

Ecstasy: The Lure & the Peril

The Debate Over the Drug of the '80s: Praised, Probed and Soon to Be Illegal

By Jane Leavy
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They sound like born-againists who have glimpsed a better world, evangelicals of the latest psychoactive reality.

"You call the Sabbath a daylight," says a Philadelphia rabbi. "It's like the Sabbath at the end of a long week."

It is 3,4-methylenedioxymethamphetamine, MDMA, ADAM, Decadence, Essence, XTC, Ecstasy. Ecstasy! Paradise induced. And as of July, by emergency order of the Drug Enforcement Administration, illegal.

"It's the psychedelic for the '80s," says Dr. Norman Zinberg, professor of psychiatry at Harvard Medical School, who has studied users of the drug. "It's no big deal. It's mild. You've still got the taste of danger without the impact of LSD. It's a yuppie psychedelic."

There are no melting mirrors, no Day-Glo horizons, no sensory pyrotechnics. "It's not an experience you can quantify or put into words," says Diane Watson, a 37-year-old cancer patient who has taken the drug under the care of a psychiatrist. "Words like 'peace' and 'relaxed' are so broad. It's a feeling of great warmth and connectedness with the world."

There are also reports of paranoid delusions, elevated blood pressure, severe jaw clenching and, says the DEA, a possibility of permanent brain damage. To some the risks are worth it.

"Suddenly this great weight is lifted," says a 33-year-old New York designer who has tried it eight times. "That interior monologue, somehow all the chatter stops and you're so relieved. You like yourself. You're perfect the way you are."

They revel in an exalted sense of normalcy, an enlivening absence of fear. Defenses crumble. Inhibitions evanesce. Presto: The Me Generation is in touch with its us-ness.

PSYCHEDELIC, From D1

Chemically MDMA is related to MDA, a stimulant once known as the "love drug," but it has properties uniquely its own. It polarizes and it unifies.

It has polarized pharmacologists, who argue whether it is a hallucinogen or a stimulant, whether its abuse potential is high or low. It has divided (and intrigued) psychiatrists, who debate its potential in therapy. It has galvanized street users, who can't decide whether it is a party drug or a form of spiritual self-medication.

It has unified Harvard psychiatrists, a Wall Street law firm, drug companies, the Earth Metabolic Design Laboratory and cancer patients. They are allied by fluke and circumstance to prevent the Drug Enforcement Agency from listing MDMA as Schedule I, the most restrictive category in the Controlled Substances Act, reserved for drugs with no accepted medical use and high abuse potential, such as heroin and LSD.

Last July the DEA published its scheduling proposal in the Federal Register, as the law requires. The response: 15 letters of protest and six requests for hearings. "The whole thing was unprecedented," says Howard McClain, chief of the drug control section of the DEA. "Normally, if we get one we think it's special."

Yesterday the DEA invoked its emergency powers to temporarily place MDMA in Schedule I in order to "avoid imminent hazard to the public safety." The action, which imposes criminal sanctions and regulatory control for one year, takes effect July 1. Although hearings will continue as planned before Administrative Law Judge Francis Young on June 10-11 in Los Angeles and later this summer in Kansas City and Washington, proponents concede that the DEA's preemptive strike will make their task far more difficult, if not impossible.

In explaining the decision, Gene R. Haislip, head of the DEA's Office of Diversion Control, cited accelerated use of MDMA in recent months and a University of Chicago study on the neurotoxicity of MDA, which concluded that it can cause permanent brain damage. The chemical similarities between the two compounds, Haislip said, suggest that MDMA could have the same effect.

Charles Schuster, one of the authors of the study, said he believes there is "a 99 percent chance that we'll get exactly the same results with MDMA as we got with MDA."

"It's fairly easy to make," says Richard Hawks, chief of the research technology branch of NIDA. That's why it's all over the country. Recipe-wise, you're putting together three or four chemicals. It's much like cooking.

