

Ecstasy: The MDMA Story

The DEA staff is determined to place MDMA in Schedule I and it is our duty to let the facts stand in

by Bruce Elliott

MDMA

Part one of a three part series

Differences Between MDMA and Major Psychedelics

Aside from this attempt at secrecy, another factor—the differences between MDMA and its predecessors—helped keep things quiet. MDMA is a member of a new generation of psychoactive substances, which are in many respects different from major psychedelics. Indeed, some refuse to consider it a psychedelic drug at all. They would rather use descriptors like "feeling enhancer" or "empathogen."

How does MDMA differ from LSD, mescaline, or its close chemical relative, MDA, for that matter? Perhaps the most important distinction between MDMA and the others is that MDMA is more specific in its effects.

Stanislav Grof, M.D., former National Institute of Mental Health (NIMH) LSD researcher and author of three books reporting the results of his experiments, has classified LSD as a "non-specific amplifier of brain functions." By this, he means that LSD tends to enhance almost every aspect of mental experience, from amplifying and distorting any or all of the senses to the revelation of the contents of the unconscious mind. The LSD taker is bombarded with more of almost everything, positive as well as negative. This is, for the most part, also true for the other major psychedelic drugs.

MDMA does not produce many of the effects attributed to these major psychedelic drugs. It is not hallucinogenic in normal doses, and it does not disrupt "ego-integrity," a term psychologists use to describe our ability to function in the world. Coordination is not lost during the MDMA experience, and there are not disorganizing effects on thought processes.

Instead, MDMA focuses selectively on a few of the many mental functions that LSD may affect, including emotional ecstasy, capacity for empathy, serenity, self-awareness, and "noetic" feelings. The last, noetic feelings, are the experience of seeing the world in a fresh way, as if for the first time—as a child sees it.

...with a host of the Department of Medical Chemistry of Florida University, has also contributed much to the field. ... Within the effective dosage range of 15-100 mg orally, the effects of MDMA are similar to those of LSD, but with a more pronounced effect on the sense of empathy and social bonding. ... Several months ago, Grof and his colleagues reported that MDMA produces a state of "emotional openness" and "social bonding" that is similar to that produced by LSD. ... MDMA is a member of a new generation of psychoactive substances, which are in many respects different from major psychedelics. ... The MDA is the chemical relative of MDMA, and it is also a member of this new generation. ... MDMA is more specific in its effects. ... Stanislav Grof, M.D., former National Institute of Mental Health (NIMH) LSD researcher and author of three books reporting the results of his experiments, has classified LSD as a "non-specific amplifier of brain functions." ... MDMA does not produce many of the effects attributed to these major psychedelic drugs. ... Instead, MDMA focuses selectively on a few of the many mental functions that LSD may affect, including emotional ecstasy, capacity for empathy, serenity, self-awareness, and "noetic" feelings. ... The last, noetic feelings, are the experience of seeing the world in a fresh way, as if for the first time—as a child sees it.

Early History

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The LSD experience is sometimes referred to by psychologists as involving "depersonalization." That is, the experience of existing as a separate personality or "ego" is disrupted by LSD. MDMA does not normally produce depersonalization. Instead, the effects are ego-strengthening.

MDA is closer in its effects to those of the major psychedelics (LSD, psilocybin, mescaline). It has some depersonalizing qualities as well as mild hallucinogenic effects. The latter are much less pronounced than with LSD. At the same time, it promotes empathetic communication and interpersonal exploration in the same manner as MDMA, although again, not to the same degree. MDA appears to be a less selective, more globally active representative of the family of phenethylamines of which it is a member, whereas MDMA is a more specific enhancer of empathetic awareness. In fact, MDMA might be considered the prototype of a new class of psychoactive compounds, the "empathogens."

As a result of these differences between MDMA and its predecessors, the experiences catalyzed by MDMA are nearly always positive. The set (expectations of the user) and the setting (the place where the drug is taken) have much less influence on the outcome of the MDMA experience than is true for LSD. The depersonalizing, hallucinatory experience of LSD requires much more preparation and structuring than MDMA does to produce a favorable outcome. And even with the most careful planning and environment, the dramatic consciousness changes produced by LSD can be frightening or even shattering for some people.

When large numbers of people on bad LSD trips appeared at hospital emergency rooms during the '60s, the phenomenon attracted the attention of the government and the media. But only eight people in the entire country sought treatment in hospital emergency rooms after using MDMA during the four years from 1977 (when the drug first appeared on the street) to 1981, according to the government's Drug Abuse Warning Network (DAWN). More are admitted for alcohol-related problems in any two hours of a single day than in those four years. Between 1981 and

1985, not a single admission to any of the DAWN-monitored hospital emergency rooms was reported.

