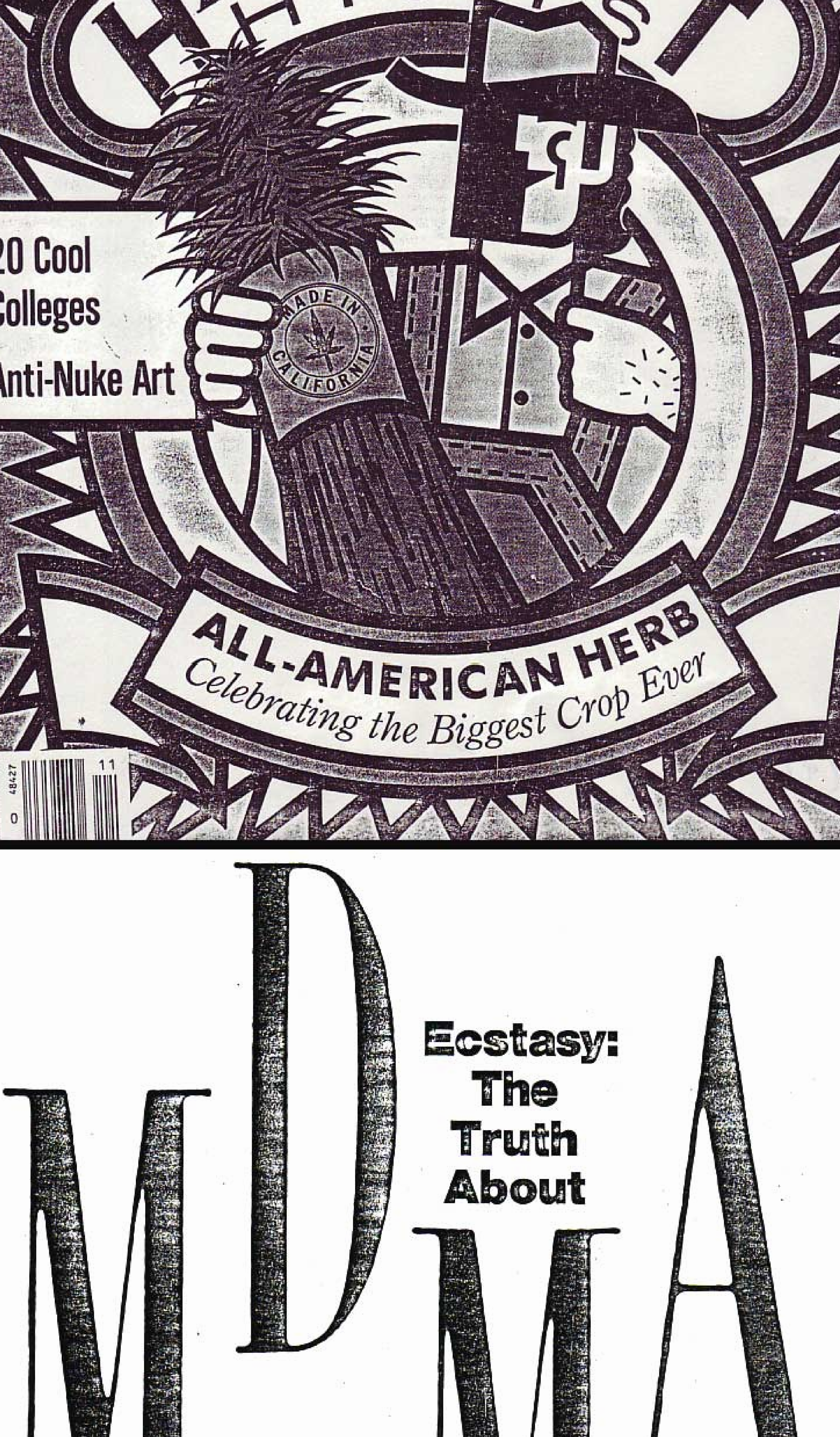
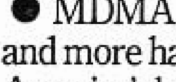
ECSTASY: THE TRUTH ABOUT MDMA

