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# MDMA

## THE AGONY AND THE ECSTASY

THE DRUG IN VOGUE FOR THE '80S IS FOR SOME A CHEMICAL CURE THAT CAN SOOTHE THEIR TROUBLED PSYCHES; OTHERS

BY TAI MOSES

"If ever, by some unlucky chance, anything unpleasant should somehow happen, why, there's always soma to give you a holiday from the facts. And there's always soma to calm your anger, to reconcile you to your enemies, to make you patient and long-suffering. In the past you could only accomplish these things by making a great effort and after years of hard moral training. Now, you swallow two or three half-gramme tablets, and there you are. Anybody can be virtuous now. Christianity without tears—that's what soma is."

—Brave New World

Every generation finds the drug it needs, said P.J. O'Rourke. In the lonely '80s, an era of trauma and detachment, people have found a drug to make them feel loved and loving—MDMA: a near-incarnation of Aldous Huxley's fictive drug soma, an apothecary of drug experiences, which people say helps them get in touch with their feelings, dissolves fears and anxiety, banishes inhibitions and creates, as one person said rapturously, "the feeling that everything is all right, just as it is—that life, even with all of its problems, is perfect."

MDMA, also called Ecstasy or Adam, is a derivative of oil of nutmeg—chemically, 3,4-methylenedioxymethamphetamine, a sort of hybrid between mescaline, a hallucinogenic, and amphetamine, a stimulant. It was first synthesized in 1914 by a German pharmaceutical company searching for an appetite suppressant, but it was never marketed and didn't reappear until 1953, when the Army Chemical Center tested it in Michigan for, rumor has it, use as a truth serum. It is reportedly listed as EA-1475 in the Army's Division of Chemical Warfare. In the '60s, biochemists began to explore its psychopharmacology in the interest of consciousness expansion, and MDMA became known as, alternately, an aphrodisiac, a mood elevator, a therapeutic aid, a psychedelic, a spiritual sacrament and a recreational drug.

"The drug brings you to a comfortable place," says Jeanne, who has used it recreationally about seven times. "All your senses are heightened. It's like meditating. All the little petty things that bother you every day aren't important." "It's the kind of feeling you've probably had before but weren't able to sustain," says Tim. "I was able to step back from the forest and see the trees." "It just makes you feel a whole lot of love," another person remarks.

Most of the rap about MDMA is equally glowing, although some people, while experiencing the same empathic and tranquil effect, say MDMA is only a chemical version of rose-colored glasses. "It's shallow," says Lyn. "It just makes you put a really positive twist on everything. Afterward it just wears you out—physically, emotionally and mentally."

The controversy around MDMA goes beyond individual debates about the legitimacy of altered states of consciousness. A group of scientists and psychotherapists contend that MDMA has enormous therapeutic potential as a communication aid and can lead to important breakthroughs in therapy, mend wounded psyches and enhance creativity. "The drug serves as a catalyst," says Robert Forte, "a key that opens up something that is intrinsic to the human being." Forte is the editor of

THINK ECSTASY IS JUST ANOTHER DESIGNER POTION THAT YIELDS MORE HYPE THAN ENLIGHTENMENT

Forbidden Fruit, a collection of writings by leading psychedelic researchers pending publication, and participated in early studies with MDMA at the University of Chicago. "I'm not clear on whether or not we can have some of these experiences without drugs. [They] do open up a pathway that maybe you can't open up otherwise."

Others say that the claims about MDMA's healing properties are no more relevant now than in the '60s, when psychedelic explorers propounded LSD as a panacea. UCLA School of Medicine's Ronald Siegel said in a *New York* magazine, "Every few years you get one of these miracle drugs that's going to save the world and make everyone feel good... So now we have Ecstasy. If you take it you might become a self-actualized empathic, caring person, or you might become a nauseated person, or you might have a severe psychotic reaction."

The politics of Ecstasy are snarled in the offices of the federal government's Drug Enforcement Administration, which decided in 1985 that the chemical path toward love, peace and tranquility was paved with damaged brain cells. A study on MDMA, a chemically similar though more



potent cousin drug of MDMA, showed brain cell toxicity in rats, and amid reports of increasing use and abuse of MDMA, the DEA deemed it a danger to public health and classified it a Schedule I substance, alongside heroin, LSD and other drugs that the DEA considers to have a high abuse potential and no accepted medical use.

MDMA advocates cried foul, protesting the DEA's decision on the grounds that no research on MDMA had proven the notion of brain damage; the contention was based entirely on

studies done with MDA. As a potentially valuable medicine, they said, Ecstasy should be made available to the therapeutic community. The feds, who had not been aware of the drug's use among psychotherapists, were surprised at the fervor and the testimony in favor of Ecstasy, but the ruling held and although the status of MDMA has changed a few times since the initial hearings, it now remains a Schedule I drug.

