

PERSONAL REBOUND

The LOVE CONNECTION



The Drug They Call Ecstasy

BY GAIL E. HUDSON

It may be the first chemical concoction to have more people writing about it than using it.

Ecstasy. The Love Drug. Adam. XTC. M&M. Vitamin X. By any of its aliases, MDMA—3,4-methylenedioxymethamphetamine—is "the biggest drug sensation of the eighties," as a Vermont enthusiast recently claimed. And the nation's newspapers, magazines, and television and radio stations agree. When Phil Donahue gives it time, you know it's already been beaten to death by the media.

For the uninitiated, MDMA could roughly be described as an amphetamine derivative with mescaline-like properties. Users say it creates euphoria, openness, acceptance of oneself and loved ones, a willingness "to see, tell and hear the truth without fear." Some say it's an intense aphrodisiac.

Unlike many of its chemical relatives, such as MDA and LSD, MDMA doesn't cause hallucinations. There are some physical sensations, however, including weakening of the knees, an occasional short period of nausea, tightening of muscles—especially the jaw—and a depletion of B vitamins.

It's not manufactured by any chemical companies so consumers can't find it in the drug stores. Instead, it's usually bought off a dealer who gets it from someone who makes it in a personal lab. MDMA costs about \$50-\$80 a gram, and about \$15 a dose. You can snort it, swallow it in capsules, or mix it with your favorite beverage.

One of the biggest selling points of MDMA is that it's legal: people can make, sell or use it

without fear of arrest.

But not for long. On May 31, 1985, the federal Drug Enforcement Administration (DEA) announced that it's placing "an emergency ban" on MDMA as of July 1, 1985. The drug will be put on Schedule I of the Controlled Substances Act. Possessing even a "trace" of MDMA two weeks from now could get you 15 years in prison and a \$125,000 fine.

The DEA estimates that MDMA is being distributed in 26 states. Vermont wasn't one of the states listed, although the drug is currently available in Central Vermont. A big shipment due into Burlington next week was just postponed until the fall, according to one source. And at least one Vermont therapist has used MDMA in couples counseling.

LOVE IN THE STREETS

Across the nation MDMA use is escalating. In New York City, a recent visitor says a dealer's menu and price list had Ecstasy on it along with cocaine, heroin and nickel bags of marijuana. In Cambridge, Massachusetts, there's a mini-MDMA culture rising where several groups of people are meeting in living rooms and doing the drug together—a 1985 version of the seventies' "encounter group."

It makes sense that MDMA would begin its rise to power now. An outgrowth of the "Me Generation," MDMA epitomizes the US obsession with self-exploration and "sharing" feelings.

"In some ways it's a recreational drug," says one user, who's taken MDMA 10 times

over the last six months. "But that's not my interest so much, I use it for introspection...."

"I've done it with my wife and several friends," he continues. "I've been to a party where 20 to 30 people are using it. But it's best to do it with three to four people. It's definitely a popular drug among a lot of circles of friends."

"It's not a working class drug," notes this Cambridge resident. "You don't go to bars and watch baseball or football games. It's something super introspective and intimate. You need to want to talk about your feelings."

"Now in Cambridge it is a super-intellectual, super-rational place. People here have a lot spare time and money to do Ecstasy. In Burlington... you've got a lot of middle-to-upper class people into therapy who would probably love Ecstasy."

A Boston dealer, who supplies a little MDMA to Vermont, agrees. "The market in Vermont and Burlington especially, is perfect for distribution," he says. "It's a clean drug," he adds. "Nobody's getting real rich off of it. Ecstasy doesn't have the ties to a organized crime that coke and many other drugs nowadays do. It's much more like the way marijuana once was."

A Vermont dealer says "the supply is limited. I only know of one person in Bristol who has access to it." But he says he's confident of the quality. "I usually know what I'm getting. Some batches may be speedier than others and some batches are more sensual than others."

"It should affect you in an incredibly sensual way," he adds. "Your knees start to melt.... You can make love all night long on

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ASBESTOS IN THE SCHOOLS IS THE MOST EXPENSIVE HEALTH HAZARD IN THE COUNTRY

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this stuff. But now with all the publicity, people are producing a lot of bootleg garbage. You can try making it, but you can really make it badly."

