

## Ecstasy: The MDMA Story (Part two of a three part series)

Excerpted from Chapter 1--"Introducing Adam"

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## MDMA Goes Public

*Newsweek*, in the April 15, 1985, issue, printed in its Life/Style section an article titled, "Getting High on 'Ecstasy.'" It began:

"This is the drug that LSD was supposed to be, coming 20 years too late to change the world. It is called MDMA—or 'Ecstasy'—and users say it has the incredible power to make people trust one another, to banish jealousy and to break down barriers that separate lover from lover, parent from child, therapist from patient. Yet unlike LSD, it does not also break down one's ability to distinguish between reality and fantasy, so that it appears free of many of that drug's unfortunate side effects. A New York writer who tried it compares it to 'a year of therapy in two hours.' A Benedictine monk from Big Sur, Brother Steindl-Rast, says 'a monk spends his life cultivating the same awakened attitude it gives you.' Of course, not everyone is taking it for the insights it provides. It has become popular over the last two years on college campuses, where it is considered an aphrodisiac. Drug-abuse clinics have begun seeing kids who take a dozen or more doses a day to achieve an amphetamine-like high. Apparently the nation is on the verge either of a tremendous breakthrough or a lot more kids too strong out to come in from the rain."

The next major media exposure for the suddenly publicized drug was on network television's "Phil Donahue" show, which turned out to be a rollicking free-for-all taped before a vocal New York audience.

The show began with Donahue poking fun at MDMA by first suggesting that the Iranians might

dump it in the water supply. Then, as Ayatollah Khomeini lands at the Washington airport, we welcome him with open arms—rendered open and loving by the new drug.

As Donahue sampled audience opinion, the immediate reaction was that it didn't like the idea of a new drug. Donahue then gave an appeal for the information to be heard, since much of the false information given in the drug scare of the late '60s had resulted in kids being told that heroin was the same as marijuana.

On the panel was Rick Ingrasci, M.D., who used MDMA in his Massachusetts medical practice; Mel Riddle of Straight, Inc., a drug abuse center; Gene Haslip, Deputy Director of the DEA; and Charles Schuster of the Drug Abuse Research Center, University of Chicago.

Ingrasci said that he did not consider the drug a panacea, and was not advocating that people take it all the time. He was simply suggesting that it be used in therapeutic circumstances to help people work through difficult emotional problems and improve their quality of life.

Mel Riddle spoke next, with a strong anti-drug line, suggesting that many kids who come to him have used the drug, and some were completely messed up after just one dose.

Gene Haslip was introduced by Donahue with a lecture on the problems that the hard-line policy of the Reagan administration toward drugs has created. Haslip replied with a statement that he wanted to get MDMA off the street and made a Schedule I drug.

Charles Schuster took what at first seemed a moderate position, suggesting that the drug be held out of Schedule I until research was

done with it, as is done with other drugs which are being tested for possible medical use.

However, this was followed by a rather sensational statement. Schuster announced that he and two other researchers from the Drug Abuse Center had found that MDA, the "parent compound" for MDMA, caused brain damage in rats, and therefore might also in humans (oddly, the research paper they published in *Science* stated their position in much more conservative language).

However, the tone of the program was changed by the articulate testimony of several patients of Rick Ingrasci, who spoke from the audience. The first case history was from a woman whose marital problems were helped by an MDMA session in the context of psychotherapy. The second to talk, Diane Watson, a cancer patient, spoke emotionally about how MDMA had helped her deal with the diagnosis that she had terminal cancer and only six months to live. MDMA, she said, was a catalyst to help her deal with the anger and the pain of her terminal disease. She stated, "MDMA is not an ecstasy drug. It allows you to see the world more clearly and to heal yourself. You realize that you don't need negative emotions, old emotions any more, and you can let them go."

There were many testimonials from the audience, pro and con. Advocates and "anties" were given time to make brief statements. Clearly, the statements by those helped by MDMA therapy made a deep impression on the studio audience, but still there were many who remained skeptical of the advent of another new drug.

