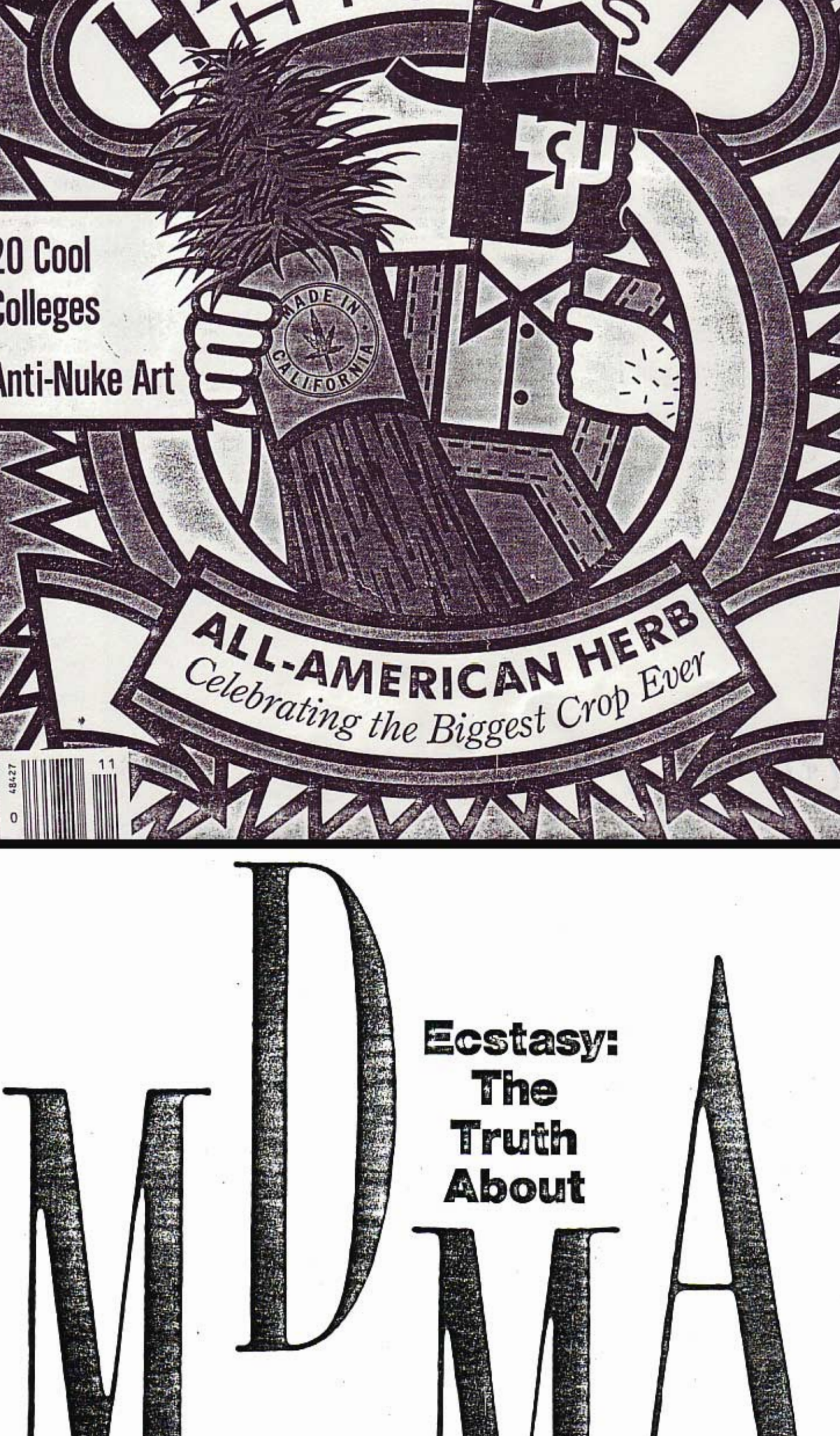


HIGH TIMES

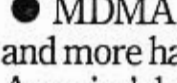
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MDMA

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.