TOO MUCH OF A GOOD THING

The more people hear about MDMA, the more they want to try it. With all the media attention, the demand for the drug is awesome. And this is what concerns the DEA as well as drug abuse centers.

"We've already had two reports from treatment centers (in Vermont) One in Central Vermont and the other in Southern Vermont," says Dick Powell of the Vermont Office of Alcohol and Drug Abuse Programs (OADAP). "We accept the fact that it's now out there and available."

"The benefits," he says, "have been blown up" by the media and dealers. Even the name Ecstasy is an example of its hype. "Drugs like these have a lot of potential for serious problems."

The DEA agrees. "It's a drug with significant abuse potential," says Stephen Stone, associate chief counsel for the DEA in Washington, D.C. "People like to take it and take it without supervision."

A University of Chicago study recently showed that MDA, a second cousin of MDMA, "destroys certain nerve terminals in the brain of rats," Stone says. Since MDMA is similar to MDA, the DEA cited the study as the official reason for calling the emergency ban.

Amphetamines also cause brain damage, along with alcohol and other commonly used drugs. But the DEA says that doesn't matter. The drug still hasn't been thoroughly tested and is made in "unsanitary" and "unsupervised" laboratories, Stone says.

"The drug is also being mass marketed," adds Stone. "We found it in a lot of clandestine labs during routine raids. We have reason to believe that there's widespread trafficking of MDMA and until the FDA [Food and Drug Administration] tells us that it's been thoroughly tested, we need to stop its distribution."

But FDA approval could be impossible to get. The required testing for approval is extensive and costly—approximately \$50-75 million.

MDMA falls into the hazy area of drugs in the public domain. It was patented by an individual, not a company, back in 1911. No chemical company would be interested in sponsoring MDMA since it's already patented and the company couldn't recoup the money it would cost to get approval.

Now that MDMA will be illegal, the Vermont dealer says he's "going into retirement." But the demand for MDMA won't stop so abruptly. One way to get around the potential jail sentence and fine is to manufacture a drug that produces the same effects as MDMA and has a similar chemical makeup.

If that happens, Inzerits Stone, "we'll just have to go through the same thing all over again."

MORE THAN A STREET DRUG

As far as the DEA is concerned, MDMA is an out-of-control street drug. But it's actually a resident of two very different worlds. One world is the drug culture where the price is expected to skyrocket after July 1. The other one is the world that

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birthed MDMA and nurtured it through the seventies.

Ten years ago the sixties counter-culture sprouted into the New Age psychotherapy community. Here, MDMA has been manufactured in labs and used for the treatment of emotional disorders. In this world unsupervised use of MDMA is shunned. It's not a street drug, they say; instead, it's a powerful therapeutic tool. (See sidebar.)

Despite established medical doctors and big-name psychiatrists dabbling with MDMA, the DEA considers its advocates to be pretty "flaky." "No one has a genuine interest in this drug except a cult of individuals," says Stone.

The agency has actually had MDMA targeted since last year. The DEA first announced its intention to place MDMA on Schedule I on July 27, 1984. Ninety-six drugs are currently on the list—all of which are considered "to have no recognized medical use in treatment," says Stone. Other drugs on Schedule I include LSD and marijuana.

But the psychotherapy community wasn't going to take the DEA's skepticism and scheduling of MDMA lying down. A federal hearing was demanded so that evidence of MDMA's therapeutic value could be presented.

This is the first time the FDA met such organized resistance when attempting to place a drug on Schedule I.

"It's the first clandestinely manufactured designer drug who got itself a lawyer, and

gathered so-called experts on the subject," says the DEA's Stone.

Three hearings were scheduled—the first on the West Coast, the second in the Central states and the final one in the East. The West coast hearing began last week. But just two weeks earlier the DEA announced its plans for the emergency ban on the drug.

This has especially outraged psychotherapists using MDMA in treatment. Few deny that it should be a controlled substance. But a Schedule I placement is like a death sentence, some say. Scaring up funding for further research could be impossible.

At the hearings "it will become a test of ours and their wit," says Stone, laughing. "They'll talk about the benefits and we'll talk about the hazards. Generally speaking, everyone agrees it should be controlled.... There are people saying it will restrict legitimate research, but there are plenty of drugs on Schedule I that undergo legitimate research."