The first report of illicit trafficking was in 1970, "when our labs obtained a couple of exhibits from Chicago police," says DEA chemist rank Sapienza. In the last five years the DEA has found labs in all of California, New York, Florida, Georgia and Tennessee. Rick Doblin, an undergraduate at the University of South Florida and former lobbyist for the Earth Metabolic Design Laboratory, says there are currently seven or eight labs making it. The cost to the manufacturer is \$1 a dose. On the street, a 100-milligram pill or capsule sells for \$10 to \$20.

Ronald K. Siegel, a psychopharmacologist at UCLA School of Medicine who will testify on behalf of the DEA this summer, says "the nonmedical use of MDMA has escalated from 10,000 doses in all of 1976 to 30,000 per month in 1985." Sapienza and Doblin think those figures are low.

Siegel worries that the recent spate of publicity—"free advertising," some call it—will result in a demand that suppliers will fill with potentially more lethal drugs, such as angel dust.

"I wanted to make sure it wasn't just everything white mixed together in a capsule," says a 38-year-old J.C. artist who waited four years before buying some from a friend in New York. "In the basic gay party group here it's very widespread. I don't think it's hit this area of the country yet. Not like it has on the West Coast."

Darryl Inaba, director of the drug detoxification program of the Haight-Ashbury Free Medical Clinic in San Francisco, says three or four of its 425 to 460 clients a month report bad MDMA experiences. "The people we see have taken five to 15 doses, and they don't know what dosage," he says. "They experience paranoia, distortions, heart palpitations, the same type things you see with MDA. It's more paranoid delusions than out-and-out hallucinations."

The study, which has not yet been published, says, "It would be premature to extrapolate the present findings to humans." But, Schuster said yesterday, "I think because of all the publicity, they are doing the responsible thing. It's too volatile an issue. A lot of people will get involved with it because of the lurid descriptions. 'Ecstasy! We all want ecstasy!'"

The lobbying effort has been under way for some time. Last year members of the advisory board of the Earth Metabolic Design Laboratory, a new-age Berkeley think tank, and other drug researchers hired the Wall Street law firm of Dewey, Ballantine, Bushby, Palmer and Wood and organized to have MDMA listed as Schedule III or lower. "My clients support the efforts of the DEA to make the street use of MDMA illegal," says Washington attorney Richard Cotton. "But they are strongly urging the DEA to schedule MDMA in a way to facilitate and not obstruct research into its therapeutic potential."

"The DEA's abrupt action in placing MDMA in Schedule I," he added, "will halt research efforts and will inevitably prejudice the hearing process."

Legally, attorneys have challenged DEA protocol that any drug without a medically accepted use must be listed as Schedule I. Two of the largest drug companies in the country—McNeil Pharmaceuticals, makers of Tylenol, and Roche Products Inc., makers of Valium—have joined in proceedings to litigate the point. Their interest is not in MDMA but in being able to market products here that are used in Europe. "The name of the game is money," says McClain.

Medically, MDMA has become the symbol for a rekindled debate over the use of psychoactive drugs in therapy and the right of physicians to research their potential. In 1966 Congress passed the Drug Abuse Control Amendments, and research came to an end. "When the research was truncated in 1966, it left an unfinished story about the possible therapeutic efficacy of these drugs," says Dr. Lester Grinspoon, Harvard professor of psychiatry and one of four named clients represented by Dewey, Ballantine.

His tone is serious, with not a hint of the zealotry that obscures the debate. He doesn't call it Ecstasy. He speaks with clinical dispassion of the issues raised by MDMA. The government may con-

The Drug Abuse Warning Network, a survey of 300 hospitals across the country, has reported eight emergency room mentions and two deaths from MDMA since 1979, according to the DEA. Doblin cites those statistics as evidence of the low toxicity of the drug. He argues, along with psychiatrists George Greer and Rick Ingrassi, that the drug has a low abuse potential because its pleasurable effects diminish in direct relation to frequency of use.

