Excerpted from Chapter 1 — "Introducing Adam"

**MDMA Goes Public**

_Newsweek_, in the April 15, 1985, issue, printed in its Life/Style section an article titled, "Getting High on Ecstasy." It began:

"This is the drug that LSD was supposed to be, coming 20 years too late to change the world. It is called MDMA—or Ecstasy—and users say it has the incredible power to make people trust one another, to banish jealousy and to break down barriers that separate lover from lover, parent from child, therapist from patient. Yet unlike LSD, it does not also break down one's ability to distinguish between reality and fantasy, so that it appears free of many of that drug's unfortunate side effects. A New York writer who tried it compares it to 'a year of therapy in two hours.' Another monk from Big Sur, Brother Seindl-Rast, says 'a monk spends his life cultivating the same awakened attitude it gives you.' Of course, not everyone is taking it for the insights it provides. It has become popular over the last two years on college campuses, where it is considered an aphrodisiac. Drug-abuse clinics have begun seeing kids who take a dozen or more doses a day to achieve an amphetamine-like high. Apparently the nation is on the verge either of a tremendous breakthrough or a lot more kids too strung out to come in from the rain.

The next major media exposure for the suddenly publicized drug was on network television's "Phil Donahue" show, which turned out to be a rolling, free-for-all taped before a vocal New York audience.

The show began with Donahue poking fun at MDMA by first suggesting that the Iranians might dump it in the water supply. Then, as Ayatollah Khomeini lands at the Washington airport, we welcome him with open arms—rendered open and loving by the new drug.

As Donahue sampled audience opinion, the immediate reaction was that it didn't like the idea of a new drug. Donahue then gave an appeal for the information to be heard, since much of the false information given in the drug scare of the late '60s had resulted in kids being told that heroin was the same as marijuana.

On the panel was Rick Ingrasci, M.D., who used MDMA in his Massachusetts medical practice; Mel Riddle of Straight, Inc., a drug abuse center; Gene Haslip, Deputy Director of the DEA, and Charles Schuster of the Drug Abuse Research Center, University of Chicago.

Ingrasci said that he did not consider the drug a panacea, and was not advocating that people take it all the time. He was simply suggesting that it be used in therapeutic circumstances to help people work through difficult emotional problems and improve their quality of life.

Mel Riddle spoke next, with a strong anti-drug line, suggesting that many kids who come to him have used the drug, and some were completely messed up after just one dose.

Gene Haslip was introduced by Donahue with a lecture on the problems that the hard-line policy of the Reagan administration toward drugs has created. Haslip replied with a statement that he wanted to get MDMA off the street and made a Schedule 1 drug.

Charles Schuster took what at first seemed a moderate position, suggesting that the drug be held out of Schedule 1 until research was done with it, as is done with other drugs which are being tested for possible medical use.

However, this was followed by a rather sensational statement. Schuster announced that he and two other researchers from the Drug Abuse Center had found that MDA, the "parent compound" for MDMA, caused brain damage in rats, and therefore might also in humans (oddly, the research paper they published in Science stated their position in much more conservative language).

However, the tone of the program was changed by the articulate testimony of several patients of Rick Ingrasci, who spoke from the audience. The first case history was from a woman whose marital problems were helped by an MDMA session in the context of psychotherapy. The second to talk, Diane Watson, a cancer patient, spoke emotionally about how MDMA had helped her deal with the diagnosis that she had terminal cancer and only six months to live. MDMA, she said, was a catalyst to help her deal with the anger and the pain of her terminal disease. She stated, "MDMA is not an ecstasy drug. It allows you to see the world more clearly and to heal yourself. You realize that you don't need negative emotions, old emotions any more, and you can let them go."

There were many testimonials from the audience, pro and con. Advocates and "abusers" were given time to make brief statements. Clearly, the statements by those helped by MDMA therapy made a deep impression on the studio audience, but still there were many who remained skeptical of the advent of another new drug.
The floodgates had now opened, and a deluge of media copy and videotape spilled forth. An article appeared in the May issue of Psychology Today by Jack Shafer, a reporter writing a book about the increase of synthetic drugs appearing in the drug underground. His previous magazine publication, in the March 1985 issue of Science "Designer Drugs," portrayed the dangers of synthetic heroin substitutes, such as alpha-methyl pentanyl, also known as China White. In his article "MDMA: Psychedelic Drug Faces Regulation," Shafer attempted to present both sides of the controversy of another designer drug, the much safer MDMA.