"You put it on Schedule I and it will remain on Schedule I," says Lester Grinspoon, a Harvard Medical School psychiatrist who's studied MDMA extensively and has written several books on hallucinogens, including *Psychedelic Drugs Reconsidered*. "Anyone who knows anything about research knows how impossible it is to do legitimate research on a Schedule I drug."

Grinspoon has never treated anyone with MDMA, yet he intends to support the drug at

the East Coast hearing.

Another Eastern advocate is Dr. Rick Ingrasci of Interface, a psychotherapy institute in Boston. Ingrasci claims to have treated over 200 people with MDMA.

"The problem is that what's going on around the US today is not legitimate researched therapeutic uses. And there's abuse," says Stone of the DEA. "Ingrasci is not using it as a research drug, he's using it as if it were an approved drug."

The Earth Metabolic Design Labs in Santa Fe, Florida studies and makes MDMA. One of the foundation's officers, Rick Doldin, is so enthusiastic about the drug that he's toured the US promoting it. His colleagues have been worried about Doldin, though. Remembering Timothy Leary's fervor when he thought LSD would change the world, some advocates feel Doldin's gone overboard in his zeal and could be hindering the drug's chances of gaining respectability.

On a more sober note, Dr. George Green, a psychotherapist in Santa Fe, New Mexico, made and then "administered" MDMA to 29 "human subjects in a therapeutic setting." He then published a report on his findings titled "MDMA: A New Psychotropic Compound and Its Effects." The following are excerpts from his study:

.... Every subject experienced some benefit from MDMA during his or her session. Twenty-seven felt more close and more intimate with anyone present. (The other two had solo sessions.) All 21 subjects who had sessions in couples or groups experienced more closeness or enhanced communication, and two found it easier to receive compliments or criticism.

Twenty-seven subjects reported positive changes in their attitudes or feelings. Sixteen felt more warm, fresh, alive, euphoric, or loving feelings. Ten subjects mentioned greater self-confidence or self-acceptance, and 10 felt their defenses were lowered. Two of these and five others reported undergoing a therapeutic emotional process. Five subjects said they had a transcendental experience. Five noticed having less negative thoughts or feelings. Three felt more self-aware or self-empowered, and two reported feeling blessed or at peace.

.... One subject reported an enhanced sense of touch; and one felt pleasantly warm, which was unusual for her.

Green also found some undesirable side effects. Twenty-two subjects experienced "jaw clenching or shaking, teeth clenching during the session." Twenty people reported fatigue a few hours to a few days after each; six felt nauseous during the session. Four people said they felt nervous and anxious during the session. One said his mind was racing and another felt confused.

Green writes that some of the participants had long-term or lasting effects. Some experienced increased alertness and feelings of well-being lasting several weeks. Two felt more anxious and sexual after their sessions. Some say their positive attitudes lasted up to two years.

THE INNER POTENTIAL

One Burlington therapist, who wishes to remain anonymous, says she had "a few" therapy sessions with a couple taking MDMA. Although other therapists say they've personally tried it or had requests for it, no one else admitted to using MDMA professionally. "They brought it themselves," begins the

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MDMA AND THE Psychedelic MOVEMENT

BY J.K. STEVENS

therapist, who says the couple agreed to allow her to intervene about their work together. "At first I was dubious. I had tried it once before, years ago, and I knew how it affected me. It was very powerful, but also very healing. Being a therapist and trying to guide this couple while they were taking it was a completely different matter, though."

"She read up on MDMA and talked to 'a friend who uses it in his therapy' before she met with the couple. "I told them I'd be willing to do a session with them once and see how it went. They'd already tried it at home together.... I had also worked with them for about four months so I knew what their issues were and where they were stuck. We agreed to focus on these."

"Still, I was straight with them. I said, 'Look, I'm not an expert in this, and as long as you know the risks involved, I'm willing to meet with you. I never would have gotten it for this couple, or any client, though....'"

"They'd take [MDMA] about half an hour before the therapy session and they'd also take some dantrolene to make sure they'd be physically comfortable. (The muscle tightening and jaw clenching can sometimes be reduced by taking magnesium and calcium before hand. Dantrolene tablets, available in health food stores, are full of these minerals.)"

