Ecstasy: The MDMA Story

The DEA staff is determined to keep MDMA in Schedule I and it won't let the facts stand in the way.

By Bruce Bl PI
Differences Between MDMA and Major Psychedelics

Aside from this attempt at secrecy, another factor—the differences between MDMA and its predecessors—helped keep things quiet. MDMA is a member of a new generation of psychoactive substances, which are in many respects different from major psychedelics. Indeed, some refuse to consider it a psychedelic drug at all. They would rather use descriptors like “feeling enhancer” or “empathogen.”

How does MDMA differ from LSD, mescaline, or its close chemical relative, MDA, for that matter? Perhaps the most important distinction between MDMA and the others is that MDMA is more specific in its effects.

Stanislav Grof, M.D., former National Institute of Mental Health (NIMH) LSD researcher and author of three books reporting the results of his experiments, has classified LSD as a “non-specific amplifier of brain functions.” By this, he means that LSD tends to enhance almost every aspect of mental experience, from amplifying and distorting any or all of the senses to the revelation of the contents of the unconscious mind. The LSD taker is bombarded with more of almost everything, positive as well as negative. This is, for the most part, also true for the other major psychedelic drugs.

MDMA does not produce many of the effects attributed to these major psychedelic drugs. It is not hallucinogenic in normal doses, and it does not disrupt “ego-integrity,” a term psychologists use to describe our ability to function in the world. Coordination is not lost during the MDMA experience, and there are not disorganizing effects on thought processes.

Instead, MDMA focuses selectively on a few of the many mental functions that LSD may affect, including emotional ecstasy, capacity for empathy, serenity, self-awareness, and “noetic” feelings. The last, noetic feelings, are the experience of seeing the world in a fresh way, as if for the first time—as a child sees it.
The LSD experience is sometimes referred to by psychologists as involving "depersonalization." That is, the experience of existing as a separate personality or "ego" is disrupted by LSD. MDMA does not normally produce depersonalization. Instead, the effects are ego-strengthening.

MDMA is closer in its effects to those of the major psychedelics (LSD, psilocybin, mescaline). It has some depersonalizing qualities as well as mild hallucinogenic effects. The latter are much less pronounced than with LSD. At the same time, it promotes empathetic communication and interpersonal exploration in the same manner as MDMA, although again, not to the same degree. MDMA appears to be a less selective, more globally active representative of the family of phenethylamines of which it is a member, whereas MDMA is a more specific enhancer of empathetic awareness. In fact, MDMA might be considered the prototype of a new class of psychoactive compounds, the "empathogens."

As a result of these differences between MDMA and its predecessors, the experiences catalyzed by MDMA are nearly always positive. The set (expectations of the user) and the setting (the place where the drug is taken) have much less influence on the outcome of the MDMA experience than is true for LSD. The depersonalizing, hallucinatory experience of LSD requires much more preparation and structuring than MDMA does to produce a favorable outcome. And even with the most careful planning and environment, the dramatic consciousness changes produced by LSD can be frightening or even shattering for some people.

When large numbers of people on bad LSD trips appeared at hospital emergency rooms during the 60s, the phenomenon attracted the attention of the government and the media. But only eight people in the entire country sought treatment in hospital emergency rooms after using MDMA during the four years from 1977 (when the drug first appeared on the street) to 1981, according to the government's Drug Abuse Warning Network (DAWN). More are admitted for alcohol-related problems in any two hours of a single day than in those four years between 1961 and 1965, not a single admission to any of the DAWN-monitored hospital emergency rooms was reported.

### Dissemination of MDMA into Society

The benign nature of the MDMA experience, along with the purposeful effect of those who used it to keep things quiet, contributed to the low profile that MDMA exhibited from its introduction in 1977 until 1984.