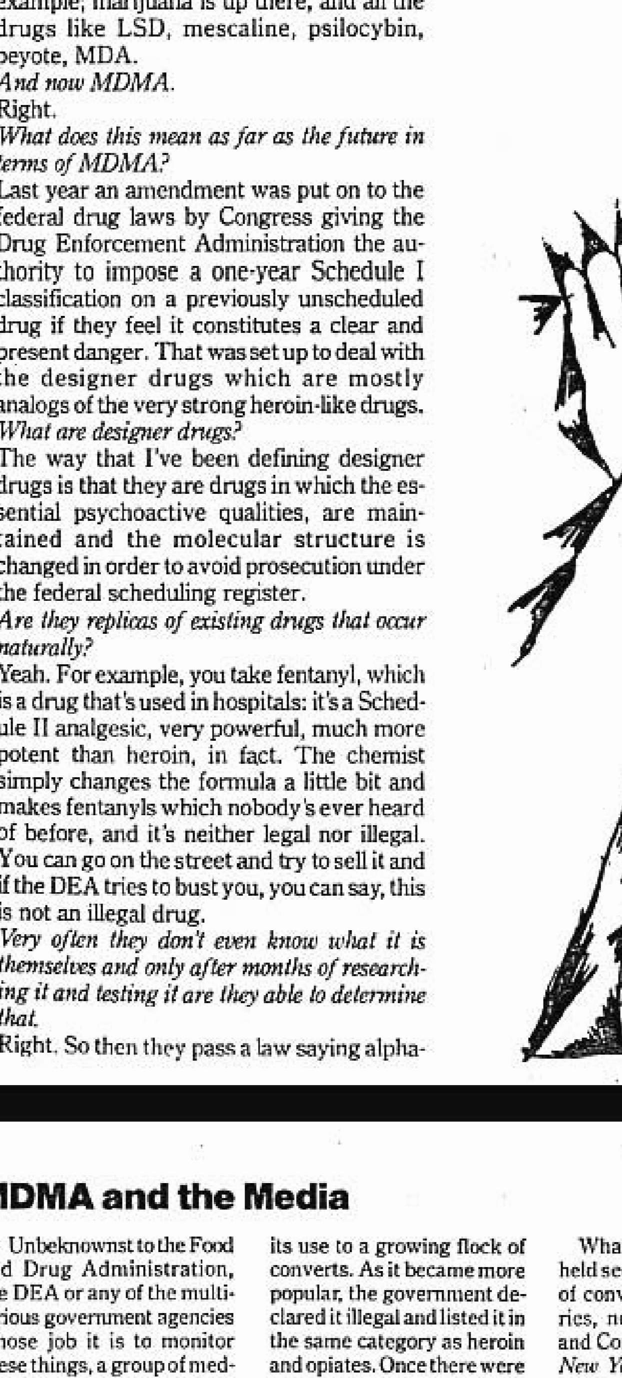


Ecstasy: The Truth About MDMA

● MDMA, or "ecstasy" as it's commonly known, has caused more heated headlines—and more hasty government action—than any substance since LSD. Here's the truth about America's hottest high. HIGH TIMES contributing editor DAVID HERSHKOWITZ interviews Rick Seymour, of the Haight-Ashbury Medical Clinic in San Francisco, who has just published an authoritative account of these curious times of "the love drug," *Is Ecstasy Spelled MDMA?* (Longmeadow Press, Stamford, Conn., due out now).

Illustrations by Gary Panter





MDMA and the Media

The great fear of medical professionals was that LSD history would repeat itself with Ecstasy — and it did.

consciousness-affective, psychedelic effects level off; you don't get any higher, but you do get increasing stimulant effects with higher doses. So people who take a lot of it can get pretty wired. They can also develop symptoms pretty similar to what you can get from taking too much speed.

Right. Because part of this component, MDMA, is like an amphetamine, correct?

It's an amphetamine analog. So sometimes at the Clinic we see people coming in who are somewhat disoriented, getting anxiety and a panic reaction. Basically we tell them that's what happens when you take too much of this sort of drug. We talk them through it, and usually the symptoms subside as the drug wears off.

And how long does a dose last?

About six hours.

Why do you think there's a growing interest or readiness in our society to involve ourselves with experimental drugs? Are kids getting into drugs again?

The people we've seen and talked to, trying new stuff like MDMA, have not been kids. They've been people in their 20s and 30s, and not very many of them use it chronically. Most of them are people who use other drugs, like marijuana or cocaine and other stimulants. I've heard anecdotally, and read in *Life* magazine, about DEA reports of massive MDMA use among college students down in Texas, but I really don't know about that.

There tend to be sociological pendulum swings in just about everything. This may well be an indication that there's a swing back toward an interest in psychedelic consciousness that goes beyond your Trans-High stock-market quotations.

Might this be related somehow to the Yuppie phenomenon?

It's so easy to oversimplify and take Yuppiedom as the hallmark of the late '70s and early '80s, and then take a couple indicators that we may be coming into a sort of '60s Renaissance now. That might not be bad, really, at least in terms of paying more attention to consciousness, and getting away from the sort of greed and profit motive that's been paramount for the last number of years.

Why do people use MDMA? Do they say?

