

# The New Drug They Call Ecstasy

SAN FRANCISCO CHRONICLE  
Joe Klein writes this article for New York  
THE WORLD, JUNE 23, 1983

## Is it too much to swallow?

BY JOE KLEIN

**T**his is very embarrassing," the man said. "I never imagined that I would be a spokesman for a drug." He is a respected administrator in the field of medical research and health care, about 50, soft-spoken, conservatively dressed, thoughtful, intelligent. He is actually blushing.

"I get sheepish just thinking about the words I'd use to describe the experience," he said. "I don't want to sound foolish. You have to understand, I'm not a big drug taker. I've never taken cocaine or LSD; I smoked marijuana once or twice, but that's it. Anyway, a friend — a very well-known writer, a man I respect enormously — told me he had something I might like to try, a new drug. He didn't give it a name, but I later learned that it was MDMA — 'Ecstasy.' He just said it was interesting and safe, so far as he knew. He said I wouldn't hallucinate or lose track of reality. We discussed it briefly — it's amazing, in retrospect, how little I knew.

"But I did try it, and ... well, this is going to sound ridiculous. What happens is, the drug takes away all your neuroses. It takes away the fear response. You feel open, clear, loving. I can't imagine anyone being angry under its influence, or feeling selfish or mean or even defensive. You have a lot of insights into yourself, real insights that stay with you after the experience is over. It doesn't give you anything that isn't already there. It's not a trip. You don't lose touch with the world. You could pick up the phone, call your mother, and she'd never know."

He paused then, somewhat nonplussed by his own enthusiasm. He searched for caveats. It wasn't a panacea, he said. Just a useful therapeutic tool. And yes, it probably could be abused — any drug could be abused — although it would be hard to imagine just how this one might be, since the level of insight diminishes with frequent use. And no, he didn't think it was an aphrodisiac. "Although it is an easy drug to fall in love on. You feel close to whomever you're with, and more at one with the world. There is a feeling of transcendence, a sense of being part of something larger than yourself — at least there was for me.

"It is," he said, "the opposite of paranoia."

**T**here are those who would urge that the opposite of paranoia is gullibility. Certainly, nothing could be as good as Ecstasy sounds. Surely, skepticism is the only reasonable response. After a quarter century of chemical nightmares, we're far too sophisticated to be seduced by a little-known synthetic variation of oil of nutmeg. And any drug with a name this long — 3,4-methylenedioxymethamphetamine — just has to have disaster lurking amid its molecules.

So why all the excitement? And why are holistic, ecological "New Age" sorts — the very last people you'd expect to be ingesting something unnatural — the most ardent proponents of MDMA? And why has this drug aroused more curiosity, won more glowing endorsements and received more positive media coverage than any other drug since ... well, since LSD?

For one thing, the marketing has been brilliant: MDMA promises adventure without weirdness, transcendence without alienation — a yuppie way of knowledge, as it were. For another, it has been legal — until, last month, the Drug Enforcement Administration invoked an emergency ban of the drug for one year, beginning July 1. And finally, within certain limits and under proper supervision, it just may work. A small but determined group of psychotherapists across the country swear by it.

"It is a valuable tool — not an answer but a catalyst," says Dr. Rick Ingrasci, who claims to have treated more than 200 patients in the Boston area with MDMA. "It enables people to look at the past without

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fear. This isn't always an ecstatic experience. It is not always without pain, especially in the days after the session, as the insights gained through use of MDMA are integrated. But I can honestly say that there are few negative reactions. It can speed up the therapeutic process enormously. It facilitates healing."

Of course, the history of drug ingestion is riddled with giddy testimonials from responsible sorts. Sigmund Freud used the word "euphoric" a bit too often to be entirely credible when describing cocaine. Aldous Huxley touted mescaline as the way to bring about a religious revival — in a 1958 article in the *Saturday Evening Post*, of all places. No doubt, when Dr. Timothy Leary began to investigate mind-altering drugs at Harvard 23 years ago, he seemed every bit as reasonable and conservative as the health administrator cited above. From cocaine to Ecstasy, the promise has remained the same: insight without effort.

