# MIND & SPIRIT

BY ROSALIND ROLAND

# Ecstasy: The Real Dope


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"Freshmen love it, sophomores like it, juniors are ambivalent about it and seniors are afraid of it," says Stanford University pharmacologist and neurologist Stephen Peroutka about "Ecstasy," a drug he estimates 50 percent of the students at Reed College have tried. Sometimes called "Venus" or "Adam," MDMA (3, 4 Methylenedioxymethamphetamine) is a reputedly psychedelic drug whose great popularity, coupled with reports of neurotoxicity, led to its criminalization. The result has been the kind controversy among scientists, psychotherapists, physicians, the public, the judiciary and the DEA that hasn't been seen since the heyday of LSD.

Indeed, the history of MDMA has been similar to that of acid. As rumors about its aphrodisiac, consciousness-raising nature spread during the mid-'70s and early '80s, its popularity swept through university campuses and yuppie neighborhoods.

Separate studies by doctors A. Shulgin, G. Greer and D. Nichols in the late '70s and early '80s showed the drug to be a "catalyst" in promoting confidence and communication between therapist and subject. It not only created an altered state of consciousness, it also seemed to elicit sensuality and hidden emotions.

Before it was made illegal, some psychotherapists had begun using MDMA as an adjunct to therapy, under controlled circumstances. Those involved in insight-oriented therapy believed it might not only enhance communication and understanding, but alleviate psychic pain as well, especially in the treatment of the elderly and the terminally ill, who have little time for long-term psychotherapy.

Researchers found that the drug seemed to decrease anxiety, defensiveness and inhibitions, which can speed up the psychotherapeutic process by enhancing the confidence and trust between patient and therapist.

"Sometimes there's a kind of logjam where you wonder how you can help patients get over something. Conventional insight-oriented therapy could be catalyzed or sped up by an agent like MDMA," says psychiatrist and Harvard researcher Lester Grinspoon.

Despite these positive effects, however, MDMA's neurotoxicity was also demonstrated, making it anathema to both the DEA and the FDA. The toxic level is considered to be dangerously close to the therapeutic dose, and street usage occasionally exceeds the therapeutic range. (The drug is effective at 50 mg., the usual dose is 100 to 150 mg., and the toxic dose is 200 mg.)

Laboratory animal research revealed that when administered in high dosages to mice, rats, guinea pigs, monkeys and dogs, MDMA causes damage to the serotonin neurotransmitters. Neurotransmitters relay messages from cell to cell, where they may be either absorbed, passed along or blocked. It is believed that the neurotransmitter serotonin affects mood, sleep, sexual activity and sensitivity, and is part of the "fight or flight" response. MDMA seems to damage the receptor sites so that they can no longer pick up the appropriate messages.

"Everyone's hopes and dreams are wonderful and are guided by the aspirations of our species, but MDMA is not the way," says UCLA psychopharmacologist Dr. Ronald K. Siegel. "By its structure, it's not 'ecstasy.' There's a good chance someone taking it will experience some of the negative side effects the first time, and each time thereafter."

These side effects include symptoms similar to those experienced on amphetamines, including loss of appetite, dilated pupils, insomnia, sweating, anxiety, muscle tension, blurred vision, teeth grinding and muscle tremors. Most subjects who have been tested say that the sense of pleasure is usually so intense they become less aware of the negative effects.

In spite of MDMA's reputation as an aphrodisiac, one study found that while it enhanced sensuality, there were instances where the drug actually interfered with erection and orgasm in both men and women. In addition, there is some indication that acute and chronic use may result in a lowered immune response. (The drug is especially dangerous for people with diabetes, diminished liver function, glaucoma, epilepsy, heart disease, hypertension, hypoglycemia or hyperthyroidism, as well as for pregnant women.)

Also at issue is MDMA's potential for abuse. "What this drug does is quite similar to alcohol," says Stanford's Peroutka, who has done research on MDMA. "You become more verbal, more friendly. Alcohol is one of the most toxic substances on earth, and we know its addictive potential. With Ecstasy, we just don't know."

While some tests have shown that rats will return to MDMA again and again, Grinspoon says, "The drug itself puts a limit on abuse. One develops a tolerance to the desired effects rapidly, but if one takes it daily one gets the uncomfortable effects."

Following a review of reports which stated that high dosages of MDMA in animals led to neurotoxicity, it was placed on the Schedule I tier of the Controlled Substances Act (meaning it has abuse potential, is dangerous and has no medical use). After the final announcement of the drug's criminalization in 1986, Grinspoon, convinced that further research should be done, appealed the decision to the First Circuit Court of Appeals in Boston. Administrative Law Judge Francis Young found the DEA definition of "safe medical use" too narrow and ruled that it should be placed on Schedule III, a less stringent use level. The DEA is currently appealing that decision.

"Schedule I is a black hole from which no light emerges," Grinspoon says. "Having MDMA in Schedule III doesn't put shackles around people who want to do original research."

Not everyone agrees with this, however. "This is not the kind of drug that warrants this kind of research," says UCLA's Siegel. Besides, he adds, "It's not difficult to do research with Schedule I drugs."

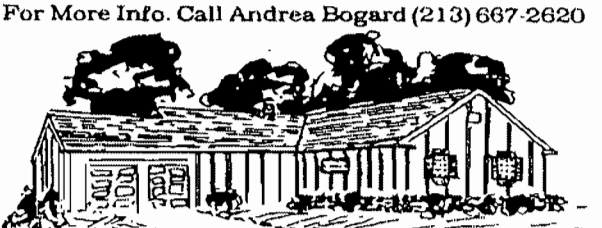
Research on Schedule I substances may be possible, but most scientists agree that it is far more complicated and difficult to obtain permission from the government, and with neurotoxic drugs it is impossible to obtain permission for clinical (human) study.

Stanford's Peroutka thinks that research should continue. "This is a very open scientific question in terms of what it does to the human brain. I think research should continue in many species so we can better understand its effects."

David Nichols, Ph.D., of the Purdue University School of Pharmacy Department of Medicinal Chemistry, suggests that MDMA is not a true hallucinogen and should be classified as an "entactogen." This new classification would refer to drugs that "enable the therapist or patient to reach inside and deal with painful emotional issues that are not ordinarily accessible." As such, the drug would be removed from Schedule I and would no longer be classified with illicit "street" drugs.

The controversy is bound to continue, because any discussion of mind-altering substances skates across the thin ice of one's attitude about spirit, self-identity, will, thought and emotion. Study of the highly intricate electrochemistry of the brain is still in its infancy, and so far it has created more questions than answers. If one chooses to see the brain as an organ, as vulnerable to illness as any other body part, it is not so difficult to accept psychotherapy involving a chemical substance such as MDMA to alleviate psychic pain. The consensus among many scientists who have studied MDMA holds that although this particular chemical may not be the answer, it may be a stepping stone, and further research is necessary if we are to learn more about how personality is affected by brain chemistry. □







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