"There was a deliberate attempt to mislead the public to show the dangers of MDMA," says Forte. What they knew of the drug, he contends, was based on secondhand reports or inferred from its chemical structure. Bruce Eisner, author of *Ecstasy: The MDMA Story* (to be published in September), agrees. "Back in the days of LSD they talked about chromo some damage, and that turned out to be false, but the government used it for years to deter people from using LSD, and have a feeling that this is the same kind of red herring the government's throwing in the path of everyone to keep them from using MDMA," he says.

What most therapists and researchers want is for MDMA to be reassigned to a Schedule II classification, which would still outlaw most uses, but would make the drug more readily available for researchers to study and therapists to eventually prescribe to patients. One must be registered with the government to obtain access to Schedule I drugs; it is extremely difficult for most researchers to gain permission to study these compounds.

Since the scheduling of MDMA, several animal studies have been done, and research has led to the finding that use of MDMA does cause depletion in the brain of serotonin, a key chemical neurotransmitter, which some say can lead to permanent neurological damage. Scientists believe that serotonin is responsible for regulating mood, sleep, appetite, sex drive and pain perception. MDMA appears to trigger a release of serotonin, which would account for its disinhibiting effect on people, the breaking down of barriers that are mentioned in MDMA accounts. The workings of the human brain remain a largely unexplainable mystery, and the phrase "possible brain damage" retains a significant power that MDMA researchers, both pro and con, have not failed to take seriously.

Rick Doblin, a Sarasota, Florida, researcher for the Multidisciplinary Association of Psychedelic Studies (MAPS), acknowledges that at certain doses there is toxicity and brain cells are affected, but he says his studies have shown that in animals there is recovery of those cell bodies, and with the lower doses humans take, there may be some immediate effect on the nerve pathways, but he believes they regenerate back to normal. He found total recovery in rats, and evidence of regeneration in monkeys, and though results of human studies are pending, Doblin thinks the future of MDMA is bright. In any case, he says, "there is no evidence that lowered serotonin levels translate into problems for humans." People have been taking MDMA for 15 years with no ill effects, he claims. "There's not a single person that has had neurological damage as a result of their MDMA use."

Doblin believes the FDA, the governmental body that controls investigational studies on MDMA, is acting not so much on medical grounds, but on political grounds. "It's not about the risks with the potential benefits. I think that psychology needs MDMA, psychotherapy needs it, various patients

toxicity and you can kill yourself if you take too much of it," says Forte. Within its recommended dosage, 100-125 milligrams, MDMA is apparently not acutely toxic, although at four to five times that amount the body becomes overworked, and at 15 times that amount, it could be fatal. Those with heart conditions are warned against taking MDMA, which raises heart rate and blood pressure.

Psychotherapists who advocate MDMA in their practices say it has a low abuse potential because users develop a tolerance to the drug that diminishes its positive effects and exaggerates its unpleasant side effects like jaw clenching, nausea and insomnia. Nevertheless, some people do seem to get psychologically hooked on it, believing that they need to take it to be intimate with their partners.

MDMA, as was the case with many drugs, came out of the chemist's closet into the living rooms of a largely mainstream, white, middle-class population, which explains its rather limited following: It has sometimes been called the yuppie drug. Although it has filtered into the population at large, it hasn't caught on much among hardcore drug users; the drugs of choice in East Palo Alto or East Los Angeles are generally not the same drugs that psychedelic drug therapists are pushing for their New Age clientele.

Ecstasy is still considered little league stuff compared with cocaine and heroin, and appears to be low on the abuse and addiction scale—except for those with a predisposition toward drug abuse. The cases that have found their way into clinics or hospitals are generally those of chronic, high-dose use—people who had taken 10 to 15 times the therapeutic dose during a two- or three-day binge and suffered the resulting paranoia and disorientation and amphetamine-like effects. According to Miri Landry, training and education director for the Haight-Ashbury Free Clinic, among the populations he has seen MDMA appears to have a lower abuse potential than many other psychoactive drugs, although he emphasizes that all drugs that alter people's mood have an abuse potential. "The problems we have seen with MDMA seem to be minimal and infrequent as opposed to cocaine which are frequent and big," Landry says. "For somebody who has some psychodynamic issues, MDMA will bring these issues up to the surface, but it does not resolve them. The biggest kind of problem associated with MDMA would be in the psychodynamic area—anxiety, phobia, nervousness."

Ernest Thomas Jr., M.D., medical director of the Triad program for substance abusers, is far more skeptical about MDMA's glowing reputation and seemingly benign alchemy. "I don't know of any legitimate use for the drug," he states. "Timothy Leary said all the same things about LSD and he's still making money off it." It's the myriad of unknowns and as yet unstudied aspects of MDMA that disturb Thomas. "Everything I have seen in patients tells me that it is potentially more dangerous than PCP," he says. "I would not want to try something that nobody could predict the results of," he concludes.