"My reaction is, 'Here we go again!'" says Dr. Ronald Siegel of the University of California at Los Angeles School of Medicine. "Every few years you get one of these miracle drugs that's going to save the world and make everyone feel good. My favorite was PCP. Remember what they used to call that? The Peace Pill. At low doses, people were reporting serene, tranquil, peaceful experiences. Then it hit the street and the name changed — it became angel dust — and dosages increased, and it was cut with God knows what, and you began to get all the reports of bizarre, violent behavior. So now we have Ecstasy. If you take it, you might become a self-actualized, emphatic, caring person, or you might become a nauseated person, or you might have a severe psychotic reaction. Among street users, we are seeing all the above."

The comparison with angel dust isn't quite fair. The history of MDMA is not that of another trippy chemical rushed mindlessly from the laboratories into the street — quite the contrary, in fact. For the past decade the drug's proponents have been struggling to keep it under wraps, to control its use, to prevent the sort of public reaction that brought LSD research to a screeching halt in the late 1960s. It was a battle they were destined to lose, of course. About five years ago, the drug began seeping into college campuses, gay bars and discos. Inevitably, it came to the attention of the Drug Enforcement Administration, which announced last summer that it intended to have MDMA "scheduled" as a controlled substance: to make it illegal, in other words.

The announcement brought forth an immediate — and rather surprising — reaction. An array of MDMA proponents emerged from the shadows, hired a law firm and began to lobby for something less than a total ban.

"That's new, I must admit," says Siegel. "To my knowledge, this is the first psychedelic drug to have a law firm."

To a great extent the recent media bar-  
rage about MDMA — Time, Newsweek, all  
three networks and Phil Donahue have  
"done" it in the past two months — has been  
a natural consequence of the drug research.  
It's decision to challenge the DEA, but it  
also is the result of a lobbying campaign  
almost single-handedly orchestrated, pro-  
moted and financed by a 31-year-old Univer-  
sity of South Florida undergraduate, Rick  
Dobbin.

It is difficult to discern whether Rick  
Dobbin is a vestige of the 1980s or a harbinger  
of the New Age. He grew, he bubbles  
with psychedelic illumination and good hu-  
mor. "I don't like to call the drug Ecstasy,"  
he says. "It's false advertising. I call it Adam,  
which works on several levels. It's a variety  
on MDMA, it's calmer than Ecstasy, and  
it connects with the Garden of Eden."

Dobbin is an unabashed proselytizer, a  
psychiatric cheerleader in the tradition of  
Leary, though without professor Leary's ac-  
ademic credentials or rebellious spirit. He  
doesn't see himself as warring against the pow-  
ers that be, indeed, he wants to cooperate  
with the government on MDMA research.  
He'd rather embrace the opposition than  
launch it. "Last week," he says, "I took a how-  
dose, about 30 milligrams, and went to bed  
ready to use when it was brought to his  
attention in the early 1970s. He had been  
experimenting with members of the same  
pharmaceutical family; synthetic deriva-  
tives of oil of saffron and nutmeg that are  
structurally similar to mescaline and am-  
phetamine. Other members of the family —  
MDMA, MDA — had enjoyed vogues as mild  
hallucinogens. But Shulgin soon came to  
believe that MDMA was something quite  
different, a step forward. Its active ingredi-  
ent was the opposite isomer (an isomer is one  
half of a molecule of any compound) from  
the one active in the hallucinogenic mem-  
bers of the family.

The effect was much different from  
MDA," recalls Dr. Claudio Naranjo, who  
worked closely with Shulgin. "MDMA was  
not hallucinogenic. It seemed, too, less toxic  
than MDA. When administered in small  
doses there were few, if any, side effects:  
slight jaw tightening, some nausea, and  
those symptoms would pass in the first half-  
hour. And the psychological effect — it was  
completely different from any other drug. It  
was like a brief, fleeting moment of sanity."  
It should be noted that MDMA often  
has amphetamine-like side effects — elevat-  
ed blood pressure and increased pulse rate  
— and certainly should not be used by those  
with cardiovascular problems. Some people  
have found it difficult to sleep after taking  
the drug, and feel "bung over" the next day.  
Shulgin, Naranjo and the other early  
researchers were struck by how predictable  
the effects of MDMA were — at least in a  
therapeutic setting. "It has proven to be  
remarkably consistent in chronology (the  
duration of action is about one hour). Shul-  
gin wrote in 1983, "and dosage requirements  
in most aspects. It is deceptively simple in  
its use, leading to sensory and verbal distur-  
bance, a state of mutual trust and confi-

There are those who say MDMA may  
have other therapeutic uses, and should be  
tried — as LSD was, inconclusively the gov-  
ernment "crackdown" occurred before  
enough results were in — on criminals,  
drug abusers and the terminally ill. "I'd be  
interested in trying it with heavy cocaine  
users," says a New York therapist who spe-  
cializes in drug-abuse treatment and has  
tried MDMA. "The interesting thing about  
coke and Ecstasy is they both access the  
same thing: fearlessness. With coke, it's an  
aggressive sort of fearlessness — I can try  
doing anything." With MDMA, it's more pas-  
sive — anything harmful will pass right  
through me."