"In some ways I reacted just like I would have in any other session," the therapist says. "I asked them if they wanted to talk about [a particular problem they'd been having] and we went from there...."

"But I was also a bit nervous and intensely curious the first time," she laughs. "I kept checking to see what was going on physically—'How's your stomach? Are you feeling shaky?' Finally they said, 'Enough already. We're all right. Let's start.'"

"After the first session they wanted to try it again. It had gone well and in the end we probably had three sessions with them using it.... I think it helped them. They were very directed and much less defensive. The power struggle wasn't in the room for the first time. They needed to see that it was possible to reach that state...."

"We're not using it now, and I'm glad. The three of us were conscious right from the beginning of not wanting to rely on Adam [MDMA]. I think they could've done it without the drug, but Adam just gave 'em some confidence."

Now that the drug will be illegal, the therapist says she "would absolutely refuse to work with it. Still, I think it's a mistake to place it on Schedule I." The benefits of these few couple sessions "aren't worth risking arrest. Besides, as I said, I think they could have gotten there without it."

Many of the Vermont therapists contacted say they wouldn't consider working with MDMA. A lot say they haven't even heard of it.

"People would frequently like a quick easy way to speed things up," says Burlington psychotherapist Eva Dalton. "But I tend to be suspicious and skeptical about this." Dalton says she "probably wouldn't agree to meet with someone using MDMA. But I'd have to read up on it a lot more."

"It sounds a little premature to put MDMA on Schedule I," says Mark Abrams, an Essex Junction psychotherapist at the Growth Center. Abrams says he's heard a little about MDMA through the media and feels it shouldn't be "blindly rejected or blindly accepted." An appropriate response would be "firm, open-minded, serious research," he says. "The point I'm making is that there's too many people suffering to let money, ego and politics get in the way of healing." ■

In a rational world, the furor over MDMA would not exist. In a rational world, research and experiment would take primacy over press conferences and speculation; the claims of the therapists using MDMA would be tested and either validated or refuted.

But unfortunately this isn't a rational world and it becomes even less so when the subject is psychedelics. LSD, psilocybin, mescaline, DMT, DOM, DMT, MDA—to most people these are dangerous mind drugs, destroyers of sanity and values, pernicious blights on the culture, and because MDMA is a relative of this family there's no need to waste time asking whether it is safe or useful, or even whether our society needs a drug that (reportedly) promotes insight. All those questions were taken care of in the sixties, during the flap over LSD.

One irony is that we are a nation awash with mind drugs. Spend a few hours with the *Physicians' Desk Reference* and you'll discover hundreds of psychotropic chemicals. Some, like thiorazine, valium, lithium and lithium are familiar to the general public. Most are safe if taken within the prescribed limits; thiorazine has been found to cause irreversible brain damage in some patients, and valium,

utility. The legal psychotropics allow one to function relatively smoothly in society, to conform to norms that would otherwise be disrupted by bouts of black depression, severe anxiety or acute psychosis. They cosmetize rather than cure—no one argues about that.

Originally, psychedelics were part of this therapeutic modality. Between 1949, the year LSD arrived from Switzerland, and 1962, the year the first controls on research went into effect, over 30,000 patients underwent LSD therapy for such diverse problems as neuroses, depression, alcoholism and terminal illness.

By the end of the fifties, nozzles began (outing LSD) as a miracle cure, with the biggest splash coming from Cary Grant, who attributed a renewed capacity for love to LSD.

Unfortunately the media attention only served to highlight what would become an insuperable problem: different researchers invariably obtained different results.

One of the few ironclad laws learned about psychedelics was that they were sensitive to set and setting. The quality of the experience depended not only on the surrounding environment, but on the expectations and personality of the subject and the expectations and personality of the researcher as well. Different researchers and different subjects meant different variables. This made replication, in the traditional sense, impossible.

Unable to conform to the approved medical model, LSD began to move into another gray area of our culture. No longer a drug of strict medical use, it became a drug of abuse. It was almost that black and white.

Drugs of use ameliorate disease, which in the field of mental illness means anxiety, depression, catatonia, schizophrenia, mania. Creativity, intelligence, multiple realities, mystical oneness, enhanced memory, aesthetic appreciation—these are not diseases. Consequently any drug that stimulates these experiences is *per se* a drug of abuse. That is the way the FDA laws are written.

