alpha-dimethyl-1,3-benzodiazepine-5, ethanamine. This is usually shortened to methylenedioxymethamphetamine. MDMA is usually synthesized from molecular components of methamphetamine and either safrole from sassafras or nutmeg. More recently published procedures have employed piperonylacetone as a starting material.

In many ways, MDMA is an enigma. It has stirred more controversy than any consciousness effective drug since LSD. Every major newspaper and television network has done a feature on this drug. Some of the reports have been from the viewpoint of researchers and clinicians who have worked with MDMA as an adjunct to psychotherapy, while others take the viewpoint of the Drug Enforcement Administration. When juxtaposed, the two could be talking about two totally different substances.

In our last month's column on "Designer Drugs," we briefly discussed the confusion and controversy caused by the inclusion of MDMA and similar substances among the "designer" narcotics. Some researchers see a tremendous future for MDMA and drugs like it in the treatment of such diverse problems as delayed stress syndrome in Vietnam veterans, clinical depression, family stress,

Medical advice by David E. Smith, M.D.
Written by David E. Smith and Rick Seymour of the Haight-Ashbury Free Medical Clinic.

The authors do not advocate the use of any psychoactive substances

and dealing with the emotional and psychological impact of terminal disease. These researchers have reported positive results when using the drug at prescribed dosages within context of ongoing psychotherapy and under proper medical supervision. They report that one or two sessions with the drug are usually sufficient to produce maximum results.

Unlike most so-called "psychedelic" drugs, MDMA is reported to not produce hallucinations, euphoria, or sense distortion at controlled dosages. There is no amnesia and no loss of control. In therapeutic sessions, it is said to provide a brief period of openness and freedom from fear and defensiveness that allows a trust to be established between a therapist and a patient. Proponents have reported "overwhelming feelings of peace" "...you're at peace with the world. You feel open, clear, loving... You have a lot of insights into yourself... that stays with you after the experience is over." The effects are also described as a loosening of psychic knots that allows a client and therapist to uncover and unravel painful mental blocks. In couples therapy, for example, MDMA has helped break down long standing destructive barriers between husband and wives.

HAZARDS AND LIABILITIES

● Little is known of either the side effects, possible allergic reactions or long term effects of MDMA. Because of its stimulant effects, anyone with high blood pressure, heart problems or any other circulatory problems, history of seizure, diabetes, hypoglycemia or any related problems should avoid its use. It should not be used in conjunction with stimulants, MAO-inhibiting drugs or antidepressants. The effects on a fetus or nursing infant are unknown and it is always a good idea for pregnant or nursing mothers to avoid any psychoactive substance. One should not try to operate a vehicle or any machinery while under its influence, even though one may feel perfectly capable of doing so.

Three deaths have been associated with MDMA, but at least one actually involved use of MDA and alcohol while none of them have been verified. The toxic level of MDMA in man is not known, but on the basis of animal studies the effective safety factor is greater than tenfold. Researchers have reported that large doses of MDA and amphetamines may have caused degeneration of nerve terminals in the hippocampus and

striatum of rats.

As with any psychoactive substance, MDMA does have a definite abuse potential. It shouldn't be used by anyone with vulnerability to addictive disease, nor should it be used in the treatment of alcoholism addiction or drug dependency.

When too much of the drug is taken, the adverse stimulant effects are what one usually sees. Symptoms may include anxiety, rapid pulse and heart-beat, and in advanced cases, paranoia with or without ideas of reference. Since MDMA was placed on Schedule I in July, 1985, analysis of street samples has indicated an increase in both dosage and potency.

FIRST AID PLUS

● Overdose symptoms are dosage related and tend to decrease as the drug effects diminish. Reassuring talkdown methods, such as those used with psychedelic bad trips can be helpful. With such short-acting substances, time and the realization that the symptoms are indeed letting up can be the best healers. If the anxiety or paranoia persist, clients may be helped by a series of counseling sessions. These rarely continue for more than a week unless the client has other drug or emotional problems. ●

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Note: David Smith and Rick Seymour are cochairing a national conference on MDMA in San Francisco on May 17-18, 1986. Further information on the conference and Rick's book *MDMA* can be found elsewhere in this magazine. Also write: MDMA Conference, 409 Clayton Street, San Francisco, CA 94117.