All agree, however, that MDMA has side effects: nausea, sweating, dehydration, elevated heart rate and blood pressure, blurred vision and jaw clenching. "So much so that they stuff wet washrags in their mouths to prevent themselves from biting their cheeks," Siegel says.

"I think they are a bit naive and irresponsible," says Inaba, who will testify for the DEA. "It's like the same thing we went through in the '60s with LSD—a great mind-expanding experiment and everyone can take it without consequences."

"People say it's the answer. I don't think any drug will be the answer," says a 36-year-old Florida musician who has taken it 30 times. "In an effort to emphasize its credibility, it's being oversold."

Still, it isn't hard to find those who meet the skeptics with a sigh and a question: "Have you tried it?" Or as Ken Kesey once said: "Either you're on the bus or you're off the bus."

Earl Deacon is 75. He has had inoperable bone cancer for 10 years. He has defied doctors' expectations,

tions, just as the pain of the disease has defied his. Last September, when his daughter-in-law told him about Santa Fe psychiatrist George Greer and MDMA, he decided to abandon a lifetime of conservatism and try it.

"Time ceased to exist," he says. "As a child, I had a recurring nightmare of being tied down and if I didn't get loose I would die. Under the influence of MDMA I remembered back when I was 2½ or 3, when my dad had whipped me and tied me. I was able to forgive him."

"After I had been in the drug for some time, I realized I was also completely free of pain. Zero pain. I kept telling George there was no pain. I was able to walk, go to the bathroom, love everybody."

"It may be 100 percent placebo. If it is, so what? It gets rid of all your hopelessness and your helplessness as far as the cancer is concerned. It gives you a whole new

"This is the antidote to alienation, the connector," says a 33-year-old New York writer who also has taken the drug eight times. "It brings you in touch with people. That's why it's the drug of the '80s. You can't do it and feel alienated."

The litany is seductive, the need unsettling. Charles Schuster, director of the Drug Abuse Research Center at the University of Chicago, who is studying the neurotoxicity of MDMA, has been deluged with calls since his appearance on "Donahue" last month from people who "feel they need something."

Ecstasy may not be the answer, but it poses disconcerting questions. "American culture is in trouble," says Rick Ingrassi, a Watertown, Mass., psychiatrist who has given it to 200 people, including Watson and himself.

"I think the therapists giving it are fools," says Zinberg. "People get sentimental and lugubrious and think they've discovered the truth."

See PSYCHEDELIC, D4, Col. 1

control, he says, but it will never be completely controlled. It will go underground, "and we'll get into cops and robbers stuff." It will be supplanted—already there is a new variation, MDE, Eve. Ecstasy may go away, but the questions it raises won't.

"We didn't have the reference for consciousness change until the 1950s, when lithium and the tricyclics and other psychotropic drugs were developed," says Norman Zinberg. "Suddenly it became possible to change consciousness in a lot of ways. I think the culture is trying to find out what drugs it can institutionalize and integrate. I think the culture is playing a game."

"We are beginning increasingly to discover more and more about the neurochemistry of the brain and develop chemicals that can modify the brain in important and subtle ways," says Charles Schuster. "We've accepted drugs that are capable of relieving symptoms of mental disease. What about drugs that might make us better? Maybe MDMA is not the drug. But there are going to be drugs that enhance our capabilities. Are we going to reject them, or use them in an intelligent fashion?"

MDMA, a synthetic variation of sassafras oil, was first patented by E. Merck in Germany in 1912 (number 274,350). It was tested by the U.S. Army in the early 1950s and rediscovered in Poland in 1960. The DEA didn't hear of it until 1970. Now it is the drug of choice among those with the means and the inclination to make such choices.

