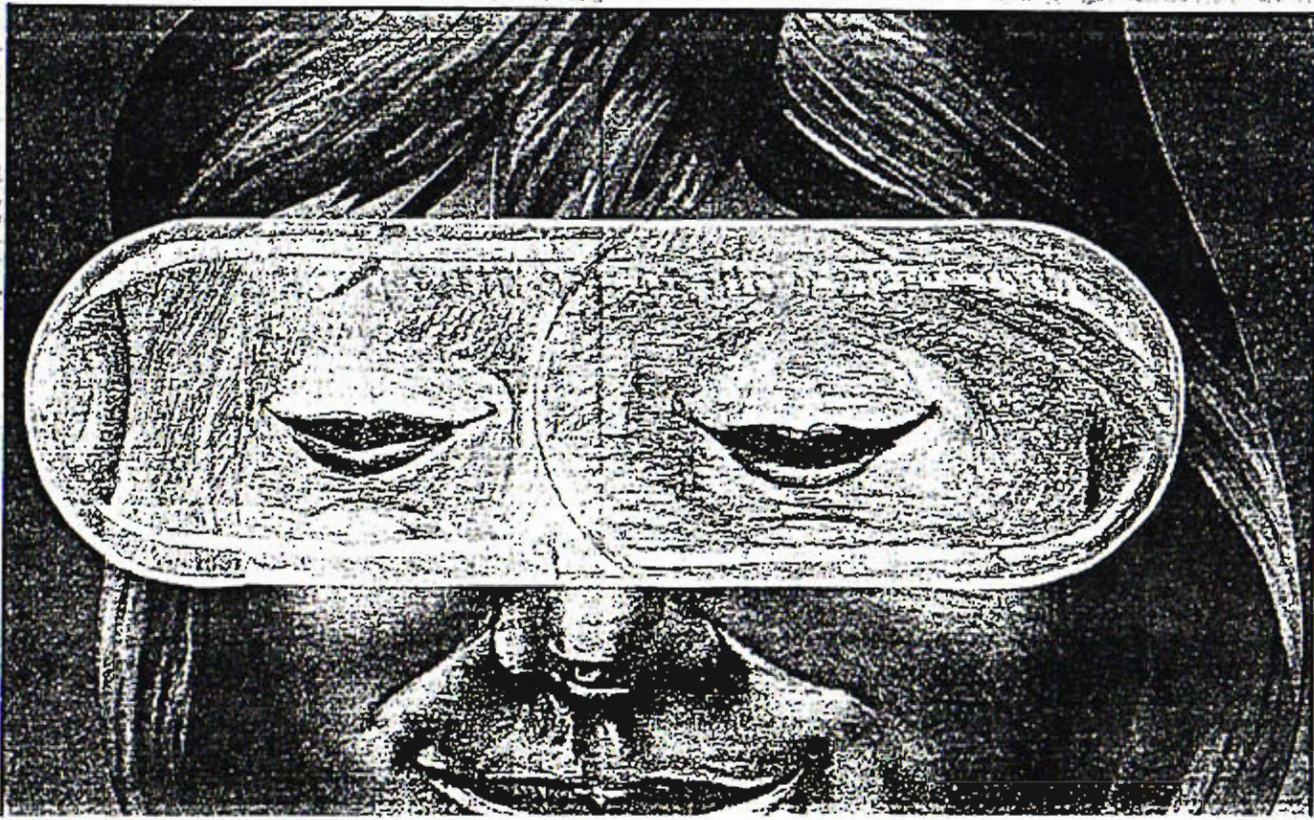


Lifestyle

a designer drug called

ECSTASY



Doctors, psychotherapists want to use drug for medical research

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doctors, researchers and psychotherapists, the DEA held public hearings on MDMA in Los Angeles, Washington, D.C., and Kansas City, Mo., before an administrative law judge.

The judge's ruling, issued last May, recommended that the drug be placed in Schedule III, a category that keeps the drug illegal for street use but frees it up for further medical research.

But the DEA didn't budge. Last October, DEA Administrator John L. Spong made a final ruling on the synthetic drug — MDMA would remain in Schedule I. The same researchers and psychotherapists have appealed the ruling in federal court.