People tell me it relaxes them, and puts them more in touch with their feelings and with life in general. They don't seem to take it primarily for the intoxication, the euphoric tickle. It hasn't *got* much of a euphoric tickle, really, which is why I don't think it's going to get too widespread as an abuse drug.

So its potential for abuse isn't great enough.

No, it has *some* abuse potential, like any psychoactive drug. There are inevitably going to be some people who overdo it, abuse it, get into compulsive use of it, like they will with anything else.

Is it medically useful?

After talking to the psychiatrists who've used it with their clients, and talking to some of the clients, I'd say it definitely has therapeutic potential.

Are there other applications for MDMA besides in a psychiatric setting?

Not really. It works best in situations where people are going through ongoing counseling or psychotherapy. It seems to be good in untying some of the internal knots, some of the suppressed psychic material that people are afraid of, and have hidden away from themselves: material that they don't want to face or communicate to others. The clients who've had good effects from it have included, for example, people with terminal illnesses who feel that it's given them the perspective to accept the idea that they're gong to die, and to be able to talk about it with a loved one. Or in couple therapy, where there's been a large but unspoken buildup of mutual resentment, buried in both partners' psyches. Or conditions like the delayed-stress syndrome, and people who've been sexually molested as children, or rape victims.

Conversely, for people who are not under psychiatric care, is there a potential for these buried feelings that have been repressed to come out unexpectedly or in a shocking way?

Yes, and I think this is one of the dangers, and one of the reasons MDMA does need to be controlled in law, and should only be used in research and treatment by people who know what they're doing.

Do you have any examples of untoward reactions?

There've been cases where people have tried self-medicating abuse problems with it, but it's tended to help feed their denial system. They've gone from one drug to another, and felt that it helped assure them. I think some of the panic situations have resulted from people uncovering long-repressed psychic material that they couldn't handle.

How about MDMA and sexuality?

There's a big question whether MDMA has anything material to do with sexuality at all. I think the connection arises mainly because

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Ecstasy Users Speak Out

● HIGH TIMES often hears from our readers the *truth* about what's going on, information based on actual experiences as opposed to rarified laboratory research, and here's one authentic-sounding report we've received about ecstasy.

● We here in Santa Barbara thought you could use our info on Ecstasy (MDMA, MDA) to date:

We first started getting it in '79 at $8–10 per dose (one-tenth of a gram) and $60 a gram. Our connection ran out in '83. During this time we were the only ones we knew that could get it.

Today you can get Ecstasy at $15–$20 per dose (for the real McCoy). Pill form is most available at $10–12 a dose in either yellowish brown or white *solid* pill form. They weigh in at about one gram each with nine-tenths of a gram being cut with speed, caffeine stimulant and who knows what else. I'm not sure, but I suspect this is pharmacy MDMA, which is now illegal, so you won't be seeing this kind anymore probably.

The *real* good stuff is *real* hard to find, and like I said, it goes for $15–20 per dose. It's in powder form, white, strong vitamin-type taste, no nummies, and usually good dealers that get this variety (without cutting it) get it straight from the lab, respect it, sell it for a lot (as much as $30 a hit, yet still worth it) and will put it in the clear caps.

The worst and second most popular form is powder form—either white or yellow-brown—with a lot of cut. Usually the dealer will get pure white Ecstasy (10 doses in a gram) and add about a third of a gram of procaine to give a strong nummie effect (one dealer told me it's supposed to get the coke addicts hooked). Anyway, after they're done stepping on it, they have about 1.3 grams of shit, which they cut into 1–12 doses which will probably get your kid sister or a dwarf off, but for the everyday drug taker you'll have to take two doses to get off. So in reality it costs $10–15 a *"hit"* and $20–28 a dose (two hits = one dose).

This variety was popular in November–December of '84. Then people started putting out the word that if it gives you a nummie, it could be cut with heroin, which isn't true, but it *is* pretty shitty!

And best of all—my friends and I *never* had bad trips on Ecstasy. The most "bizarre" trips were: my friend's girlfriend rolled around on a bed, half-naked and moaning, for about four hours in her own orgasmic world, not responding to outside stimuli. Later she said it was her best Ecstasy time. (It was the first time she took more than one dose at a time.)

My most bizarre trip was breaking up with my girlfriend of two years on a flying Ecstasy trip. (I found her cheating on me; anyway, I really tripped.) When I cried it felt like a river was running out of a hole in my head—but it felt good, and I went with it.