Even taken at normal doses with the right intention, not everyone is lucky with Ecstasy. Some people have experienced paranoia, anxiety and fear; the exact opposites of the emotions MDMA is supposed to elicit. Others enjoy the drug, but an ensuing depression following the session outweighs the few hours of euphoria. The minor side effects are fairly common, and the more adverse ones can sometimes include muscle tension, chills and geometric visual hallucinations. And almost everyone says they feel completely wiped out the day after an MDMA experience.

Is MDMA an oasis of sanity or a mirage? The instant psychotherapy claims of some MDMA proponents can sound suspect; some therapists say that a five-hour session with MDMA can process emotional material that could otherwise take five months of conventional analysis. Many people are convinced that MDMA touches a tender spot in their psyche that without the drug is inaccessible. Others experience it as a temporary state of grace, but eventually realize they can't get the message without the medium. "The drug is the easy way to get to that place," says Jeanne. "I can't get back there on my own. I can remember how it felt but I can't get back there." Those who advocate responsible use of MDMA in therapy are careful to emphasize that it is only a catalyst, part of a procedure and not a treatment; they recommend sparing and episodic use. (With the DEA intractable on the issue of the MDMA ruling, however, there is not much chance of psychotherapy getting its hands on the drug, at least in the near future.)

If one of society's shortcomings with drugs is a failure to distinguish between use and abuse, one of the drug user's primary difficulties is failing to distinguish between the drug and the experience. Many staunch Ecstasy advocates assign mystical, impossible properties to their drug, and promote MDMA almost as heatedly as evangelists push Jesus, or as persuasively as the fictional architects of the Brave New World pushed soma. Bruce Eisner writes that it's "the antidote to '80s paranoia," but MDMA is a simplistic answer to a realm of complex questions. One of Ecstasy's hidden dangers may be its insinuation of an illusory view of things that will have some people knocking on the doors of perception until their knuckles are sore.



lations need it... They're [the FDA] willing to sacrifice all those patents. MDMA is a tool. It has a spiritual context, a medical context and, if it's informed, a recreational, a recreational context."

Regardless of whether or not MDMA is vindicated, the case has brought up interesting questions about the government's drug-regulation policies. The apparatus of the DEA and the FDA is set up to legitimize drugs solely on the basis of their medical usefulness. The idea that drugs could be used not only to correct or restore a state of mind, but to create a new state of consciousness in an already healthy person, is a notion that is not taken lightly by the psychiatric establishment or the powers that be. Creativity enhancement and soul searching are not things the feds take into consideration when investigating the efficacy of a new drug. Accusing the government of trying to enforce a "normal" reality on its subjects is nothing new, but Ecstasy followers say that this is an obvious case of the government punishing legislation against altered states of consciousness. "I think the government is afraid of having any one use anything other than alcohol that produces any kind of psychoactive effects that make them feel high or happy or at one with the universe," says Eisner.

Psychedelic drug therapy will remain an academic debate and the brain damage question will be tossed back and forth until the results of the long-term studies come in and the medical issue is resolved, but Ecstasy won't just disappear with a wave of the DEA's magic wand. Forsaking an educational approach for police control is usually akin to pouring oil on flames; nothing is so out of control as those drugs the DEA and FDA have tried to leash, and like most drugs, making MDMA illegal causes more problems than it solves.

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—Ronald Siegel, UCLA School of Medicine

Street costs rise, quality control suffers and impure and potentially toxic mixtures are sold, like most illicitly manufactured drugs, if you buy MDMA on the streets, you never know what you're going to get. MDMA, a much stronger and more potent hallucinogen, has been substituted for MDMA, as have been LSD and PCP; and MDMA itself has often been touted as mescaline to the unsuspecting buyer. "Drug dealers are the ones because there's a lot of money in it; not because they're interested in facilitating consciousness expansion," says Forte. Caveat emptor.

The majority of MDMA users aren't students of consciousness or therapists; they just want to get high and have a good time, and often don't really know what the drug is capable of, whether or not it can harm them, and how much to take, which is where problems appear. Enamored with its effects, some people fall into the habit of taking it too often. "If you're taking this drug three times a week," says Forte, "you're in serious danger of abusing your body." Because people tend to develop a relationship with MDMA in which they believe the drug to be totally safe, the potential for harm increases. "Psychedelic drugs are very easy to abuse," he cautions, "and if they're not used skillfully they can do more harm than good. But when they're used in the right setting, with the right intention, with the right people, they are incredibly important and valuable. But there's no question that they can be abused."

An overdose of MDMA is highly toxic—it can cause an amphetamine-like toxicity and severe adverse reactions. "You can give somebody 1,000 hits of LSD at one time and there will be no nerve damage at all; it's completely biologically safe. You can't say that about MDMA—there is a definite neuro-