Schedule I is probably overkill and probably politically motivated, said Purdue's Nichols. "I think the DEA was getting some heat from some of these senators who were having a problem with it back home."

Nichols, who currently is doing MDMA research with rats, agrees that the drug should be controlled, but it also should be researched eventually in humans.

Whatever the resistance in people that keeps them from talking, somehow MDMA breaks that down in some people," Nichols said.

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The DEA's latest decision doesn't discourage Rick Doblin, a 33-year-old student at Sarasota's New College. Doblin has spent the past two years promoting what he says are the benefits of MDMA.

After attending New College once before, he earned his Florida contractor's license, took \$80,000 left to him by his grandfather, borrowed another \$20,000 from his parents, and designed and built his own house. That was only the start. In the following years, he built seven more houses.

Four years ago, Doblin went back to New College, planning his own degree program in "transpersonal psychology." As part of his first year, he traveled to California's Esalen Institute and took a month-long course called "The Mystical Quest." There, a friend gave him his first MDMA. Doblin waited until he returned to Sarasota, and even then for several more days, before he tried it.

"I tried it with my girlfriend," he

said during an interview recently. "In the middle of it, I said, 'Nancy, there's no drug, it's just us.' It felt so clear and pure, it was just us."

Things haven't been the same since then for Doblin.

He tried MDMA again and again, varying the dosages, recording his experiences and relating them to others who also had experimented with the drug. He scoured for MDMA background information, compiled a virtual library on psychedelic and psychoactive drugs and contacted psychotherapists who were using it with patients.

He discovered his own experiences mirrored the findings of others.

"The drug is easily turned toward many different purposes," Doblin said. "And, more importantly for the safety of it, you can easily turn it away from looking at your emotions."

Sometime about a year after his first MDMA experience, Doblin had the dream. It is what determined his mission, he said, what decided his own quest to be a psychedelic psychotherapist.

"In the dream, there's a small white room with two coats, Doblin said. "I was lying on one, an old man was on the other. The old man in the dream had been in a Nazi concentration camp. He told Doblin he had survived the Holocaust because of a mission."

"He told me, 'Now I know I can satisfy that mission. I asked him what it was, and he said, 'It's to tell you to be a psychedelic psychotherapist.'"

Doblin plans on graduating next May from New College. After that, he's shooting for Harvard, hoping to earn a doctorate in psychology while researching psychoactive drugs and their therapeutic uses.

If not Harvard, he'll apprentice with Franco Di Leo, a Baltimore psychiatrist who has permission from the federal government to research the effects of LSD on depression.

Doblin and Di Leo are now seeking approval from the U.S. Food and Drug Administration to treat Doblin's grandmother with MDMA. At present, the FDA has not permitted any human research with MDMA.

At some point, Doblin said he would return to Sarasota and open the nation's first "Psychedelic Center." "It would be a hospice, a clinic

where people could benefit from any number of drugs."

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MDMA became a story — from front-cover play in Newsweek to even a show about it on *Donahue* — only a few months before the DEA decided last year it should be illegal.

Doblin was at work long before that. But unlike the psychedelic proselytizers of the 1960s and early 1970s who worked behind the scenes and abhorred the system, Doblin has embraced it.

He contacted the White House, the U.S. Food and Drug Administration, the United Nations and the World Health Organization. When he first talked to the DEA, the chemists there told him they had no idea MDMA was being used therapeutically.

It didn't matter: The DEA scheduled MDMA basing its decision on a University of Chicago study that found that its chemical cousin, MDA, caused brain damage in laboratory rats. The DEA had no other study to counter the Chicago research.

"The evidence indicated that it could possibly cause brain damage," Doblin said. "And they didn't qualify that as far as at what dose levels it occurred."

"I can tell you that water kills by drowning, but that doesn't mean you're not going to drink a glass of water."

MDMA's biggest hurdle, as it has been for other psychoactive substances, is the lack of clinical research to back up the exuberant claims. The problem is that research takes money — anywhere from \$50 million to \$70 million — and time — possibly from 10 to 12 years.

