

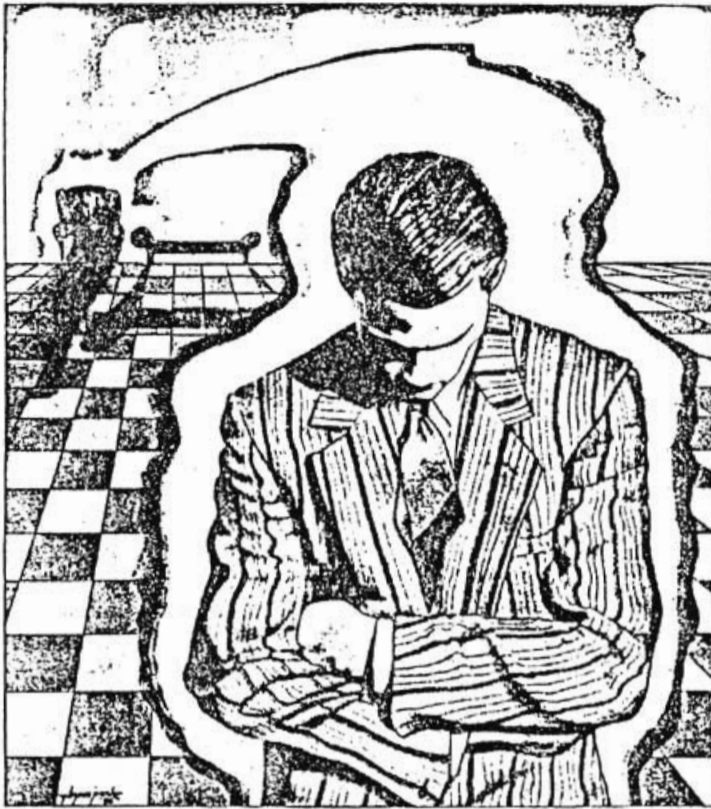
MDMA: PSYCHEDELIC DRUG FACES REGULATION

BY JACK SHAFER

A psychedelic drug sold on the street as "Adam" or "Ecstasy" has touched off a legal battle between the federal government and researchers and clinicians who think the time has come to reinvestigate the therapeutic use of psychedelics. The drug, which is also called the Yuppie psychedelic because of its increasing popularity with the *Big Chill* generation, is MDMA (3, 4-methylenedioxymethamphetamine) and sells for about \$10 a dose. It is becoming one of the most sought after psychedelics on the black market. Ronald K. Siegel of the University of California at Los Angeles School of Medicine estimates that 30,000 doses of the drug are distributed each month.

MDMA is an analogue, or chemical cousin, of MDA, an illegal psychedelic that has been around since the mid 1960s. MDMA is usually taken orally. It intensifies emotional feelings but causes slight, if any, sensory distortion when taken at the usual street-dose level. Users speak of increased perceptions of self-insight, empathy and esthetic awareness.

But MDMA's appeal isn't limited to recreational users. It is being used on a small scale as an adjunct to psychotherapy by perhaps 100 therapists in the United States. Psychiatrist Claudio Naranjo of Berkeley, for example, has used MDMA with more than 30 patients. He calls these drugs "feeling enhancers" because he believes they reduce natural defenses and open the user to trusting relationships. "The MDMA experience is



something like artificial sanity, a temporary anesthesia of the neurotic self," he says. "I use MDMA once or twice with patients. I mostly use MDMA as an 'opener' at some point in psychotherapy, not only for the wealth of the material gained during the session but for how it facilitates therapeutic work in the aftermath."

The value of such therapy remains in question, but the legality does not. At present, possession, manufacture and distribution of MDMA is not a violation of the federal Controlled Substances Act. This, however, may change. The federal Drug Enforcement Administration (DEA) feels that the drug has a high potential for abuse and has recommended that it be placed in Schedule I of the drug laws, along with heroin, LSD and MDA. That would make the production or sale of MDMA punishable by

up to 15 years in prison and/or up to a \$125,000 fine.

Much to the DEA's surprise, its plan to put MDMA in Schedule I was met by protest from a group of nurses, physicians and professors of pharmacology, education and psychiatry who wrote letters demanding a hearing on the subject. "We had no idea that M.D.'s and others were using MDMA as part of their medical practice," says Frank Sapienza of the DEA. "We thought MDMA was only being used recreationally."

The Food and Drug Administration has never approved MDMA, but it has no jurisdiction over it as long as questions of interstate commerce are not

involved. "It is a private-practice matter for the states to regulate," says Bill Grigg of the FDA. Santa Fe psychiatrist George Greer, who has treated about 60 patients with MDMA in the past several years, has notified state authorities of his work and they have not intervened. He would like to see the drug placed in one of the lower drug schedules, which would outlaw its recreational use while still allowing physicians to use it. Jack Downing, a San Francisco psychiatrist, says, "We don't think because unscrupulous figures are making MDMA and selling it to recreational users that should preclude the legitimate beneficial use of it in therapy."

But many in the field do believe that MDMA belongs in Schedule I. "If scientists want to study it, let them file an investigational new drug

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application with the Food and Drug Administration," says former LSD researcher Sidney Cohen of UCLA. Sapienza points out that there have been no clinical studies with people. While Siegel is conducting such research, he won't have results until later this year.

Countering, in this ongoing debate over the therapeutic value of psychedelics, is Lester Grinspoon, a Harvard Medical School psychiatrist. He points out that more than 1,000 papers discussing psychedelic-based clinical work with 40,000 patients were published before work was halted in the mid 1960s. "Psychedelic drug therapy did not die a natural death; it died a premature death because the law killed it," he says. Donald Jasinski, a former psychedelics researcher who now works for the Addiction Research Center at the National Institute on Drug Abuse, argues that psychedelics were given a fair chance to prove themselves but

were abandoned because no one could demonstrate their effectiveness in therapy. But he concedes the difficulty of that. "We can't measure the efficacy of psychotherapy, let alone drug-aided psychotherapy," he says.

The safety of MDMA is also in question. Only one death has been linked with the drug, but many unpleasant side effects have been reported. Some people have experienced muscle tension, nausea, rapid eye movements, faintness and chills or sweating. People also report psychological difficulty—confusion, depression and anxiety—during and sometimes for weeks after the session.

Herbert Kleber of Yale University, another veteran of psychedelics research, compares the current safe use of MDMA with the early years of LSD research when very few bad trips occurred because users were carefully screened. "In the beginning, people use new drugs cautious-

ly and in appropriate circumstances with minimal side effects. The more people who take them, the more people who are not psychologically prepared for them, and the more who have problems with them. That's just the nature of drug abuse," he explains. Even though he doesn't oppose MDMA research in principle, he says, "I don't think this drug should be made widely available."

Whether it will be in the hands of the DEA. No final decision is likely before 1986. And even if MDMA is eventually put in Schedule I, psychedelics research, therapy and street use are not about to disappear from the scene. Drugs such as MDMA are easily and inexpensively synthesized. A new and still legal analogue of MDMA has already turned up—MDE. Its nickname is "Eve."

Jack Shafer, a Washington-based journalist, is writing a book on illicit synthetic drugs.