

# Psychiatrists Defend New Street Drug for Therapy

By MILES CORWIN, Times Staff Writer

SAN FRANCISCO—Kathy Tamm was walking to her car following a meditation class in Menlo Park when she was abducted, taken to a wooded area, tied up, beaten and then tortured for several hours. For six months after the incident she underwent intensive therapy, but she showed little progress.

She had terrible nightmares. She was terrified to leave the house. Every unexpected noise, every shadow assaulted her senses and brought back visions of the attack.

Tamm, 39, a San Francisco marriage and family counselor, said she was "suicidal, at the end of my rope." As a last resort, Tamm and her psychiatrist decided to treat her with MDMA, an experimental drug that some psychiatrists had found effective with traumatized patients.

"I've taken it several times, and each time I felt a little less fearful," Tamm said. "The drug helped me regain some measure of serenity and peace of mind and enabled me to begin living a normal life again."

"For the first time, I was able to face the experience, go back and piece together what had happened. By facing it, instead of always burying it, I was able to sort of slowly discharge a lot of the horror."

Tamm's psychiatrist, Dr. Joseph Downing, and other physicians will testify at Drug Enforcement Administration hearings in Los Angeles on June 10 and 11 in an attempt to persuade federal authorities that MDMA has great benefits and should be kept available for therapeutic use. The drug, which now is legal, may soon be

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outlawed by the DEA. At the same hearing, other health professionals will talk about MDMA as a popular and dangerous new street drug. They will warn that MDMA has not been thoroughly tested and is a source of increasing abuse and will argue that its availability should be highly restricted.

The hearings in Los Angeles will bring to a head the division between a small but vocal group of psychiatrists, therapists and professors who claim MDMA is a useful therapeutic tool and those health professionals who see the drug as dangerous.

The drug, known on the street as Adam or Ecstasy, is a chemical cousin of MDA, an illegal psychedelic drug popular in the 1960s. Users say MDMA offers a slightly altered state of consciousness without hallucinations, heightened sensibility without anxiety. And some psychiatrists contend that the drug is valuable because it dissolves emotional and psychological barriers, enhances communication and relaxes inhibitions.

During the last few years, MDMA has become one of the most sought-after drugs on the streets and on college campuses. The non-medical use of the drug has increased from about 10,000 doses in all of 1976 to the current 30,000 doses a month, estimated Ronald K. Siegel, a psychopharmacologist at the UCLA School of Medicine.

At the Haight-Ashbury Clinic in San Francisco, several patients a month who have taken high doses of MDMA seek treatment for symptoms similar to "amphetamine psychosis"—paranoia, anxiety and delusions, said Darryl Inaba, director of the clinic's drug detoxification project.

Inaba recently received a call from a San Mateo College official who said there was a "major outbreak" of the drug at the school and that many students were having "panic attacks."

### Classification Protested

The DEA has been aware of the increasing abuse, but unaware that the drug also is being used by about 100 psychiatrists throughout the country as an adjunct to therapy, according to Frank Sapienza, a DEA chemist. Last July the DEA announced plans to list MDMA as a Schedule I controlled substance, the classification for drugs with no therapeutic use and a high abuse potential, such as LSD and heroin.

"After the announcement," Sapienza said, "all hell broke loose."

The DEA was deluged with letters from angry psychiatrists and therapists who challenged the DEA's research and classification procedures. They were outraged that the DEA plan would virtually eliminate all research and clinical use of the drug, and they demanded a public hearing.

A Berkeley research foundation and a group of physicians and therapists retained a Washington law firm to challenge the proposed classification of the drug.



Darryl Inaba, director of drug detoxification at Haight-Ashbury clinic, where MDMA users



have been treated; at right, Kathy Tamm, who says the drug helped her regain serenity.

The DEA decided it was "obligated to listen to some other views," Sapienza said. After the Los Angeles hearings, there will be others in Kansas City and Washington, and the DEA will make a decision in 1986.

Psychiatrists are uncomfortable discussing how they obtain MDMA. Most work with chemists and make their own supply, and a few tell their patients to buy it on the streets. The drug is readily available for about \$30 a dose and is now sold by many cocaine dealers in San Francisco, where the drug is more prevalent than in the Los Angeles area, said a Haight-Ashbury Clinic spokesman.

### Use in Treatment Defended

The "street misuse" of the drug should not "keep it from being used rationally in treatment," psychiatrist Downing said. Most psychiatrists who are familiar with MDMA, Downing said, agree that some controls are needed and suggest a classification comparable to a prescription drug like Valium.

Dr. Philip Wolfson, a San Francisco psychiatrist who will testify in Los Angeles, agreed that extensive testing is in order, but he believes the drug is so useful in therapy that it should continue to be used during the years of testing.

"My patients didn't suddenly stand up and throw their crutches away, but I saw some positive developments after a few sessions," he said. "Patients who had seen only a negative, tortured world had a shift in perspective, and a lighter, friendlier reality was momentarily available to them. For most, the positive experience carried over after taking the drug."

Most drugs used in psychiatry "downers," and MDMA is unusual because it "lightens" moods, Wolfson said. A

aiding the patient, he said, it facilitates the work of the psychiatrist. Sometimes after patients have taken MDMA, Wolfson said, he has "accomplished the work of 20 sessions in one afternoon."

### Defended by Monk

Brother David Steindl-Rast, Benedictine monk from the Immaculate Heart Hermitage in Il Sur, tried the drug at a conference on the medical uses of MDMA. Steindl-Rast, who was a psychologist before he entered the monastery, said the drug facilitates the search for the "awakened attitude" all monks seek.

"It's like climbing all day in the fog and then suddenly, brief, seeing the mountain peak for the first time," he said. "There are shortcuts to the awakened attitude and it takes daily work and effort. But the drug gives you a vision, glimpse of what you are seeking." Siegel of UCLA, who has provided the DEA information about the street use of MDMA, said he is skeptical when he hears of any "wonder drug."

"My reaction is: 'Here we go again,'" Siegel said. "We heard the same kinds of things during the early days of LSD and mescaline. When PCP first came out, it was known as the 'peace pill.' Now we know it as more of a 'war pill.'"

"In the early '70s, when people were using very low doses of cocaine, a lot of researchers had never seen a case of cocaine psychosis and didn't think the drug was a health problem. Then the doses increased and so did the problems."

### Known as 'Love Drug'

Health problems associated with MDMA have been escalating as users have been taking increasingly high doses, Siegel said. Extensive research is needed before the drug is made available by prescription, he said, because little is known about its long-term effects and toxicity. And, he said, MDMA has a fairly narrow "index of safety." The dose of MDMA "that gets you high and the dose that kills you is narrower" than many drugs, including LSD.

MDMA—3, 4-methylenedioxy-

methamphetamine—has a chemical composition that is related to both amphetamines and mescaline. It is known as "the love drug" on college campuses where it is considered to be an aphrodisiac, but users who were interviewed said it precipitates emotional, not sexual, feelings.

"You can't slesze with it," said student Jeff Manning who has taken the drug several times for the "experience." "Your true emotions come out, and nobody's going to do something they don't want to do. It's not a scary, trippy drug. It won't take you someplace you don't want to go."

DEA officials should not be misled by the "love drug" and "ecstasy" labels, said Tamm, who used the drug several times in therapy after being assaulted. If the drug is outlawed because of street use, she said, the harm will be irreparable.

"I'd hate to think that others who have gone through an experience like mine wouldn't be able to use MDMA," she said. "I don't know what shape I'd be in now without the drug."