



LENDING SUPPORT: Doblin (right), with McLean's Dr. John H. Halpern

ECSTASY

A Possible New Role for A Banned Club Drug

IMAGINE A HOMEY HOSPITAL suite: skylights flood the room with sunlight; violins play softly from a CD player. A terminally ill cancer patient rests in a soft bed, but she is having trouble confronting the fears that come with the end of life. Doctors could prescribe antidepressants, but they opt for a more powerful drug instead. In scientific lingo, the pill is called methylenedioxymethamphetamine, or MDMA. But you may recognize its other name: ecstasy.

Two decades after the Drug Enforcement Administration outlawed the club drug, ecstasy is enjoying a

controversial renaissance in mental-health circles. At McLean Hospital in Belmont, Mass., where the sunlit suite is ready for service, Harvard doctors plan to start testing MDMA in 12 terminally ill cancer patients with moderate or severe anxiety as soon as the Drug Administration grants approval. And at a private clinic in South Carolina, researchers are already testing it in patients with posttraumatic stress disorder—the first

FDA-approved MDMA psychotherapy study. The clinic will soon begin treating a handful of traumatized vets from Iraq and

Afghanistan. Critics are outraged, saying the trials could legitimize a dangerous substance. (The drug's reported possible side effects include paranoia, seizures and heart attacks.) But Rick Doblin, head of the Multidisciplinary Association for Psychedelic Studies, a nonprofit in Sarasota, Fla., that is bankrolling both trials, says it's about time. "I think there's a cultural opening taking place," he says.

For abusers, ecstasy's lure is its mind-altering effect—the very quality that also interests scientists. At the PTSD trial in South Carolina, each patient gets 125 milligrams of MDMA, about the same as the average street dose. Antidepressants are the conventional treatment for PTSD, but they can take weeks to start working. Ecstasy takes effect within 30 minutes and lasts three to five hours. "Our hypothesis is that MDMA lowers fear and increases trust, a combination that allows patients to revisit trauma in a therapeutic way," says principal psychiatrist Michael Mithoefer.

Just ask Marcela Gomez and Sue Stevens, two women who used MDMA in underground therapy. Gomez, 47, a rape victim, spent years suffering from panic attacks. Ecstasy, she says, helped her express her fears more openly. "MDMA lets you open a door and not be traumatized," she says. In 1996, Stevens, now 36, and her dying husband, Shane, used MDMA illegally to explore why they were wasting their last months fighting or not talking at all. The couple were lucid through the experience, occasionally telephoning a therapist for guidance and calmly planning Shane's funeral. "It wasn't like after drinking, when you

can't remember what was said," recalls Stevens. "It was all still there."

The MDMA trials are designed carefully. The PTSD study, for example, includes a \$1 million insurance policy and \$40,000 for an emergency-room doctor and nurse during each session. Doblin says the DEA has visited McLean and checked out its drug safes to make sure that no MDMA can be stolen. A DEA spokesman would not comment on the safes, saying only that the agency's role is "largely record-keeping and safety."

For critics, however, safety isn't the only concern. "Kids will say, 'Hey, it's a medicine, they give it out at Harvard,'" says David

Your Brain on Drugs

How ecstasy can help troubled patients:

Takes control. MDMA acts on two parts of the brain—the nucleus accumbens, which is involved with whether one feels good or bad, and the amygdala, which has to do with anxiety.

Frees feelings. The drug releases dopamine, the feel-good hormone in the brain, which partially explains the acute flush of happiness one gets after ingesting empathogens, drugs that put you in touch with your emotions.

Accentuates the positive. The part of the brain that makes patients anxious is obstructed, while the part that makes them happy gets free rein.

Murray, policy analyst with the White House Office of National Drug Control Policy, who argues that the trials are too small to result in a conclusive outcome. Even the trial's supporters, like oncologist Todd Shuster, who will recommend patients for the cancer trial, were skeptical at first. "I thought of MDMA as the rave drug," says Shuster. "But the more I read, the more I realized this was a scientific question worth asking." All eyes are watching to see if he's right.

—EVE CONANT