During that time, MDMA spread through underground channels which included psychotherapists, psychiatrists, long-time psychedelic drug explorers, ravers, and a remarkable assortment of individualists of all kinds. The main uses of MDMA were as a facilitator for interpersonal exploration and communication between lovers and friends, and, among the professionals, as a tool for psychotherapy. For these purposes, MDMA turned out to be quite reliable. By this time, it was called "Adam" or "Ecstasy" by many of those who used it.

Ralph Metzner, Ph.D., who named this class of compound "empathogens," has noted in his unpublished "The Nature of the MDMA Experience and Its Role in Healing, Psychotherapy and Spiritual Practice":

"Perhaps the most interesting code name for MDMA, that seems to have originated with a group of therapists on the West Coast, is the term "Adam," by which is meant not Adam as man, but rather Adam-and-Eve as androgynous ancestor.

"The figure of Adam is a highly important symbolic figure in Gnostic and Hermetic writings, and C.G. Jung wrote extensively about it. He represents 'primordial man,' the 'original being,' the 'man of Earth,' the condition of primordial innocenc and unity with all life, as described in the Bible's account of the Garden of Eden. Feelings of being returned to a natural state of innocence, before guilt, shame and unworthiness arose, are common in these Adamic ecstasies and so are feelings of connectedness and bonding with fellow human beings, animals and all the forms and energies of the natural world."

The other popular name for MDMA, "Ecstasy," was chosen for obvious reasons. The man who first named it "Ecstasy" told me that he chose the name "because it would sell better than calling it 'Empathy.' 'Empathy' would be more proper, but how many people know what it means?" In mid-1984, the calm waters of MDMA use began to feel some ripples, forerunners of the waves of the storm that was to follow. Hardy a word had been written about Adam until Bill Mandel's flipper piece, "The Yuppies and Psychedelics" appeared in the June 10, 1984 edition of the San Francisco Chronicle.

"Shades of Timothy Leary! A defrocked Harvard professor appeared on the Marin County television circuit a few months ago preaching the wonders of a new psychedelic drug."

"Called 'Adam,' it has been turning up recently in rather unlikely circles. Adam is spreading faster than a secret restaurant tip among educated professionals in their 30's and 40's, non-kooky baby boomers who experimented with psychedelics 15 years ago and then forsook them for careers and family."

"Could this be the last hurrah of the '60s?" a final nostalgic harkening to a golden age when 'bald spots' were on ski slopes, not one's scalp. Back then, Leary and Richard Alpert (who later became Ram Dass) left psychology professorships at Harvard to become guides on the LSD Magical Mystery Tour.

"No. Adam is very definitely of the '80s. According to people who've taken it, this new psychedelic isn't supposed to teach you anything or take you anywhere. It was designed simply to stimulate the pleasure centers of the cerebral cortex..."

Many who used Adam were relieved to find that its chemical name was incorrectly given in this stick mix of fact and fallacy, a combination which was to typify much of the media coverage that was to follow. Mandel says, "The name 'Adam' is probably derived from the chemical name, methylenedioxyamphetamine (MDMA)." MDMA is one of Adam's close chemical cousins, and had been scheduled by the Comprehensive Controlled Substance Act of 1970—which contains lists of drugs prohibited by the federal government—along with MDA. By
specifying the wrong name in the article, attention to MDMA was averted.

But this respite was to be short-lived. The next month, the World Health Organization asked its member governments about the use of more than twenty known psychoactive substances of the chemical class called phenethylamines. MDMA was on the list. Checking records of drug sales, WHO identified MDMA as the only drug found on the list a significant number of times.

After a year of collecting data and planning in collaboration with the Food and Drug Administration, the Drug Enforcement Administration (DEA) published a notice in the July 27, 1984 edition of the Federal Register that it intended to include MDMA in the Comprehensive Substances Act as a Schedule I drug, equivalent to a narcotic and deemed to be without medical use.