The floodgates had now opened, and a deluge of media copy and videotape spilled forth. An article appeared in the May issue of *Psychology Today* by Jack Shafer, a reporter writing a book about the increase of synthetic drugs appearing in the drug underground. His previous magazine publication, in the March 1985 issue of *Science* '85, "Designer Drugs," portrayed the dangers of synthetic heroin substitutes, such as alpha-methyl fentanyl, also known as China White. In his article "MDMA: Psychedelic Drug Faces Regulation," Shafer

attempted to present both sides of the controversy of another designer drug, the much safer MDMA.

On the lighter side, the comic strip Doonesbury's Uncle Duke hosted a conference entitled "Ecstasy: Whither the Future" at Baby Doc College.

Ron Siegel, Ph.D., a pharmacologist who researches psychoactive drugs at the UCLA School of Medicine under grants from the National Institute of Drug Abuse (NIDA), emerged as the major representative of the DEA's attack upon the safety and usefulness of

Adam. He was featured in *Psychology Today* as well as in subsequent articles in *Time*, *Life* and *New York*.

Rick Doblin, the 31-year-old co-founder of Earth Metabolic Design Laboratories, became the major pro-MDMA figure in the media, although he was subjected to heavy criticism by his more conservative colleagues in the organization because of differences in strategies of action.

Doblin first tried MDMA in 1985 and quickly became an activist for the substance. Wrote Joe Klein of *New York* magazine:

"Even before the Federal Government entered the picture, Rick Doblin sensed that MDMA would become a political issue. 'Compassion has political implications. Empathy has political implications,' he says. Doblin decided to contact various government agencies, to show good faith by telling them all about MDMA and asking guidance. He contacted Nancy Reagan's anti-drug group, the National Federation of Parents for Drug Free Youth. He contacted the Food and Drug Administration and the National Institute on Drug Abuse and the United Nations. He proposed cooperation. He proposed joint research into MDMA. He proposed to the United Nations that MDMA be used in a project called 'Shaping a Global Spirituality While Living in the Nuclear Age.'"

Currently Doblin is finishing a degree in Florida and working on a proposal to set up a pharmaceutical company—Orphan Pharmaceuticals Inc—which would conduct animal human, and clinical tests in an effort to establish the therapeutic efficacy of MDMA.

During the beginning of 1985, another development occurred. A laboratory in Texas, which first began operating in 1983, started producing unprecedentedly high amounts of MDMA. Ron Siegel, in the *Psychology Today* article, estimated that 30,000 doses of MDMA were being made each month. This laboratory was said to be producing a kilogram—8,000 doses—per day, or 240,000 doses per month. These were made into tablets and sold in brown bottles labeled "Sassyfras."

"Sassyfras" brand MDMA was being sold, according to the DEA, at parties in which "psytrank sales" were organized. Participants paid

## ADAM'S RITE: California's MDMA Church

From guru-smoking rituals to reworking Indian, mind-altering substances have enhanced religious ceremonies; helped provide psychic healing; and been used to expand metaphysical horizons in a variety of cultures and subcultures. Not surprisingly, the empathogen MDMA—due to its ability to open people up to experiences and allow them to reach peak states—has in northern California found itself the god of the ritual used by a state-recognized church, a spiritualized blend of shamanism and Douglasmism, the doctrine of a former drug addict who went underground, and the Ecstasy guru who conducted a rite for some twenty years before the founder of the church, and who has since become a public figure.

The church came to be recognized as a religion, as the result of a Halloween party attended by some one hundred and fifty, the style revolves in 1977, becoming more than three decades after the first year later, although the church was founded during the church's early years of limited growth of the religion, it has since become a major force in the area.

The church's name, the name of the founder, and the name of the church, are all derived from the name of the founder, who has since become a public figure. The church's name, the name of the founder, and the name of the church, are all derived from the name of the founder, who has since become a public figure.

emotional problems. When a minister has completed the case and feels the person is able to handle the substance and will reap real rewards from the experience, these arrangements are made for the ritual. No fixed ceremony actually precedes the trip—each MDMA session is tailored to the peculiarities of the individuals. The church emphasizes the importance of providing by close to an ideal setting as possible, and requires its ministers to not only demonstrate counseling skills, but—after taking Adam's Rite—considered a spiritual and mental awakening—to have a properly balanced attitude towards the drug. The church views recreational MDMA use, though ministers still deem a part of their job, as a waste of time and energy of the church as a whole. The church is currently in the process of being recognized as a religion, and the church's name, the name of the founder, and the name of the church, are all derived from the name of the founder, who has since become a public figure.