High Times: Why did you write this book? Rick Seymour: I feel that MDMA, or Ecstasy, is going through something that's going to be very important, legally, in terms of the way experimental psychoactive drugs are handled in this country.

How are they handled now? In 1974 the federal government set up a new system for dealing with psychoactive substances. Essentially, they set up a classification of psychoactive drugs consisting of five groups or schedules. It's a list of drugs and drug components. The least dangerous is Schedule V; preparations which have small quantities of opiates or opioids that either require a prescription or require proof from the buyers that they're over the statutory age of consent.

What does this mean as far as the future in terms of MDMA? Last year an amendment was put on to the federal drug laws by Congress giving the Drug Enforcement Administration the authority to impose a one-year Schedule I classification on a previously unscheduled drug if they feel it constitutes a clear and present danger.

What are designer drugs? The way that I've been defining designer drugs is that they are drugs in which the essential psychoactive qualities, are maintained and the molecular structure is changed in order to avoid prosecution under the federal scheduling register.

Are they replicas of existing drugs that occur naturally? Yeah, for example, you take fenatyl, which is a drug that's used in hospitals; it's a Schedule II analgesic, very powerful, much more potent than heroin, in fact. The chemist simply changes the formula a little bit and makes fenatyls which nobody's ever heard of before, and it's neither legal nor illegal. You can go on the street and try to sell it and if the DEA tries to bust you, you can say, this is not an illegal drug.

Very often they don't even know what it is themselves and only after months of researching it and testing it are they able to determine that. Right. So then they pass a law saying alpha-

methyl-fenatyl is Schedule I. So the chemist goes back to the drawing board; one conjures up a new version. Presto: three-methyl-fenatyl, same effect as alpha-menyl, but legal, for the time being.

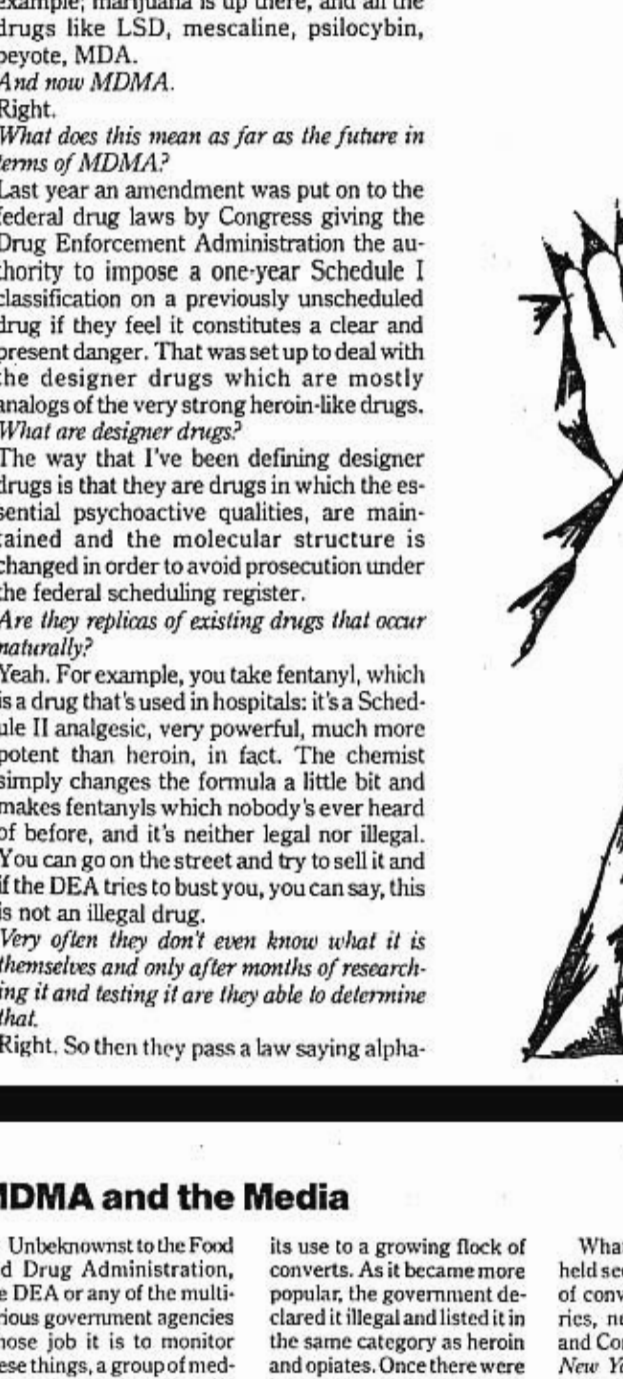
It seems like this sets up a situation where there are dozens or hundreds of possible derivatives. Yeah! This is the spot enforcement found itself in trying to bust what they consider dangerous heroin-like drugs that were actually causing some fatalities and overdoses and not being able to do it. So the 1985 emergency-schedule amendment was set up so that they could put these novel designer-drug analogs on Schedule I as soon as they appear on the street.