Dissemination of MDMA into Society

The benign nature of the MDMA experience, along with the purposeful effect of those who used it to keep things quiet, contributed to the low profile that MDMA exhibited from its introduction in 1977 until 1984.

During that time, MDMA spread through underground channels which included psychotherapists, psychiatrists, long-time psychedelic drug explorers, yuppies, and a remarkable assortment of individualists of all kinds. The main uses of MDMA were as a facilitator for interpersonal exploration and communication between lovers and friends, and, among the professionals, as a tool for psychotherapy. For those purposes, MDMA turned out to be quite reliable. By this time, it was called "Adam" or "Ecstasy" by many of those who used it.

Ralph Metzner, Ph.D., who named this class of compound "empathogens," has noted in his unpublished "The Nature of the MDMA Experience and Its Role in Healing, Psychotherapy and Spiritual Practice":

"Perhaps the most interesting code name for MDMA, that seems to have originated with a group of therapists on the West Coast, is the term 'Adam,' by which is meant not Adam as man, but rather Adam-and-Eve as androgynous ancestor.

"The figure of Adam is a highly important symbolic figure in Gnostic and Hermetic writings, and C.G. Jung wrote extensively about it. He represents 'primordial man,' the 'original being,' the 'man of Earth,' the condition of primal innocence and unity with all life, as described in the Bible's account of the Garden of Eden. Feelings of being returned to a natural state of innocence, before guilt, shame and unworthiness arose, are common in these Adamic ecstasies; and so are feelings of connectedness and bonding with fellow human beings, animals and all the forms and energies of the natural world."

The other popular name for MDMA, "Ecstasy," was chosen for obvious reasons. The man who first named it "Ecstasy" told me that he chose the name "because it would sell better than calling it 'Empathy.' 'Empathy' would be more appropriate, but how many people know what it means?" In mid-1984, the calm waters of MDMA use began to feel some ripples, forerunners of the waves of the storm that was to follow. Hardly a word had been written about Adam until Bill Mandel's flippant piece, "The Yuppie Psychedelic" appeared in the June 10, 1984 edition of the *San Francisco Chronicle*.

"Shades of Timothy Leary! A defrocked Harvard professor appeared on the Marin County intelligentsia circuit a few months ago preaching the wonders of a new psychedelic drug.

"Called 'Adam,' it has been turning up recently in rather unlikely circles. Adam is spreading faster than a secret restaurant tip among educated professionals in their 30's and 40's, non-kooky baby boomers who experimented with psychedelics 15 years ago and then forsook them for careers and family.

"Could this be the last hurrah of the '60s, a final nostalgic harkening to a golden age when 'bald spots' were on old slopes, not one's scalp? Back then, Leary and Richard Alpert (who later became Ram Dass) left psychology professorships at Harvard to become guides on the LSD Magical Mystery Tour.

"No, Adam is very definitely of the '80s. According to people who've taken it, this new psychedelic isn't supposed to teach you anything or take you anywhere. It was designed simply to stimulate the pleasure centers of the cerebral cortex..."

Many who used Adam were relieved to find that its chemical name was incorrectly given in this slick mix of fact and fallacy, a combination which was to typify much of the media coverage that was to follow. Mandel says, "The name 'Adam' is probably derived from the chemical name, methyl-methyl diorxyamphetamine (MMDA)." MMDA is one of Adam's close chemical cousins, and had been scheduled by the Comprehensive Controlled Substance Act of 1970—which contains lists of drugs prohibited by the federal government—along with MDA. By

specifying the wrong name in the article, attention to MDMA was averted.

But this respite was to be short-lived. The next month, the World Health Organization asked of its member governments about the use of more than twenty known psychoactive substances of the chemical class called phenethylamines. MDMA was on the list. Checking records of drug seizures, WHO identified MDMA as the only drug found on the list a significant number of times.

After a year of collecting data and planning in collaboration with the Food and Drug Administration, the Drug Enforcement Administration (DEA) published a notice in the July 27, 1984 edition of the *Federal Register* that it intended to include MDMA in the Comprehensive Substances Act as a Schedule I drug, equivalent to a narcotic and deemed to be without medical use.

The DEA could not have anticipated what happened next. A group of self-described "physicians, researchers, therapists, and lawyers" was established under the name of a Florida-based nonprofit corporation formed earlier by proponents of Buckminster Fuller, Earth Metabolic Design Laboratory. Concurrently four individuals, Professor Thomas B. Roberts, Ph.D., George Greer, M.D., Professor Lester Grinspoon, M.D., and Professor James Bakalar, retained a Washington, D.C. attorney, James Cotton. On Sept. 10, 1984, Cotton sent a letter to Francis Mullen, Administrator of the DEA, requesting that a hearing be held to determine whether MDMA should be scheduled, and if so, what schedule it should be placed in.