Very little scientific data is available. A 1953 Army animal study on the toxicity of eight chemicals, including MDMA, found it was the second most toxic after MDA. The information was not declassified until 1969. The first pharmacological study was published in 1978 by California chemist Alexander Shulgin and Purdue professor David Nichols, who described MDMA as "evoking an easily controlled altered state." There have been no scientific studies on its therapeutic value in psychotherapy.

At the request of the DEA, the National Institute on Drug Abuse recently authorized the synthesis of a batch to study its toxicity and its "reinforcing effectiveness," which means watching laboratory animals to see how often they will push a lever to get a dose. Johns Hopkins University is testing baboons. The Medical College of Virginia is testing rats. At the University of Chicago, Charles Schuster is testing for neurotoxicity in rats. He says he will have the results in the next three weeks.

feeling... I've worked through my own death. I have no anxiety or fear. It's a moot question."

Greer, another of the named clients in the Dewey, Ballantine challenge, says he is one of perhaps 100 to 200 therapists across the country who have administered MDMA. Rick Ingrassi believes their numbers are smaller, 35 to 50. Both have tried it themselves. Both make it themselves. Both have been using it for five years.

Ingrassi says he offers it to patients who are "out of touch with themselves" in order to "catalyze insight and learn to live life without fear."

"It clarifies the emotional side of things by lowering resistance and the denial of feelings," he says. "But even more important, the ability to express feelings is greatly enhanced. That's the most useful part from a therapeutic point of view."

Rick Doblin, who says he is studying to become a psychedelic psychotherapist, has experimented with different dosages. At 25 milligrams he was able to appreciate Jerry Fowler for the first time. "I was able to openly see his good points and not resist him," he says. "At 100 milligrams there is a sense of peacefulness. You move into the universal heartbeat of shared humanity."

"It's the drug you want to do with your parents."

"I think the carry-over effect is due to the fact it doesn't alter state of mind very much," Greer says. "Cognition is normal. The state of mind so closely resembles normal state that the insights learned still apply, especially in lower doses. It's what it doesn't do—cause hallucinations—and what it does do—reduce fear—that allows there to be a carry-over."

"Rather than an altered state, my impression is that it is an unaltered state," says Don Darling, a 54-year-old retired Navy lieutenant commander who has taken it four times in the last year under Greer's supervision. "It's the most natural thing I'd experienced. This is a feeling of such profundity that I am con-

vinced it has elements of reality as meaningful to me as what physical reality can provide."

Even some of those who were just looking for another high, a way to boogie the night away, now take it seriously. "I use my experience as a medication," says the New York writer. He tackles one issue each time. Once he took it with a friend who is an alcoholic, "and we worked on getting him into AA." The last time he came to terms with the realization that his father never loved him, and grieved for a week.

"Coming down is like floating back to earth on a pillow in a fairy tale," he says. "You realize you're back on earth, a little wiser, mellower, calmer. I've learned what it's like to be human. I know that doesn't sound right. I'm so much less judgmental now. I'm not as mean, not as gossipy."

"I was going through a lot of changes," says the New York designer, remembering her first MDMA experience. "I had moved from the coast. I had new friends. I was 33. But there was a hollow thing in my heart. I decided while I was on the drug I would go into therapy. It made me realize I needed help."

She marvels at the effect. "It's not just the euphoria," she says. "There are no negative thoughts. How could a drug somehow edit out the negative? The paranoia? The fear? All the things that cripple us?"

Over and over, they say the same thing: Something lost has been found. "It's what the '60s were supposed to be and weren't," the writer says. "Peace and love and hair."

"It's so weird that what we all want the world to be is glimpsed through a pill," says the designer. "Ecstasy is so misleading—you think of Greek gods dancing. It's not that. You're at peace with yourself. And when you've come down and have all the realizations, you're the missionaries out there with the cannibals. You want to change everybody and everything because you've seen the world the way it should be, and you can't."

"Yikes."

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The 'Ecstasy' Debate