

## A Crackdown on Ecstasy

The DEA outlaws the country's latest pop drug

Proponents claim that it delivers a gentle two-to-four-hour journey that dissolves anxieties and leaves you relaxed and emotionally open, without the bad trips or addictive problems of other psychoactive drugs. The Drug Enforcement Administration says MDMA, or Ecstasy as it is known on the street, is an uncontrolled and rapidly spreading recreational drug that can cause psychosis and possibly brain damage. Last week the DEA banned Ecstasy by labeling it with a one-year emergency Schedule I controlled-substance classification. That listing is reserved for drugs like heroin and LSD, which have a high potential for abuse.

The DEA acted because tens of thousands of tablets and capsules of MDMA are being sold on the street each month, at \$8 to \$20 for a 100-mg dose. The drug, which seems particularly popular with college students and young professionals, has spread from California, Texas and Florida to about 20 other states, and its use has been accelerating in the past few months. Said John Lawn, acting DEA administrator, "All of the evidence DEA has received shows that MDMA abuse has become a nationwide problem and that it poses a serious health threat."

Ecstasy was prohibited under the Controlled Substances Act of 1984, which allows the DEA to ban a drug temporarily when faced with a threat to public health. In March the ban was used against the so-called synthetic-heroin drug 3-methylfentanyl. As a result of MDMA's classification, which takes effect July 1, both manufacturers and sellers of the drug would be subject to fines of \$125,000 and 15-year prison sentences. Possession would be a misdemeanor.

A derivative of oil of sassafras or oil of nutmeg, MDMA is known chemically as 3,4-methylenedioxymethamphetamine and is not a new drug. It was synthesized in 1914 by chemists who thought mistakenly that as a relative of amphetamine it might be an appetite suppressant.

Today a small but vociferous group of psychiatrists, psychologists and scientists contend that MDMA has enormous therapeutic potential. Says James Nakahir of the Harvard Medical School, "I think the DEA's decision is precipitate. It's difficult to make a case that this is a serious threat to the nation's health or safety. They

should wait until the research is in."

MDMA boosters cite case histories to argue that Ecstasy can act as a catalyst in therapy by neutralizing emotional defenses. MDMA has been used to treat patients ranging from a painter with "artist's block" to abused children. "In the proper treatment setting, it can lower a person's fear of emotional injury," de-



DEA's Haislip announces the ban; Inset, MDMA pills and powder with an OJ chaser

clares Santa Fe Psychiatrist George Greer, who has used MDMA with 75 patients. "A person can think about things, talk about things that normally would be too frightening to deal with."

In Massachusetts, Diane Watson, who was dying of cancer, took the drug under a doctor's supervision because she could not bring herself to discuss her illness with her family. Says she: "MDMA opened up a great emotional sharing." In another case, Kathy Tamm of San Francisco, who suffered from severe attacks of panic long after being raped, was able while using Ecstasy to confront her memories of the assault. As Tamm explained to her psychiatrist, "Not only did MDMA enable me to recover my

sanity, it enabled me to recover my soul."

Therapists who endorse MDMA say that it does not produce the high of marijuana, the rush of cocaine or amphetamines (speed) or the hallucinations of LSD. Users, they say, develop a tolerance for the chemical and, according to some therapists, do not appear to become addicted.

Others are not so sure. Ronald K. Siegel, a psychopharmacologist at the UCLA Neuropsychiatric Institute, believes that reactions to MDMA are unpredictable and not nearly so glowing as some therapists make out. Involuntary teeth clenching, biting of the inside of the cheek, increased sweating, blurred vision and fluctuations in blood pressure have occurred during clinical sessions, he points out. Says Siegel: "People are trying too hard to make this drug into the one that LSD was not—a drug that is safe and effective and can be freely used and dispensed. MDMA is not it."

DEA Deputy Administrator Gene Haislip says that research at the University of Chicago has found brain damage resulting from a single dose of MDMA, a hallucinogenic nutmeg derivative related to Ecstasy, the two drugs "are believed to affect the brain in a similar manner," Haislip said. Federal officials say that drug-treat-

ment programs around the country have reported "psychotic episodes" among MDMA users. Even the drug's most avid supporters concede that there should be some limits on MDMA. They hope to persuade the Government to place Ecstasy in a Schedule III classification, joining restricted drugs like codeine. Says Harvard Psychiatrist Lester Grinspoon, "The law would still have what it needs, but it wouldn't retard the kind of research we need."

The DEA has promised to expedite registration procedures so that legitimate research into the drug can continue, although therapists will no longer be allowed to give it to patients. Supporters of MDMA will be able to press their case in a series of hearings beginning next week in Los Angeles.

Should they prevail, adherents would still have a problem. The formula for MDMA is available to anyone and cannot be patented. Without the assurance of profits from exclusive production, no pharmaceutical company is likely to invest the millions of dollars it takes to test any drug for Government approval. Notes San Francisco Psychiatrist Jack Downing, "MDMA, an orphan that has nobody bidding to be a parent." —By Anastasia Toufexis, Reported by Patricia Delaney/Washington, with other bureaus