On the lighter side, the comic strip Doonesbury's Uncle Duke hosted a conference entitled "Ecstasy: Whither the Future" at Baby Doc College.

Ron Siegel, Dr. Ph., a pharmacologist who researches psychoactive drugs at the UCLA School of Medicine under grants from the National Institute of Drug Abuse (NIDA), emerged as the major representative of the DEA's attack upon the safety and usefulness of Adam. He was featured in Psychology Today as well as in subsequent articles in Time, Life and New York.

Rick Doblin, the 31-year-old co-founder of Earth Metabolic Design Laboratories, became the major pro-MDMA figure in the media, although he was subjected to heavy criticism by his more conservative colleagues in the organization because of differences in strategies of action. Doblin first tried MDMA in 1985 and quickly became an activist for the substance. Wrote Joe Klein of New York magazine: "Even before the Federal Government entered the picture, Rick Doblin sensed that MDMA would become a political issue. 'Compassion has political implications. Empathy has political implications,' he says. Doblin decided to contact various government agencies to show good faith by telling them all about MDMA and asking guidance. He contacted Nancy Reagan's anti-drug group, the National Federation of Parents for Drug Free Youth. He contacted the Food and Drug Administration and the National Institute on Drug Abuse and the United Nations. He proposed cooperation. He proposed joint research into MDMA. He proposed to the United Nations that MDMA be used in a project called 'Shaping a Global Spirituality While Living in the Nuclear Age.'"

Currently Doblin is finishing a degree in Florida and working on a proposal to set up a pharmaceutical company—Orphan Pharmaceuticals Inc.—which would conduct animal, human, and clinical tests in an effort to establish the therapeutic efficacy of MDMA.

During the beginning of 1985, another development occurred. A laboratory in Texas, which first began operating in 1983, started producing unprecedentedly high amounts of MDMA. Ron Siegel, in the Psychology Today article, estimated that 30,000 doses of MDMA were being made each month. This laboratory was said to be producing a kilogram—8,000 doses—per day, or 240,000 doses per month. These were made into tablets and sold in brown bottles labeled "Sassyfras."

"Sassyfras" brand MDMA was being sold, according to the DEA, at parties in which "pyramid sales" were organized. Participants paid...
Of course, the reason that alcohol is now legal is that the 18th Amendment to the Constitution, which instituted prohibition in this country, did not work. In fact, there were laws against any drug at any time in history that have worked. Edward M. Brecher and the editors of Consumer Reports in 1972 published *Licit and Illicit Drugs*, an excellent account depicting the consequences of instituting such repressive legislation.

Particularly fascinating is the section on heroin and the control of drugs. The account begins with respect to morphine and the opiates that existed in the nineteenth century. At that time, these Schedule I narcotics were available over the counter.

*Licit and Illicit Drugs* concluded that the case of heroin demonstrates the consequences to be expected when a drug is made illegal.

First, the price of the drug goes up, and its distribution is taken out of the hands of experts and put into the hands of criminals.

Second, it criminalizes a group of people who use a particular substance. For heroin, penalties can range up to life in prison.

Third, making a drug illegal usually leads to adulteration of the substance or its being replaced by another compound.

The DEA was set up to police drug use in America. It receives its funding in relation to the severity and scope of the drug problem. Because it is involved in enforcement of drug laws, the DEA's members tend to view any drug use (other than alcohol, cigarettes, and coffee) in a negative way. The DEA also has a strong economic interest in having widely-used drugs made illegal. The more drug-criminals there are to hunt and arrest, the more funding the DEA receives, and the larger the organization becomes.

Giving the DEA the power to decide which drugs to criminalize could lead to a constantly expanding police organization, always needing more tax monies.

### DEA Tackles MDMA

Many of the problems of criminalizing drugs are apparent in the handling of MDMA. Also, many of the bases of the DEA have been revealed in the way it proceeded in having the drug placed in Schedule 1.

During the hearings to decide whether MDMA should be made a Schedule 1 drug, it may have become apparent to the DEA that its case was falling apart. It was difficult to show a high potential for abuse of MDMA. It was possible to show that the drug was used, however, with exhibits of amateur fact sheets. Many of these pamphlets are testimonials to MDMA's effects.

But those who testified for Earth Metabolite Design in August universally affirmed that there were no people whose lives had been harmed by MDMA. Because of the rapid rise in tolerance caused by repeated use, and the buildup of unpleasant side effects, most people learn quickly that MDMA can only be used occasionally. Taking too much is just not rewarding.

