

## The "Yuppie Drug"

# Ecstasy, Etc.

by Mark S. Gold, M.D.

MDA (methylenedioxyamphetamine), and its structural analogues MMDA and MDMA, are currently experiencing an increase in street use and media hype which is fueling an increase in experimentation. MDA is referred to on the street as "psychedelic speed" or "the love drug" because users report a warmth which spreads slowly throughout the body. MDMA is "affectionately" called the "yuppie psychedelic," "Adam" and "Ecstasy."

MDA is a sixties drug, with early reports of producing a feeling of confidence, well-being, and comfort. These reports provide the street mythology foundation for the belief that MDMA or MMDA is a drug like no other, a drug user's dream come true. These drugs also are purported to enhance thinking, coordination, insight, yoga, psychotherapy or meditation.

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It is clear that the marketing of Ecstasy (MDMA) as MDA without the problems has been brilliant. MDMA also had the advantage of being legal and having nearly 2 months of positive media attention prior to the Drug Enforcement Administration's emergency scheduling of it alongside heroin, cocaine and LSD as a Schedule I drug. Possession of even traces of MDMA can result in punishment of up to 15 years in prison and \$125,000 in fines.

As a drug of abuse it has never been tested for safety, nor will it likely be in the future. It has been given by the army in the 1950's, analogues have been tested in animals, and people have tested the drug on themselves; some have reported negative effects

at emergency rooms and clinics and to 800-COCAINE.

The similarities to the mid-1970's when cocaine was actively promoted are clear. As far as the public can see, medical experts are debating the dangerousness of these drugs. Experts from prestigious medical schools are again saying there is no proof of dangerousness (as they did for cocaine).

New medicines are normally assumed to be dangerous until proven safe and effective, but this policy, which has saved America from hundreds of Thalidomides, is lost when it comes to drugs of abuse. New drugs are peculiarly exempt from medical logic and viewed as safe until proven dangerous.

In the wake of medical misinformation and media endorsement comes mythology, profit motives and psychopharmacology. Despite lacking the centuries of myths surrounding cocaine, MDA, MDMA and MMDA users have cultivated the myth of the natural drug. The myths are that Ecstasy is a new drug, the safe drug, that users have been looking for— "it's the earlier versions that are dangerous," callers keep telling me.

MDA, MDMA and MMDA should be viewed on the basis of studies with similar drugs and research work with these drugs in animals. These drugs clearly produce self-administration. They, like cocaine or amphetamine, stimulate their own taking, and thus make addiction and other problems likely consequences of use. Moreover, MDA's effects on the brain include structural damage, according to recent University of Chicago studies, again suggesting that MDMA will be demonstrated to have similar destructive effects.

However, a wide range of active drugs packaged together as Ecstasy can make diagnosis a problem by causing a complex and varied clinical picture. Hallucinogens from LSD to PCP and stimulants from caffeine to



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amphetamine, and other Ecstasy-related drugs from MDA to DOM have been reportedly selling as Ecstasy.

MDA, MMDA and MDMA have never been tested for safety and drug combinations sold as Ecstasy have never been tested. The common practice of taking these pills with alcohol has certainly never been tested for safety. MDMA, MDA, MMDA and all new wonder "safe" euphorogenics should be considered extremely dangerous until proven safe and effective for a specific condition by the FDA and the medical research community. Prevention efforts should focus on the mythology and present the clinical and research data we have on hand at the moment. Reporting on emergency room visits, psychiatric hospital admissions and other outcomes of use will follow once data are available.

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