Nichols, with Purdue University, said that traditionally, the only drugs that make it through the FDA's approval process are the ones sponsored and patented by the major pharmaceutical companies.

Another problem: MDMA was already patented in 1914, meaning no one can have exclusive rights to it.

"The drug companies aren't going to pay that kind of money for something they can't patent," Nichols said.

In the last year, Doblin has founded the Multidisciplinary Association for Psychedelic Studies, an organization that will coordinate and locate funds for various MDMA research projects. So far, Doblin's group has sponsored three university MDMA studies on animals. The FDA has said it wants more animal studies before considering human research.

"What I'm trying to do is really look at the concerns and questions the FDA will have as far as the safety of this drug," Doblin said. "There's a little bit of concern that medical research of a drug of abuse, will be harmful because it clouds up what they're trying to teach young kids, which is these drugs are all bad. But the major limitation is financial, to support the studies."

To locate research funds, Doblin is having a tough time. Many of the psychiatrists who once used MDMA when it was legal have stopped. Outlaying the drug quickly deflated any therapeutic interest.

"The street usage of MDMA doesn't seem to have declined," Doblin said, "although the medical use of MDMA has been curtailed drastically."

Jun Hall, with the Upright Drug Information Center in Miami, said that since MDMA was placed on schedule I, his office has received an increasing number of calls about the drug.

Hall said MDMA's popularity, like many drugs, is regional. He said the drug seems most prevalent in Texas and California, although it is popular in South Florida and a few other Southern states.

Miami's Toxicology Testing Service, which examines confidential samples of drugs from across the country, receives an average of two MDMA samples a week, said Dr. Lee Hearn, a co-owner of the laboratory.

"It's rather surprising the amount that we see," Hearn said. "It's replaced Quaaludes as the No. 2 drug that we see. I suspect that some of these are sent by physicians who are still using it in therapy and wanting to know if it's real."

Ecstasy can be found in Jacksonville, although its use may not be as widespread as in other cities. Figures on its use are vague, numbers

are hard to come by.

Sharon Weaver, a local substance-abuse counselor who deals with high school and college students, said of the individuals she talks to, all of them have heard of MDMA, some have tried it.

Doblin said MDMA's characteristics don't lend the drug to abuse. "If you take it too often, the effects diminish," he said.

"Normally, that's the way to get hooked on a drug. You take it too often, the effects diminish, so you increase the dosage. But when you increase the dosage with MDMA, you get more of the side effects and less of the effect that you're looking for."

Doblin said those individuals appealing the latest MDMA ruling are arguing that the DEA went outside its authority when it went against the administrative judge's recommendation.

"Here you have a possibility to bring about some revolutionary techniques in psychotherapy," Nichols said. "The thing basically may just die."

"If MDMA can never be marketed, presumably there could be more than one drug that could have this effect. The thing to do would be to try and actually move on past MDMA and find second or third generation versions that could be."

"As for Doblin, despite the DEA's latest ruling, he's in the fight for the duration. It may take \$10 million, but Doblin thinks in 10 to 15 years, there will be clinics nationwide treating patients with psychoactive drugs."

"The DEA is getting a lot of heat for stopping a lot of research," Doblin said. "It's a really long process. But what else am I doing? I had the dream. This is my mission."

Ask Ann Lenders' advice in The Florida Times-Union

the silk shop

Lease in Question

May have to vacate

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Sale prices last while fabrics last

Some shelving fixtures - for sale

2020 San Marco Blvd.

By Andy Morgan

Ruth felt sick — the new drug churning, clenching the inside wall of her stomach. She tried to throw up — nothing but air. She tried to get up, something wouldn't let her. She felt debilitated, almost immobile. She didn't mind. The nausea will pass, she was told. Hang on. Run with it. Have fun.

"The initial feeling is kind of a light, bodily lightness," Ruth said. "Not lightheadedness, just you feel... light."

"There was this wonderful feeling of well-being and peace and harmony and love. You think about how wonderful life is and how much you care about the person you're with. And that everything is perfect."