This is a rather funny situation if you take the time to browse through all the futurist literature which predicts that by the year 2000 our national pharmacopoeia will include memory and intelligence pills.

It's not gonna happen. Of course, most bureaucracies have a few loopholes, and if I were a drug company with a psychedelic-type chemical on my hands I would profit it as a semiliberal drug. The sudden furor over Alzheimer's Disease has made it okay to increase the intensity, creativity and intelligence of the elderly.

From the unachieved advantage of 30 years, it's hard to predict how things would have developed, but I think society could have coped to fit (increasingly perhaps) with these drugs, integrating them within the appropriate disciplines, had not events taken a rather bizarre turn.

It was around 1954-55 that it began to dawn on certain individuals (most of them English) that psychedelics could be used to expand consciousness to the point where mankind evolved into a higher species. At the

center of this group was Aldous Huxley. Huxley's theory of psychedelics was not something like that: imagine that the mind resembles a TV studio at an affair like the Democratic Convention. Dozens of cameras are feeding information in over screens in the control room where a switcher selects the live images that will be broadcast over the TV sets.

Huxley called this network apparatus—the cameras, monitors and journalists—Mind At Large. He thought that what was ultimately broadcast into consciousness was a "measly trickle of the information necessary to stay alive on the surface of this planet."

The problem, to continue the analogy, was that the editing process had been laid down in the mind about 10,000 years ago, during the last revolution in consciousness, when man became a self-conscious, analytical, semi-cultural animal. And they haven't changed since.

Psychedelics seemed to override this editing process, releasing into the attentive mind oceans of information. To men like Huxley this suggested great possibilities.

Conspiracy would be too strong a word for what Huxley was up to. Rather he and his friends decided to run a modest social experiment to see whether psychedelics could change Western society. The drugs would be given to the elite of the world, to the top scientists, philosophers, artists and statesmen. And presumably the effects would then trickle down.

At a certain remove, the Psychedelic Movement resembles a self-empowered band of mystically-situated intellectuals discovering a drug that they think will push evolution. Although brilliant in matters of intellectual taste, they are abysmal judges of character. This things get out of control, with sometimes comic and sometimes tragic results.

In November, 1960, Huxley met a neurologist (Harvard psychologist who was developing a research project with psilocybin. His name was Tim Leary, and at first he wholeheartedly endorsed Huxley's subtlety of quietly turning on the world's elite. But Leary was Irish. He hated elites. The way you can have a world, he thought, is by turning on the most open to new ideas, the kids! Leary ran away with the ball game and the sixties became the Sixties.

The government, with its usual wisdom in these matters, did everything it could to exacerbate the situation. It would have been far smarter to nip Leary's career in the bud by taking his advice and establishing psychedelic centers around the country where individuals could go and take the drug in carefully controlled sessions. Certainly the research done in the fifties suggested that this was more than feasible.

At the Senate hearings in 1966 which ultimately resulted in LSD being put on Schedule I, every scientist who testified urged that research be continued.

Of course, the opposite happened. While not exactly banning research, the FDA and the NIH made it so difficult to get approval that it took one dogged neuro-psychologist three years of letters and hassles—that most researchers gave up in disgust.

But that doesn't mean the research stopped. Since the late sixties psychedelic research has continued underground. (A not uncommon place for new sciences, as anyone conversant with the story of Galileo will realize.) The result has been dozens of new substances, of which Ecstasy has been deemed the most socially useful.

In a rational society we would take a long, clear-eyed look at these claims. ■



throughout the sixties and beyond, was regularly linked to more drug deaths than heroin. Still, these drugs proliferate. Psychotropics were introduced in the mid fifties, and by the mid-seventies physicians were writing 250 million prescriptions per year—enough for every man, woman and child in the US.

Chemically there is little difference between the neural action of a drug like thiorazine and LSD: the former replaces the neurotransmitter dopamine at certain receptor sites, the latter performs a similar operation with serotonin. The difference is in their perceived social

J.K. Stevens is a writer from southern Vermont. His history of the psychedelic movement will be published next spring by the Atlantic Monthly Press.

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