Ecstasy:
The Real Dope

by Rosalind Roland

Excessively so intense they become less aware of the negative effects. In spite of MDMA's reputation as an aphrodisiac, one study found that while it enhanced sexuality, there were instances where the drug actually interfered with erection and orgasm in both men and women. In addition, there is some indication that acute and chronic use may result in a lowered immune response. (The drug is especially dangerous for people with diabetes, diminished liver function, glaucoma, epilepsy, heart disease, hypertension, hypoglycemia or hyperthyroidism, as well as for pregnant women.)

Also of issue is MDMA's potential for abuse. “What this drug does is quite similar to alcohol,” says Stanford's Peralta. “You become more verbal, more friendly. Alcohol is one of the most toxic substances on earth, and we know its addictive properties. With Ecstasy, we just don’t know.”

While some tests have shown that rats will return to MDMA again and again, Grinspoon says, “The drug itself puts a limit on abuse. One develops a tolerance to the desired effects rapidly, but if one takes it daily one gets the uncomfortable effects.”

Following a review of reports which stated that high doses of MDMA in animals led to neurotoxicity, it was placed on the Schedule I tier of the Controlled Substances Act (meaning it has abuse potential, is dangerous and has no medical use). After the final announcement of the drug’s criminalization in 1986, Grinspoon, convinced that further research should be done, appealed the decision to the First Circuit Court of Appeals in Boston. Administrative Law Judge Francis Young found the DEA definition of “safe medical use” too narrow and ruled that it should be placed on Schedule III, a less stringent use level. The DEA is currently appealing that decision.

“Schedule I is a black hole from which no light emerges,” Grinspoon says. “Having MDMA in Schedule III doesn’t put shackles around people who want to do original research.”

Not everyone agrees with this, however. “This is not the kind of drug that warrants this kind of research,” says UCLA’s Siegel. Besides, he adds, “It’s not difficult to do research with Schedule I drugs.”

Research on Schedule I substances may be possible, but most scientists agree that it is far more complicated and difficult to obtain permission from the government, and with neurotoxic drugs it is impossible to obtain permission for clinical (human study).

Stanford’s Peralta thinks that research should continue. “This is a very open scientific question in terms of what it does to the human brain. I think research should continue in many species so we can better understand its effects.”

David Nichols, Ph.D., at the Purdue University School of Pharmacy Department of Medicinal Chemistry, suggests that MDMA is not a real hallucinogen and should be classified as an “entactogen.” This new classification would refer to drugs that “enable the therapist or patient to reach inside and deal with painful emotional issues that are not ordinarily accessible.” As such, the drug would be removed from Schedule I and would no longer be classified with illicit “street” drugs.

The controversy is bound to continue, because any discussion of mind-altering substances skates across the thin ice of one’s attitude about drug, self-identity, will, thought and emotion. Study of the highly intrinsically electrochemically the brain is still in its infancy, and so far it has created more questions than answers. If one chooses to see the brain as an organ, as vulnerable to illness as any other body part, is it not so difficult to accept psychotherapy involving a chemical substance such as MDMA to alter one’s psyche? The consensus among many scientists who have studied MDMA holds that although this particular chemical may not be the answer, it may be a stepping stone, and further research is necessary if we are to learn more about how personality is affected by brain chemistry.