

MDMA UPDATE



by Rick Ingrasci

The third and final hearing on the controversial drug MDMA ("Ecstasy") took place in Washington, D.C., from October 8 through October 11, 1985. Witnesses who had submitted written testimony to Judge Francis Young were cross-examined by the opposition's lawyers. Judge Young has been given the task of making recommendations to the Drug Enforcement Administration about 1) whether MDMA has been shown to have any medical and/or psychotherapeutic uses, and 2) what the practical effects on legitimate research with MDMA would be if the drug were placed in Schedule I or II as opposed to a lower schedule.

Briefly, the psychiatrists and researchers who support a less restrictive scheduling for MDMA presented their clinical observations with MDMA as an adjunct to psychotherapy, pointing to the positive effects seen time after time within an appropriate clinical context. DEA lawyers emphasized the anecdotal nature of all the data, and the questionable ethics of administering a drug whose long-term side effects (if any) were unknown.

One of the major government witnesses agreed that most major breakthroughs in medicine begin with anecdotal evidence, and only later do double-blind controlled clinical trials play a role in the advancement of medical knowledge.

In cross-examining the DEA witnesses, lawyer Rick Cotton attempted to show that placing MDMA in Schedule I (along with heroin, LSD and MDA) would

make meaningful research with MDMA virtually impossible, thereby placing a potentially valuable therapeutic tool in a bureaucratic waste basket.

Schedule I is for drugs which supposedly have no therapeutic value and a high potential for abuse. Neither criteria appear to be met by the patterns of use of MDMA in the United States. On the contrary, MDMA seems to be very useful in therapy for helping patients access deep emotions with less fear and anxiety, as well as for communicating feelings more freely and honestly. Also MDMA appears to have a low potential for abuse because regular use results in the user developing a tolerance for the positive effects while the side effects — jaw tension, nausea, blurred vision, etc. — increase.

Now that the three MDMA hearings are completed Judge Young will make his recommendation to the DEA sometime after January 1. My guess is that he will recommend that MDMA be taken out of Schedule I (where it was placed by the DEA on July 1, 1985, using the emergency powers of the Controlled Substances Act) and into Schedule III because he seemed genuinely impressed by the reasonableness of our testimony. But because he is only making a recommendation to the DEA, they can choose to keep it in Schedule I, which we believe they will choose to do. Thus we may "win the battle but lose the war."

If the judge does decide in our favor and the DEA chooses to ignore his decision, we will appeal the DEA's scheduling. Otherwise, MDMA will join LSD and MDA in Schedule I as drugs with tremendous therapeutic potential that will never be fully actualized. And ironically, MDMA will continue to be available on the street . . . at a higher price!

Rick Ingrasci is past co-president of AHP with Peggy Taylor.



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