No one is saying that MDMA shouldn't  
be controlled," says Ingraham. "The question  
is whether it should be permanently  
banned, kept in such a restrictive schedule  
— as LSD was — that research of any kind  
becomes nearly impossible."  
Even before the federal government  
entered the picture, Dobbin sensed that  
MDMA would become a political issue.  
"Compassion has political implications. Em-  
Dobbin decided to contact various govern-

Such reckless candor has alienated Dob-  
bin from most of the more sober, therapeutic  
sorts promoting MDMA — including his two  
co-officers of the Earth Metabolic Design  
Foundation, a nonprofit group founded by  
Buckmaster Fuller that is researching the  
drug. "Rick is a good kid, but he may be  
single-handedly responsible for the emer-  
gency scheduling of MDMA by the govern-  
ment," says a foundation source, "which is a  
shame, because a lot of people have invested  
years of work on MDMA. It should be made  
clear that unlike Rick, the foundation op-  
poses recreational use of this compound.  
We're not opposed to having MDMA regulat-  
ed, but not as strictly as the government is  
proposing."

Dobbin, the wealthy grandson of a Chi-  
cago industrialist, first heard of MDMA in  
1982 while taking a monitoring class called  
"The Mystical Quest" with the noted psy-  
chedelic researcher Dr. Stanislav Grof, at  
the Esalen Institute near Big Sur. "A friend  
gave some to me," Dobbin recalls. "I took it  
with my girlfriend, and it was incredible.  
We just opened up to each other. I remem-  
ber saying, 'There's no drug, it's just us.'"  
It would be physiologically inaccurate  
to say that Rick Dobbin was hooked after  
that first experience, but he was very inter-  
ested. He decided to learn all he could about  
MDMA, a process that led him back to Grof  
at Esalen.

Experimentation with psychedelic  
drugs had slowed down after the uproar in  
the 1960s, but it hadn't stopped. "Grof was  
one of several people who were at the center  
of it," Dobbin says. "Some of the others don't  
want their names used. But Grof later  
taught Rick Ingraham and George Greer and  
many of the other therapists who are now  
using Adam."  
Another name that pops up often is  
Alexander Shulgin, a respected Bay Area  
chemist and drug designer. Shulgin — who  
refuses to speak publicly but is cooperating  
with those who retained the law firm to  
defend MDMA — didn't invent the drug, but  
he certainly helped to popularize it. Before  
he began publishing research papers on  
MDMA in 1975, it had languished in almost  
total obscurity since being patented in 1914  
by Merck & Company, Inc., as a possible  
appetite suppressant. About the only other  
early reference to it was as one of eight  
psychedelics tested secretly by the Army in  
1953. MDMA was found to be more toxic  
than LSD or mescaline — in large doses, it  
killed animals — but it is not known what  
effect it was tested on humans. In fact, its pre-  
cise effect on humans is still a mystery.

...them all about MDMA and asking for guid-

He contacted Carlton Turner, who is Ronald Reagan's top drug-policy adviser. He contacted Nancy Reagan's anti-drug group, the National Federation of Parents for Drug-Free Youth. He contacted the Food and Drug Administration and the National Institute on Drug Abuse and the United Nations. He proposed cooperation. He proposed joint research into MDMA. He proposed to the United Nations that MDMA be used in a

**It's OK to take aspirin or Valium, both of which may well be more dangerous than MDMA. But it's not OK to use drugs to gain insight**

project called "Shaping a Global Spirituality While Living in the Nuclear Age."

Both the U.S. government and the World Health Organization proposed that MDMA be made illegal.