Ruth is a Jacksonville free-lance writer, about 40, heavily dressed in long shorts, a sleeveless shirt. She has been a casual drug user, infrequently trying new things she had heard of: LSD and mescaline back in the 1970s, cocaine a few times, but never heroin. And never this — an unproven synthetic, an illegal designer drug called Ecstasy.

"You take it and you're fine," Ruth said. "Then all of a sudden you feel it coming on. It just keeps getting bigger and bigger. It's not a rush like a rush that you get from taking a couple of hits of marijuana and you get lightheaded and it's over with."

"It's a sustained period of this very light and airy feeling. Peaceful, calm and all I want to do is lie down. And that lasts anywhere from a half hour to two hours. Then the intensity decreases. I was able to function a little more. Sometimes I just couldn't get up."

Ruth has taken Ecstasy three times. Twice she became nauseated, but the queasy feeling didn't last. For her, she said, it was completely different from LSD or mescaline — "You know, you don't see your face melt."

"I don't like cocaine," she said. "I've tried that two or three times and I've never liked it."

"I'd say [Ecstasy] is a pretty good drug. The effect is pretty good. I have no idea of what the negative side

“This is a very toxic drug. It's very easy to kill lab animals with this drug. The very dose you take to get off on is the dose that also is beginning to poison you. You're nauseous. You're sweating. You're being poisoned.”

— Dr. Ronald Siegel, psychopharmacologist, UCLA School of Medicine.

When PCP first came out, it was called the peace pill," said Dr. Ronald Siegel, a psychopharmacologist at the UCLA School of Medicine. "Lawyers, doctors, judges were taking it. They were talking about tranquil, peaceful experiences."

"It's not considered a peace pill anymore," Siegel said. "Now what is it? A war pill? Violent acts are attributed to its use. We've heard this about a lot of drugs. Even cocaine free-basing. I can remember psychotherapists trying that."

"Whenever we find a new drug, we always have these kind of evangelistic statements made about it. Actually, MDMA is only new in its popularity, not in its creation."

It was patented in 1914 as a possible appetite suppressant. In 1953, MDMA was one of eight psychedelic drugs to be tested secretly by the Army, which was seeking a new truth serum. The result: MDMA was found to be more toxic than LSD or mescaline.

MDMA starts off from safrole, the principal component of sassafras oil. It smells like root beer. The safrole undergoes four chemical transformations. About a week later, the result is a white, crystalline powder called MDMA.

It has been called an hallucinogenic amphetamine, although some feel it may fall into a new category called psychoactive substances. It is a chemical cousin to MDA, the "love drug" of the 1960s that was banned

by the federal government. But MDMA doesn't have MDA's reputation as an aphrodisiac.

A normal adult dosage ranges from 100 to 150 milligrams. Side effects have included muscle tension, jaw clenching, sweating, blurred vision, nausea and increased blood pressure.

"The drug has been tied to at least two deaths, including a California psychoanalyst. The U.S. Drug Enforcement Administration has cited studies that show MDMA causes brain damage in experimental animals after as little as one dose."

"This is a very toxic drug," Siegel said. "It's very easy to kill lab animals with this drug. The very dose you take to get off on is the dose that also is beginning to poison you. You're nauseous. You're sweating. You're being poisoned."

But proponents have hailed it as a "yuppie drug," adventurous, but not too weird, emotive, but not out of control.

"Until about five years ago, when MDMA began circulating on college campuses and among the disc set, it had remained relatively obscure — used by a handful of psychiatrists in patient therapy. The frustration of those psychiatrists, that didn't last."

By summer of 1985, MDMA's popularity had reached such a fervor that some nightspots in Texas were peddling it over the bar for \$10 a capsule. They were reports it had replaced beer at some college parties. Siegel estimated that the drug's use had ballooned from 10,000 doses in all of 1976 to 30,000 a month.

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Once again, the federal government acted. In July 1985, the DEA classified the drug as a Schedule I controlled substance, putting it on par with heroin and LSD. Schedule I is reserved for drugs with high abuse potential and is not accepted medical use.

MDMA's initial Schedule I ranking was temporary. And in the last year, after requests from a group of

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