Oh yeah! The trips I've never read about are the multiple-hit trips. We've dropped three to five doses at a time either eating or whiffing our last dose when we start coming down. It's like levels (climbing stairs) taking three to four doses at once. Just when you think you've peaked, you peak again, then again—each hit a "peak"—three hits equaling three "peaks," get it? Anyway, after two peaks (doses), we all agree, it starts getting intense, not like a calm Ecstasy trip, more like a horror movie. You're scared, but it's fun. With true hallucinations—"a tractor in a field that isn't there" fades away as you think about it, reappears as you go with it after a while. You are in full control—but not with everyone.

One friend would always be "fooled" by hallucinations: "A dog's chasing me!" It might take him 30 minutes to realize that the little dog that keeps reappearing is just a dream, but we never had to tie anyone down. We did, however, use Valium to calm us down if we started teethgrinding and sweating.

But it was the best—although we stopped taking multiple hits, worried that our hearts might blow up.

That's the inside scoop from Santa Barbara. This is probably the way it is in most of Southern California. I can only say it's this way in Santa Barbara, Ventura, Ojai, San Luis Obispo County, L.A. and San Diego (Orange County is still into coke). ●

MDMA

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of the name "Ecstasy" itself, which really has nothing to do with its effects. Ecstasy was just a promotional name developed by some of the early merchandisers: a good name to sell pills by.

So there's no real aphrodisiac effect?

Apparently not. People I've spoken to, both the psychiatric clients and the street experimenters, say that it generally has the effect of increasing communication and the sense of togetherness, but if anything, it has a negative effect on the *urgency* of performance. It sort of effectively inhibits erection, because the thinking is just not going in that direction. It's hard to tell, because when you get into drugs and sexuality, it's all so interconnected.

How's it interconnected?

For example, you don't know if a person is failing to get aroused because of some physical reaction occuring directly in the brain's genital-urinary apparatus, or if it's just that the psychological effects of the drug are bent in directions of sexuality away from physical sexuality.

So let me ask you: is Ecstasy really spelled MDMA?

To really understand the answer to that one, I recommend people read this book.

And what role does the Haight Free Clinic play in this?

Well, on the one hand we gather data on drug abuse, and decide if treatment needs to be developed to deal with different manifestations of it. Essentially, so far, we see few cases of MDMA abuse. We use conventional time-honored reassurance and talk-down procedures to deal with the anxiety episodes. On the scientific side, we try to foster an understanding of the drug and the issue surrounding it, in the general public as well as in the scientific and medical communities. Which leads to the publication of my book, and to our planning of a national conference on MDMA in May next year, to be sponsored by the Haight-Ashbury Free Clinic's Training and Education Project. It'll be chaired by Dr. David Smith and myself; we'll have a variety of speakers, including Dr. Alexander Shulgin, who is the most prominent chemistry researcher on this drug. We'll have panels composed of treatment and epidemiological people who've dealt with it, panels of doctors who've used it in treatment research, pharmacologicsts and biochemists who are doing research on it, and representatives from the FDA and the DEA to discuss the legal issues. We're looking for a well-rounded conference deliberating the drug and its issues. I don't think there's that much connection between use of something medically, and the abuse of it recreationally or in the street. I think one of the ongoing problems we have is that those two issues get tangled when you're talking about drugs. ●

Editor
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Dear Editor,

Though dubiously distinguished in your article about MDMA as the Pied Piper of Ecstasy, I am not blinded by fairy dust. My father is a physician who administers a drug abuse treatment center, and I am in training to become a psychedelic psychotherapist, planning on a Ph.D. It's not that I decided to tell the world about MDMA. The world was being told, and I simply wanted the truth to be included.

For instance, the DEA has claimed that MDMA was placed in Schedule I on an emergency basis because scientific evidence indicated it caused brain damage. The foundation I cofounded sponsored animal studies which exposed rats to higher dosages of MDMA for longer periods of time than the DEA-cited study, and failed to find any damage. We are currently replicating the study that suggested damage, and using more sophisticated detection techniques.

My main effort now is directed toward raising the estimated $10 million to support the research required to make MDMA a prescription medicine. I am investigating the possibility of having MDMA declared an Orphan Drug by the FDA, and am trying to start a psychedelic medicine pharmaceutical company.

As a beginning, our animal studies will provide the toxicity data about MDMA that the FDA requires before human studies can begin. In addition, the FDA recently granted physicians permission to use MDMA to treat my 81 year old chronically depressed grandmother and a 73 year old cancer patient.

MDMA is no panacea, but of the hundreds of psychedelics developed and quietly tested over the last forty years, it is the mildest, gentlest, and most inherently therapeutic. The opportunity to develop it into a socially approved medicine is before us, the government is willing to cooperate, and we have the lessons of the sixties to guide us.

Psychedelically Yours,
Rick Doblin