Among the organizers of the church, the church's name, the name of the founder, and the name of the church, are all derived from the name of the founder, who has since become a public figure. The church's name, the name of the founder, and the name of the church, are all derived from the name of the founder, who has since become a public figure.

— Rob Hambrecht

Continued on page 71

# MDMA

continued from page 65

\$20 for a sample tablet and were recruited to find other sellers. This prompted Senator Lloyd Bentsen, a Democrat from Texas, to write to John C. Lawn, "Acting Administrator of the DEA," asking for an emergency ban on MDMA.

Indeed, Congress had given the Attorney General the power to place any drugs in Schedule I for one year, because of the deaths and crippling disease attributed to China White. (This was later ruled unconstitutional.)

On May 31, 1985, a news conference was held in Washington by the DEA. John C. Lawn, in an Associated Press dispatch published in the June 1 *New York Times*, stated, "All the evidence the DEA has received shows that MDMA abuse has become a nationwide problem and it poses a serious health threat. Thus emergency action is a stopgap measure to curb MDMA abuse until the administrative process can be completed." The story goes on to bluntly state, "Officials of the drug agency said their intention was to replace the emergency ban on MDMA with a permanent ban within one year."

## The Problem with the DEA's Handling of the Drug Problem

The actions that the DEA took in this matter are typical of its past patterns of action on other newly popular drugs. Their "hardball" approach to drugs—near publicity, severe penalties, kick-down-doors enforcement—has not eradicated problems with drugs in the US. Indeed, all it has created is public confusion about drugs and a huge black market.

There is no question that there is a serious drug problem in America. The most widely abused drugs are not even thought of as drugs at all. Nicotine, sold legally in cigarettes, is clearly the nation's most commonly abused drug. Next in popularity is one of the most dangerous and certainly the most lethal of all drugs sold: alcohol—found in liquor, beers, and wines. This drug is legal and sold even in grocery stores.

Of course, the reason that alcohol is now legal is that the 18th Amendment to the Constitution, which instituted prohibition in this country, did not work. In fact, there are few laws against any drug at any time in history that have worked. Edward M. Brecher and the editors of *Consumer Reports* in 1972 published *Legal and Illicit Drugs*, an excellent account depicting the consequences of instituting such repressive legislation.

Particularly fascinating is the section on heroin and the opiate drugs. The account begins with respect to morphine and the opiates that existed in the nineteenth century. At that time, these Schedule I narcotics were available over the counter.

*Legal and Illicit Drugs* concluded that the case of heroin demonstrates the consequences to be expected when a drug is made illegal.

First, the price of the drug goes up, and its distribution is taken out of the hands of experts and put into the hands of criminals.

Second, it criminalizes a group of people who use a particular substance. For heroin, penalties can range up to life in prison.

Third, making a drug illegal usually leads to adulteration of the substance or its being replaced by another compound.

The DEA was set up to police drug use in America. It receives its funding in relation to the severity and scope of the drug problem. Because it is involved in enforcement of drug laws, the DEA's members tend to view any drug use (other than alcohol, cigarettes, and coffee) in a negative way. The DEA also has a strong economic interest in having widely-used drugs made illegal. The more drug-criminals there are to hunt and arrest, the more funding the DEA receives, and the larger the organization becomes. Giving the DEA the power to decide which drugs to criminalize could lead to a constantly expanding police organization, always needing more tax monies.

## DEA Tackles MDMA

Many of the problems of criminalizing drugs are apparent in the handling of MDMA. Also, many of the biases of the DEA have been

revealed in the way it proceeded in having the drug placed in Schedule I.

