

## As yuppies mourn, a favorite drug heads for the banned list

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Let's just call her Joy. She prefers it that way, because on Monday morning she'll become a criminal.

Here she is, a 39-year-old career woman, someone with a view of the Center City skyline from her office window, someone who sees people only by appointment in her carpeted corporate milieu, yet beginning Monday she'll risk five years in prison for drug possession — all because federal drug enforcement officials have opted to ban MDMA, the chic little pill known as Ecstasy. Joy is

unhappy about this. In fact, Joy is so gung-ho about Ecstasy that every time she opens her mouth, it sounds like outtakes from an old George Harrison album.

"You feel very benevolent!" she gushes. "You have benevolence toward everyone! You want to kiss and hug your friends! You have this overwhelming affection for people you care about! You want your friends to take this! You want people you love to take this! It gives you this desire to convert people. It is just un-bee-leeceeeve-uh-bull!"

She starts to rattle on about her best girlfriend, and about how the two of them had never shared their true feelings about each other, and about how, after doing the drug, they were kissing on the mouth — nothing sexual, just honest affection — and then she blushes. "I know it sounds hippy-dippy," she says, "but it strips away the layers of fear, and gives you this clarity of vision about yourself. It's like speeded-up analysis! I'm in therapy anyway, and there you tend to inch along, but, with Ecstasy, it's just zoommm!"

"And you really feel in control. Age and responsibility have a lot to

do with it, you know. The '80s are all about control, money, and responsibility. This is the drug of the '80s." Then, with a woeful sigh: "I had this real sense of innocence about it. I never thought about it as a no-no."

But the U.S. Drug Enforcement Administration has made it a no-no because a growing legion of yuppies who can pay \$20 a pill are equating the 71-year-old compound with the Second Coming. "They're still looking for something they haven't found in life," says Gene Haislip, the DEA's deputy administrator. "It's still that classic search for the per-

fect drug. It's better living through chemistry. You're not looking for a better automobile, you're looking for a better you. Like Dr. Frankenstein, trying to improve Man through science."

Yet the Ecstasy saga is not destined to end on Monday, because this drug has influential friends in the world of psychiatry — friends who back the ban on street use, but argue that Ecstasy has "important therapeutic potential" that should not go unlopped. As one psychiatrist told the DEA in April, Ecstasy's value to emotionally vexed patients may rival "the discovery of insulin for diabetes."

The DEA was taken by surprise when the esteemed enthusiasts came out of the woodwork. When the agency announced the ban and invited public comment, people sent in two pages of testimony, backed by 20 pages of credentials. And then there was the lawyer from Beverly Hills, an Ecstasy user himself, who sent a series of scholarly briefs, but wound up arguing that prohibition "forgets the fruit of the tree of knowledge," and prevents "the possible return to the state mythologically described in Genesis."

It's been that kind of controversy.

The DEA never used to pay much attention to Ecstasy. Patented in 1914, MDMA was a forerunner of today's "designer drugs," new chemical substances hatched in the lab for the ultimate indulgence of the rich. It never caught on as a street drug, not even in the '60s, and the DEA didn't take much notice until

discovering last year that it had become popular in the Dallas area, particularly among exotic dancers who, apparently, were in pursuit of fruit from the tree of knowledge.

Then underground flyers began to make the rounds among users, complete with quotes from Herman Hesse ("Only within yourself exists that other reality for which you long"); tips on drug cuisine ("Prepare a snack tray. Cheese and crackers or fresh fruit. Something very soft. Be sure to cut it into small bite-size pieces"); tips on ambiance ("Light some incense and candles and turn on very soft music"); advice on preventive medicine ("Have on hand Rolids or Tums, just in case of an upset stomach"); and reminders that, if the drug sparks bad vibes, you should "get them out of your system, kick back, relax, and be prepared for the ultimate high."

"It is not a problem of enormous dimensions," says Haislip, "but it's a problem of growing dimensions. We didn't want to wait any longer. If we waited, then the press and public would ask where we'd been." So the decision was made to announce a one-year emergency ban — ranking MDMA as a "Schedule I" substance,

thus making possession punishable by up to five years in jail. Manufacture, sale or distribution can put you away for up to 15 years. The DEA hopes to make the ban permanent one year hence.

