MDMA: PSYCHEDELIC DRUG
FACES REGULATION
BY JACK SHAFER

A psychedelic drug sold on the street as "Adam" or "Ecstasy" has touched off a legal battle between the federal government and researchers and patients who think the time has come to reinvestigate the therapeutic uses of psychedelics. The drug, which is also called the Yippie psychedelic because of its increasing popularity with the Big Chill generation, is MDMA (3,4-methylenedioxyamphetamine) and sells for about a $10 dose. It is becoming one of the most sought after psychedelics on the black market. Ronald K. Siegel of the University of California Los Angeles School of Medicine estimates that 30,000 doses of the drug are distributed each month.

MDMA, an analogue, or chemical cousin, of MDA, an illegal psychedelic, has been around since the mid-1960s. MDMA is usually orally taken. It intensifies emotional feelings but causes slight, if any, sensory distortions when taken at the usual street-dose level. Users speak of increased perceptions of self-insight, empathy and esthetic awareness.

But MDMA's appeal isn't limited to recreational users. It is being used on a small scale, as an adjunct to psychotherapy by perhaps 100 therapists in the United States. Psychiatrist Claudio Narango of Berkeley, for example, has used MDMA more than 50 patients. He calls these drugs "feeling enhancers" because he believes they reduce natural defenses and open the user to trusting relationships. "The MDMA experience is something like artificial sanity, a temporary anesthesia of the neurotic self," he says. "I use MDMA once or twice with patients. I mostly use MDMA as an 'opener' at some point in psychotherapy, not only for the wealth of the material gained during the session but for how it facilitates therapeutic work in the aftermath."

The value of such therapy remains in question, but the legality does not. At present, possession, manufacture and distribution of MDMA is not a violation of the federal Controlled Substances Act. This, however, may change. The federal Drug Enforcement Administration (DEA) feels that the drug has a high potential for abuse and has recommended that it be placed in Schedule I of the drug laws, along with heroin, LSD and MDA. That would make the production or sale of MDMA punishable by

up to 15 years in prison and/or up to a $250,000 fine.

Much to the DEA's surprise, its plan to put MDMA in Schedule I was met by a group of nurses, physicians and professors of pharmacology, education and psychiatry who wrote letters demanding a hearing on the subject. "We had no idea that M.D.'s and others were using MDMA as part of their medical practice," says Dr. Richard Shaginian of the DEA. "We thought MDMA was only being used recreationally."

The Food and Drug Administration has never approved MDMA. But many in the field do believe that MDMA belongs in Schedule I. "If scientists want to study it, let them file an investigational new drug application with the Food and Drug Administration," says former LSD researcher Sidney Cohen of UCLA. Sarapiana points out that there have been no clinical studies with this drug. While Siegel is conducting such research, he won't have results until later this year.

Countering, in this ongoing debate over the therapeutic value of psychedelics is Lester Grinspoon of a Harvard Medical School psychiatrist. He points out that more than 1,000 papers discussing psychedelic-based clinical work with 40,000 patients were published before work was halted in the mid-1960s. A psychedelic drug therapy did not die a natural death; it died a premature death because the new killed it," he says. Donald Jasinski, a former psychedelics researcher who now works for the Addiction Research Center at the National Institutes of Drug Abuse, argues that psychedelics were given a fair chance to prove themselves but were abandoned because no one could demonstrate their effectiveness in therapy. But he concedes the difficulty of that. "We can't measure the efficacy of psychotherapy, let alone drug-aided psychotherapy," he says.

The safety of MDMA is also in question. Only one death has been linked with the drug, but many unpleasant side effects have been reported. Some people have experienced muscle tension, nausea, rapid eye movements, faintness and chills or sweating. People also report psychological difficulty—confusion, depression and anxiety—during and sometimes for weeks after the session.

Herbert Kleber of Yale University, another veteran of psychedelics research, compares the current use of MDMA with the early years of LSD research when very few bad trips occurred because users were carefully screened. "In the beginning, people use new drugs cautiously and in appropriate circumstances with minimal side effects. The more people who take them, the more people who are not psychologically prepared for them, and the more who have problems with them. That's just the nature of drug abuse," he explains. Even though he doesn't oppose MDMA research in principle, he says, "I don't think this drug should be made widely available."

Whether it will be in the hands of the DEA is a matter of some uncertainty. The DEA's final decision is likely before 1986. And even if MDMA is eventually put in Schedule I, psychedelics research, therapy and street use are not likely to disappear from the scene. Drugs such as MDMA are already being easily and inexpensively synthesized. A new and still legal analogue of MDMA has already turned up—MDE. Its nickname is "Eve."

Jack Shafer, a Washington-based journalist, is writing a book on illicit synthetic drugs.