The initial hearing was held on February 1, 1985, in the Washington, D.C., Drug Enforcement Administration offices with presiding administrative law judge Francis Young. Also present were two DEA attorneys, Richard Cotton, and a pharmaceutical company attorney not interested in MDMA, but interested in a procedural question discussed in the *Federal Register* with regard to the hearings about whether a drug could be placed in a category other than Schedule I of the Controlled Substance Act if there was no currently accepted medical use.

It was decided that three future hearings would be held: one in



Washington, D.C., another in Kansas City, Missouri, and the third in Los Angeles. These hearings would try to address five questions decided by general agreement of the contending parties: 1) Is there accepted medical use of MDMA? 2) Is there lack of accepted safety for MDMA when used under medical supervision? 3) What is the relative abuse potential of MDMA? 4) If there is no accepted medical use of MDMA, can it be placed in a category other than Schedule I? 5) If MDMA can be placed somewhere other than Schedule I, where would it be scheduled, if at all?

Judge Young commented that the decision process could take up to a year. Those who were interested in using the drug therapeutically hoped that during this period, much more research could be done with human subjects to prove the efficacy of MDMA for psychotherapy. But events of the next several months placed a dark cloud over those expectations.

California Conference

Esalen Institute is eleven miles north of the small town of Big Sur, California. The site of hot mineral springs, it was once the residence of the Esselen Indians, who considered its waters to have remarkable healing properties. Since its founding in the mid '60s, Esalen has been a vortex for new ideas and methods involving humanistic psychotherapies and con-

sciousness sciences.

Esalen has also been the base of operations for Stanislav Grof, M.D., who has conducted research on LSD for nearly thirty years, both in his native Czechoslovakia and with funding from the National Institute of Mental Health in Bethesda, Maryland. Grof and Esalen co-founder Dick Price, both interested in the promise of MDMA, opened up Esalen as a grounds for a conference of researchers in the field.

Co-sponsored by Earth Metabolic Design Foundation, the conference was held from March 10-15, 1985. It was reported on by George Greer in the Spring 1985 issue of *Advances: Journal for the Institute for the Advancement of Health*. Some of this report is excerpted:

"Among the 35 participants at the meeting were five veteran researchers on psychoactive drugs (Francisco Dileo, M.D., Stanislav Grof, M.D., Robert Lynch, M.D., Claudio Naranjo, M.D., and Richard Yensen, Ph.D.) and four psychiatrists who use MDMA in their clinical practice. On the fourth day of the meeting, George Greer, one of the psychiatrists, directed a session in which 13 participants took MDMA; each person was monitored separately by a physician or psychiatrist. Among the professionals present, the combined clinical experience in using MDMA during the past several years totaled over a thousand sessions.

"None of those that took MDMA had any complications, some found

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the session emotionally intense. The two days remaining in the conference allowed for follow-up discussion and analysis. The people who took MDMA regarded the experience positively and felt the drug encouraged self-insight.

"Psychiatrists Joseph Downing, M.D., and Philip Wolfson, M.D., presented results of an unpublished, recently completed toxicity study of 21 human subjects, all of whom had taken MDMA in the past. Other than a brief and moderate rise in pulse and blood pressure, the researchers found no significant abnormalities before ingestion, or up to 24 hours afterward.

"The reports on the benefits of MDMA, although anecdotal, were uniformly positive. In the discussion of MDMA's effects, the clinicians... felt it possessed a unique action that enhanced communication, especially in couples in therapy. The drug reduced defensiveness and fear of emotional injury, with therapy facilitating more direct expression of feelings...

"Reports on facilitation of individual psychotherapy were also favorable. Many subjects experienced the classic retrieval of lost traumatic memories, followed by the relief of emotional symptoms. Victims of child abuse and sexual attack experienced the most dramatic benefits. Wolfson also reported having multiple MDMA sessions with psychotic individuals and their natal families, leading to improvements in the patient's functioning and ego integration.

"The group favored assigning MDMA to a lower Schedule, reserved for drugs with moderate-to-low abuse potential, thus allowing for prosecution for illicit trafficking and the continuation of ongoing studies of MDMA's therapeutic potential. In support of this position, it was pointed out that the Drug Abuse Warning Network... had listed only eight emergency-room visits as a result of MDMA and that since the drug's appearance in the 1970's, no deaths in conjunction with MDMA use had been established. The participants agreed that although MDMA was not a proven therapeutic agent, its supervised experimental use with full informed consent was medically acceptable and safe." *

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