But a Catch-22 clouds the picture. The DEA has banned the drug after deciding it is dangerous — citing a recent study linking MDA, a mild hallucinogen and a cousin to Ecstasy, with brain damage. But there have been no animal studies on Ecstasy itself, so specialists don't really know how dangerous it is. Yet, by putting the drug in its most restrictive category, the DEA has made it far tougher for such studies to be conducted at all, and the specialists who favor more research insist that the red tape is "draconian." Next summer, they'd like the DEA to move the drug to "Schedule III" — keeping it illegal for the masses, but accessible to the medical world.

Bill Bruce, who directs Help Inc., a Philadelphia drug clinic, says, "There's probably room in there

for MDMA, instead of just asking, "Should we outlaw it?" And Frederick Goldstein, a professor at the Philadelphia College of Pharmacology and Science, adds, "Putting a drug in Schedule I does nothing to affect availability on the street. It won't affect someone in a clandestine lab if there's a profit to be made."

For the drug's most reputable defenders, the trick is to isolate themselves from the recreational zealots who make Timothy Leary sound like a narcotics agent. "Psychiatrists who use it in the course of therapy are not taking people off the street and giving it to them," says Lance Wright, a psychiatrist who works in the drug unit at the Philadelphia Veterans Administration Hospital. "Rather, it is simply a tool that can be used to facilitate a favorable development."

*Facilitate a favorable development*

... The specialists stubbornly stick to the jargon of their trade, since there are already enough people out there like Joy, who babble endlessly about how much fun it is to cruise the museums on Ecstasy, and how liberating Ecstasy is for women (like her) who were brought up with the belief that good girls must never put their true feelings on the line.

Joy scoffs at the fear, voiced by the DEA, that Ecstasy is gaining mass

popularity as a street drug. (Indeed, there are no reports of abuse in Philadelphia.) She thinks the high is too mild for anyone except yuppies who want to stay in control. "I can't see drugged-out low-lives wanting 'clarity of vision' to help them solve their problems," she says. "I'm sure they'd rather be free-busing."

But Kenneth Goddard — federal law enforcement official and author of a new novel about designer drugs — thinks otherwise. Goddard backs the DEA all the way, even if it means saying no to the therapy lobby. He says, "At first, you had the more thoughtful people using it, but I'm afraid that what's coming is a whole different thing — dealers looking for something to sell, making 30 variations of MDMA. And the variations won't be tried out on lab animals. They'll be tried out on kids on the street."

"Anyone from a full chemistry professor to a kid who arms himself with a chemistry book can start an underground lab. The DEA has to stop these drugs the best they can, because this can become a horrible version of Russian roulette. And you don't know how many chambers are loaded."

"We all want a simple solution to a complex world," says Dill Bruce. "But we have to balance this wish with the reality of having complexity in our lives. The need is for people to get some perspective."

Tell that to Ginny, a businesswoman with a mission. The other day, sitting in a barroom booth, she reached deep into her handbag, and plunked 10 Ecstasy pills onto the table. "I just bought these for a friend," she said, fidgeting the pearl necklace beneath the Oxford shirt. "She wants to take them to Europe with her. She's a vice president and sales manager for a reputable company."

Ginny does well in the marketing world — so well that it's no sweat to lay out \$200 for a friend seeking clarity of vision. "I'm really down on the DEA," she sighs. "I mean, how dare they?"

She considers herself too old (33) for "play drugs," but she knew something was amiss when Debbie, her best friend, suddenly started sounding like those people who shave their heads and chant on street corners.

This was very odd, because Debbie never did drugs before. Years earlier in college, when Ginny was busy dropping acid, Debbie was always off in the corner reading her Norton's Anthology textbook.

So for two months last year, Debbie nagged Ginny about joining the sisterhood. "You have no clue what's in this stuff," Ginny retorted. "We could get liver cancer or something." Finally, she relented. Now she does the drug once a week. Her supplier won't sell it beginning next Monday, but Ginny has plans to buy it elsewhere. After all, she says that she can now deal with her heavy feelings about her father; that her boyfriend finally showed affection after doing the drug; that her secretary's husband tried it at home, and wound up declaring his love for his own living room floor.

But when asked whether the eternal quest for the quick fix could ever reap real dividends, and whether anyone should risk one's health in return, Ginny's eyes flashed at the heathen in her midst.

"Hey," she said. "Have you ever tried this stuff? I may get liver cancer, but I don't care!"

*It's called Ecstasy, it costs \$20 a pop and officials think it's dangerous — but some therapists disagree.*