Last July 27, the Drug Enforcement Administration announced plans to include MDMA in Schedule I, the most stringent category of the Federal Controlled Substances Act, reserved for drugs with high abuse potential and no accepted medical use. Heroin and LSD are Schedule I drugs. (Cocaine is listed in Schedule II, high abuse potential, but some medical use.)

On September 12, Richard Cotton, an attorney with the law firm of Dewey, Ballantine, Bushby, Palmer and Wood, sent a letter to the DEA announcing that he had been retained by a group of MDMA researchers and therapists. They wanted to challenge the proposed scheduling on the grounds (a) that the drug had only a low or moderate abuse potential and (b) that it had great therapeutic possibilities. Ingrasci and several of the other therapists working with MDMA say they had hoped it will be put in Schedule III, with prescription drugs such as Dordin. The Earth Metabolic Design Foundation had taken a similar position.

Apparently, the MDMA lobby took the DEA by surprise. "We had no idea it was being used by therapists," says Frank Sap- leau of the DEA's Drug Control Section, quickly adding that it doesn't make much difference. "It's being made in clandestine labs. It's being sold on the street. People are getting intoxicated from it. If it does have medical use, where are the animal studies and pre-clinical trials that prove it? To be accepted, it would have to go through the same rigid and rigorous scientific process that every drug goes through."

Traditionally, the only drugs that make it through the "rigid and rigorous" scientific process are the ones sponsored and patented by the major drug companies; it usually takes millions of dollars' worth of research to get a drug approved by the Food and Drug Administration.

And it's unlikely that any drug company would make such a commitment to MDMA for two reasons. The drug already was patented by Merck in 1914, which means that no one can have exclusive rights to it; and—perhaps more to the point—mind-altering drugs are still considered pretty weird by most doctors.

The Earth Metabolic Design Foundation sponsored several conferences at Esalen about MDMA, including one, from March 10 to 15 of this year, that brought together researchers, therapists, enthusiasts and a few opponents (including a representative sent by the president's drug-policy adviser) from around the country. "This was a very serious meeting," says one of those who attended. "We spent several days trading stories, with a special emphasis on bad experiences with MDMA. There weren't very many."

On the fourth day of the meeting, half of those attending took the drug while the other half monitored the experience. That evening, at dinner, they shared their reactions, which ranged from indifference to the claim by a prominent psychiatrist from Los Angeles that he had spent six hours

All of which was interesting—and rather reminiscent of the 1960s—but, in the end, only served to emphasize how little is known about MDMA. Even the drug's most devoted advocates acknowledge that there has been absolutely no research done into long-term effects. No one knows if it causes cancer or diabetes or brain damage (or, indeed, if it cures any of the above).

"Let's say it works," says Siegel of UCLA, who was invited to the Esalen meeting but didn't attend. "For the sake of argument, let's say these guys are right and it really does have enormous therapeutic potential—that's all the more reason for it to be thoroughly tested and proved and re-tested. If they're right, this is too important a breakthrough to be cavalier about. Why not take the time and do it right?"

"Why not take the time?" asks a New York therapist. "I'll tell you why—because we see people walking into our offices every day who are in enormous, debilitating pain. I just saw this family—they walked in here and Frank Sap- leau of the DEA's Drug Control Section, pressing and wrongheaded responsibilities on their backs... I wish I could've given them the drug and eased their pain, given them real peace with each other for just a few hours, probably for the first time in their lives. Given that, you'll pardon me if I say, who cares about the long-term effects?"

The Drug Enforcement Administration cares, and so does the Food and Drug Administration, and for that reason they put MDMA in Schedule I as quickly as they did

"The real question—the one that won't be addressed by the DEA—is how we use drugs in this society," says Ingrasci. "A fact decision has been made that it's OK to use Valium, both of which may well be more dangerous than MDMA. But it's not OK to use drugs to ease pain. It's OK to take aspirin or Valium, both of which may well be more dangerous than MDMA. But it's not OK to use drugs to gain insight. My hope is that MDMA will force us to reevaluate our attitude about that."

It's an issue that certainly isn't going to go away. Even though psychedelics have been roundly discredited for the past 15 years, research has continued. "Say they throw MDMA in the wastebasket," Ingrasci says. "What happens then? Well, there are maybe 50 other molecules sitting on the shelf, waiting to be used. Before you blink an eye, MDMA will be replaced by another drug that will do essentially the same thing. In fact, the drug already exists. It's called MDE."