For the same reasons, it can be said that MDMA is not an addictive drug. It is true that some people like to repeat the experience. But it is generally found that the less often MDMA is taken, the more meaningful the experience is. The tendency is to take it less frequently after the first two or three exposures. Also, there was little evidence that MDMA was dangerous psychologically. The data from DAWN emergency rooms cited earlier demonstrate that there are few "bad trips" on MDMA. Richard Seymour of the Haight-Ashbury Free Clinic reports that most of those who do have a bad time and come into his clinic are provided with a supportive environment and recover themselves as soon as the drug is metabolized. Being nonaddictive and relatively free of negative psychological phenomena, even in unsupervised situations, MDMA looks like a remarkably safe drug, even safer than the most commonly used recreational drugs, illegal marijuana and legal alcohol.

As MDMA became popular and publicized, it was clear that the DEA was dedicated to banning the substance. This was made clear in an article entitled "Federal Authorities Want to Ban Ecstasy," printed in the San Francisco Examiner. "We're going to ban Ecstasy within the next several months," DEA assistant administrator Gene Haslip vowed. By next fall, Ecstasy will be as rigidly controlled as heroin. It's extremely dangerous."

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When the DEA ban was announced on May 31, the major reason given for the evoking of the DEA's emergency powers was a study done at the University of Chicago and submitted for publication in Science. The study revealed that the drug MDA has been shown to cause brain damage in rats.

When this report was examined more closely, however, it became clear that many aspects of the report, made its application to the use of MDMA by humans highly questionable.

The drug used in the study was MDA, which is chemically distinct from MDMA. While they are both empathogens with somewhat similar mental effects, they are molecularly different, and probably act on the brain in different ways.

Testimony of two hearing witnesses, medical chemist David Nicholls and pharmacist June Retinger, presented good evidence for the chemical distinction between the two substances. According to Nicholls, there is no cross-tolerance between MDA and MDMA. If you take MDA until you no longer has an effect, you can then take MDMA and it will still have an effect, and vice versa. This points to separate sites of action in the brain.

Both Retinger and Nicholls point out that MDA and MDMA have opposite isomer activity in their effect on the brain. Actually, MDA, according to Nicholls, can be thought of as two separate psychoactive drugs, with each of the stereoisomers having quite different psychological effects. MDMA has only one active (s) isomer, the opposite of the more active MDA isomer. The DEA's own report points out that there is evidence that MDA and MDMA have different pathways of action within the nervous system.

Alexander Shulgin, Nicholls' colleague, commented that MDA resembles MDMA, but it also resembles the over-the-counter allergy remedy Sudafed (pseudoephedrine hydrochloride). Should we place this corresponding patent medicine on Schedule 1 along with MDMA?

Several other clear objections to the Chicago study are found in the
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following excerpt from the research report itself:

"Our study raises the question of whether MDA produces 5HT
toxicity in humans. Given differences in species, dose,
frequency and route of administration, as well as differences
in the way in which rats and humans metabolize amphetamine, it would
be premature to extrapolate our findings to humans. It should also be
noted that the doses of MDA required to produce 5HT
toxicity in the rat (5-10 mg/kg)
are roughly three to five times higher
than those required to produce
hallucinogenic effects.

Hence, doses of MDA generally
intoxicated by humans may not be
sufficiently high to induce 5HT
toxicity unless humans prove
to be more sensitive than rats to the
toxic effects of MDA."

The "difference in species, dose,
frequency, and route of administration" refer to the
procedures followed in the
experiment, in which the drug was
1) given to rats rather than humans,
2) given in much larger doses, as
noted in the subsequent sentence, 3)
given every two hours for two
days, and 4) given intravenously
(injected in the vein) rather than
orally, the usual route of
administration in humans. Taking a
drug orally results in smaller
amounts of the drug reaching the
brain than if taken by IV injection.

In August 1986, Intox Laboratory
performed a further study in which a
group of rats were given an
escalating series of rather stiff doses
of MDA. They were started at 75
milligrams per kilogram of body
weight and the amount was
increased by 25 mg/kg each day
thereafter. The average psychotic
dose taken by humans is about 2
milligrams per kilogram.

Eventually, all the animals died
when the dosages reached between
150 mg/kg and 300 mg/kg. This is
about 150 times the normal human
dose. When the rats were examined,
there was no evidence of histological
brain damage. Although the second
study does not use the same
techniques as the first, it must raise
doubts about the evidence provided
by the former study.