The DEA could not have anticipated what happened next. A group of self-described "physicians, researchers, therapists, and lawyers" was established under the name of a Florida-based nonprofit corporation formed earlier by proponents of Buckminster Fuller, Earth Metabolic Design Laboratory. Concurrently four individuals, Professor Thomas B. Roberts, Ph.D., George Greer, M.D., Professor Lester Grinspoon, M.D., and Professor James Bakalar, retained a Washington, D.C., attorney, James Cotton. On Sept. 10, 1984, Cotton sent a letter to Francis Mullen, Administrator of the DEA, requesting that a hearing be held to determine whether MDMA should be scheduled, if so, what schedule it should be placed in.

The initial hearing was held on February 1, 1985, in the Washington, D.C., Drug Enforcement Administration. Administration offices with presiding administrative law justice Francis Young. Also present were two DEA attorneys, Richard Cotton, and a pharmaceutical company attorney not interested in MDMA, but interested in a procedural question discussed in the Federal Register with regard to the hearings about whether a drug could be placed in a category other than Schedule I of the Controlled Substance Act if there was no currently accepted medical use.

It was decided that three future hearings would be held: one in Washington, D.C., another in Kansas City, Missouri, and the third in Los Angeles. These hearings would try to address five questions decided by the general agreement of the contending parties: 1) Is there accepted medical use of MDMA? 2) Is there lack of accepted medical use of MDMA when used under medical supervision? 3) What is the relative abuse potential of MDMA? 4) If there is no accepted medical use of MDMA, can it be placed in a category other than Schedule I? 5) If MDMA can be placed somewhere other than Schedule I, where would it be scheduled, if at all?

Judge Young commented that the decision process could take up to a year. Those who were interested in using the drug therapeutically hoped that during this period, much more research could be done with human subjects to prove the efficacy of MDMA for psychotherapy. But events of the next several months placed a dark cloud over those expectations.

California Conference

Esalen Institute is eleven miles north of the small town of Big Sur, California. The site of hot mineral springs, it was once the residence of the Eels Indians, who considered the waters to have remarkable healing properties. Since its founding in the mid-1960s, Esalen has been a vortex for new ideas and methods involving humanistic psychotherapies and consciousness sciences.

Esalen has also been the base of operations for Stanislav Grof, M.D., who has conducted research on LSD for nearly thirty years, both in his native Czechoslovakia and with funding from the National Institute of Mental Health in Bethesda, Maryland. Grof and Esalen co-founder Dick Price, both interested in the promise of MDMA, opened up Esalen as a grounds for a conference of researchers in the field.

Co-sponsored by Earth Metabolic Design Foundation, the conference was held from March 10-16, 1985. It was reported on by George Greer in the Spring 1985 issue of Advances: Journal for the Institute for the Advancement of Health. Some of this report is excerpted:

"Among the 35 participants at the meeting were five veteran researchers on psychoactive drugs (Francisco DiLeo, M.D., Stanislav Grof, M.D., Robert Lynch, M.D., Claudio Naranjo, M.D., and Richard Yensen, Ph.D.) and four psychiatrists who use MDMA in their clinical practice. On the fourth day of the meeting, George Greer, one of the psychiatrists, directed a session in which the participants took MDMA; each person was monitored separately by a physician or psychiatrist. Among the professionals present, the combined clinical experience in using MDMA during the past several years totaled over a thousand sessions.

"None of those that took MDMA had any complications, some found..."
The reports on the benefits of MDMA, although anecdotal, were uniformly positive. The clinicians observed vivid memories, followed by the release of accumulated emotions in therapy. The drug's effects included enhanced communication, especially in couples. In some cases, the therapists and patients found no significant abnormalities in psychological and psychological profiles before ingestion, or up to 24 hours afterward.

MDMA is a drug that has been used for various therapeutic purposes. The drug has been shown to reduce symptoms in patients with PTSD. The drug has also been used for depression, anxiety, and addiction treatment. The drug is generally well-tolerated, with few side effects. However, it is not recommended for use by those with a history of severe liver or kidney disease.