During the hearings to decide whether MDMA should be made a Schedule I drug, it may have become apparent to the DEA that its case was falling apart. It was difficult to show a high potential for abuse of MDMA. It was possible to show that the drug was used, however, with exhibits of amateur fact sheets. Many of these pamphlets are testimonials to MDMA's efficacy.

But those who testified for the Earth Metabolic Design Foundation universally attested that there were no people whose lives had been harmed by MDMA. Because of the rapid rise in tolerance caused by repeated use, and the buildup of unpleasant side effects, most people learn quickly that MDMA can only be used occasionally. Taking too much is just not rewarding.

For the same reasons, it can be said that MDMA is not an addictive drug. It is true that some people like to repeat the experience. But it is generally found that the less often MDMA is taken, the more meaningful the experience is. The tendency is to take it less frequently after the first two or three exposures. Also, there was little evidence that MDMA was dangerous psychologically. The data from DAWN emergency rooms cited earlier demonstrate that there are few "bad trips" on MDMA. Richard Seymour of the Haight-Ashbury Free Clinic reports that most of those who do have a bad time and come into his clinic are provided with a supportive environment and reorient themselves as soon as the drug is metabolized. Being nonaddictive and relatively free of negative psychological phenomena, even in unsupervised situations, MDMA looks like a remarkably safe drug, even safer than the most commonly used recreational drugs, illegal marijuana and legal alcohol.

As MDMA became popular and publicized, it was clear that the DEA was dedicated to banning the substance. This was made clear in an article entitled "Federal Authorities Want to Ban Ecstasy," printed in the *San Francisco Examiner*: "We're going to ban Ecstasy within the next several months," DEA assistant administrator Gene Haslip vowed. By next fall, Ecstasy will be as rigidly controlled as heroin. It's extremely dangerous."

continued on page 75

# MDMA

continued from page 71

When the DEA ban was announced on May 31, the major reason given for the evoking of the DEA's emergency powers was a study done at the University of Chicago and submitted for publication in *Science*. The study revealed that the drug MDA has been shown to cause brain damage in rats.

When this report was examined more closely, however, it became clear that many aspects of the report made its application to the use of MDMA by humans highly questionable.

The drug used in the study was MDA, which is chemically distinct from MDMA. While they are both empathogens with somewhat similar mental effects, they are molecularly different, and probably affect the brain in different ways.

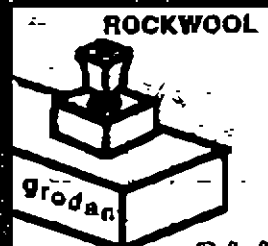
Testimony of two hearing witnesses, medical chemist David Nichols and pharmacist June Retlinger, presented good evidence for the chemical distinction between the two substances. According to Nichols, there is no cross-tolerance between MDMA and MDA. If you take MDMA until it no longer has an effect, you can then take MDA and it will still have an effect, and vice versa. This points to separate sites of action in the brain.

Both Retlinger and Nichols point out that MDA and MDMA have opposite isomer activity in their effect on the brain. Actually MDA, according to Nichols, can be thought of as two separate psychoactive drugs, with each of the stereoisomers having quite different psychological effects. MDMA has only one active (S) isomer, the opposite of the more active MDA isomer. The DEA's own report points out that there is evidence that MDA and MDMA have different pathways of action within the nervous system.

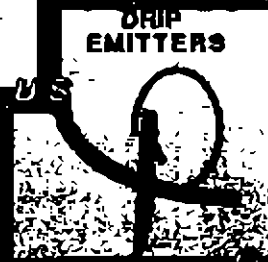
Alexander Stulgin, Nichols' colleague, commented that MDA resembles MDMA, but it also resembles the over-the-counter allergy remedy Sulfad (pseudoephedrine hydrochloride). Should we place this commonly-used potent medicine on Schedule I along with MDMA?

Several other clear objections to the Chicago study are found in the

continued on page 77



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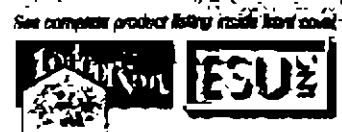
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