Even so, the process and the money needed to follow up on all these derivatives and analogs appear to be prohibitive in the long run. Yeah, it's a difficult problem. Some people even ask why they don't just put any prospective drug like this on Schedule I even before it's invented. But I think that runs

into basic constitutional problems, making laws against things that don't exist yet. It may be that this emergency-scheduling amendment, allowing them to quickly but provisionally schedule a drug for one year, may be the closest they can get to dealing with the problem constitutionally.

Which raises the question with MDMA, the first drug they've done this with: was this a proper exercise of that amendment, or not? You personally feel that MDMA should not be included in this category of drugs? I think we need a new category to deal with experimental drugs when their abuse potential or medical usefulness has not been proven. We need regulations that effectively control recreational use, encourage research, and eliminate the danger of the drug falling under a legal stigma as a danger-

Illustrations by Gary Panter



MDMA and the Media

Unbeknownst to the Food and Drug Administration, the DEA or any of the multifarious government agencies whose job it is to monitor these things, a group of medical professionals—primarily psychiatrists and psychologists—had been quietly having great success using Ecstasy (MDMA) to treat their patients. Outside of the therapy circuit, private consumers were also enjoying Ecstasy experimentation.

What was once a closely-held secret became the topic of conversations, cover stories, network news reports and Congressional hearings. New York Magazine, Newsweek, Life, USA Today and the Donahue Show all did stories about Ecstasy. As the news (much of it ill-informed) spread, interest among the curious grew proportionately.

One of the great advocates of MDMA (the Fied Piper of Ecstasy if you will) is Rick Doblin, a wealthy 31-year-old who has formed a foundation and hired lawyers and public-relations agents to defend Ecstasy from the onslaught of negative publicity, thereby splitting the Ecstasy community into two main factions. Doblin and his followers want to make the substance available to as many people as possible; the medical professionals accept controls but they want to be able to administer and experiment with MDMA free of the bureaucratic roadblock that goes up when a substance becomes listed as a Schedule I drug. The medical people want to keep a low profile on Ecstasy; Doblin wanted to tell the world.

Today the legal knotty and those who use it are outlawed. "At this point the essential damage to research and treatment has been done," says Rick Seymour. "Now, I think it's a question of trying to do what can be done to develop a realistic (government-controlled) system for dealing with experimental drugs."

David Hershkovits

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 anxious and a panic reaction. Basically we tell them that's what happens when you take too much of this sort of drug. We take 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?

Ecstasy Users Speak Out

High Times often hears from our readers the truth about what's going on, in-forming us based on actual experiences as opposed to rarified laboratory research, and here's one authentic-sounding report we've received about ecstasy.

I was 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 vanilla-type taste, no nutmegs, and usually good deal (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 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 stronger nummie effect to get the coke addicts hooked. Anyway, after they're done stepping on it, they have about 1-3 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 was 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. For 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 organic 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—and 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 lie anyone down. We did, however, use Valium to calm us down if you started teardraining 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! ●

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 tingle. It hasn't got much of a euphoric tingle, really, which is why I don't think it's going to get too widespread as an abuse drug.

So, 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 faces 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 going 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-medication 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 undergoing 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

Editor High Times 17 West 60th Street New York, New York, 10023

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

MDMA... continued on page 36... 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 occurring 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 you read the 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 and 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, pharmacologists 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 medication 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