

Who owns ecstasy?

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WHO OWNS ECSTASY?

STUDYING MDMA IS SHAPING UP TO BE THE LATEST BATTLE IN THE DRUG WAR

By **RICHARD ELOVICH & DANIEL WOLFE**

SAN FRANCISCO—Dr. George Ricaurte's slides illustrating the effects of MDMA on the brain look, well, psychedelic. Swirling green cross-sections of monkey brains are followed by human PET scans, billowing shapes bathed in purple and yellow. One brain burns bright orange with swirls of the chemical analog for happiness, serotonin; another, serotonin-short, is a muted, lava red. • The National Institute of Drug Abuse (NIDA), whose funding helped rocket Ricaurte from promising grad student to Johns Hopkins researcher with more than 100 published articles, has plunked these images on a postcard

labeled "Plain Brain/Brain After Ecstasy," and made them the centerpiece of a \$54 million anti-club-drug initiative. Today, however, a number of researchers, clinicians, and highly educated users are looking at these pictures and asking if the government's interpretation is more purple haze than perfect science. • All the tribes and high priests of MDMA gathered in San Francisco last week for a State of Ecstasy conference, and they are uttering the names of the drug as they have known it: ADAM, X, entactogen (something that touches within), empathogen (something *see ECSTASY page 56*

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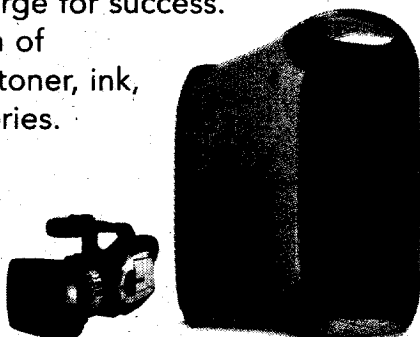
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that opens you to others), psychostimulant. Each name evokes a history and often an expertise not shared by the others.

Sasha Shulgin, the legendary 75-year-old chemist who rediscovered MDMA in the mid 1970s, is here. The Moses of MDMA folklore, Shulgin handed the tablets to a therapist who in turn quietly initiated nearly 4000 others before criminalization. Charles Grob, director of Harbor-UCLA Medical Center's Division of Child and Adolescent Psychiatry, is here. Worried about the way young people are using the drug and leery of even saying *Ecstasy* (who knows what's in the stuff you buy on the street?), Grob seeks to test MDMA in psychotherapy for patients with terminal illness. Therapists make up a sizable percentage of the nearly 350 people attending, but there are also party people in the house, among them researcher Paul Dillon, who pioneered on-site purity testing of MDMA at gay parties in Australia, and DanceSafe founder and rave risk reducer Emanuel Sferios.

At 22, Theo Rosenfeld runs a small contracting company and his own, very deliberate horizon-expansion program through strategic X use. He tests his pills with a kit he got from DanceSafe, has switched to pot for dancing, and uses X sparingly at home. He has read every study published. "There's a definite chance that in high amounts it can do some nervous system damage, and some chance that in small infrequent doses it can," he acknowledges. "But that evidence is still so vague compared to the real, overwhelming experience of opening up on Ecstasy and wanting to share the joy of my life with people close to me. That's worth a lot to me. If I can grow up with those peak experiences, I think I will be a better person."

Who owns Ecstasy? Marsha Rosenbaum, director of the Lindesmith Center-Drug Policy Foundation in San Francisco, convened this conference precisely to let these different experts speak to each other, and where necessary, duke it out. She was the first federally funded sociologist to interview MDMA users; her own research in the '80s left her impressed "by the heart-opening power of the drug" and "concerned about the many unknowns" as MDMA moved from underground therapeutic agent to mass-marketed and newly criminalized party drug. The DEA—reacting to blatant, growing Ecstasy consumption and early neurotoxicity reports—had moved against MDMA in 1985. Overruling scores of psychiatrists arguing that the drug's therapeutic potential merited classification as a prescription medicine, the DEA condemned MDMA to Schedule I—their category for heroin, LSD, and other drugs with high abuse potential and no accepted medicinal use.

This meeting is a resumption of discussions shut down by that DEA decision 15 years ago. While the government has focused on the drug's action in the lab animal (or human subject in a lab), speakers here want to know about the risks and benefits of MDMA as it is used in the world. If you take the drug only a few times, are you safe? If you stay cool and quiet while you do it—avoiding the hyperthermia and increased heart rate that are MDMA's most immediate side effects—are you safe? Can the drug boost the effectiveness of conventional psychotherapy, in treatment of post-traumatic stress disorder, for example? Research into these questions has largely been silenced by MDMA's Schedule I status and the neurotoxicity allegations. "Brain damage is the government's trump card," says Rosenbaum, "the thing that allows them to say, 'Never mind all that other stuff.'"

As befits a conference on an empathy-producing drug, even those with different perspectives seem receptive as Dr. Ricaurte leads them through the evidence of neurotoxicity. The brains of monkeys injected with MDMA show "pruning" of the long nerve projections, known as axons, used in the transmission of

serotonin. In monkeys, axonal damage and subsequent serotonin depletion persists for years. While researchers can't cut open human brains, their next best proxies—PET scans and spinal taps—show human depletion of serotonin at least two or three weeks after the use of MDMA. Finally, preliminary studies have shown differences in memory or simple learning tasks, which might suggest permanent problems with memory or cognition.

Today, though, speaker after speaker questions the neurotoxicity conclusions. "The difference between a medicine and a poison is the dose and context," Grob points out, challenging whether Ricaurte's doses in monkeys stand up to the scrutiny of interspecies scaling. An audience member asks if the pruning is damaging brain cells or, as when he prunes his garden, just reworking their growth. The question underlying his question—how we might distinguish brain damage from brain change, perhaps linked to the kind of psychological breakthroughs some MDMA users report—goes unanswered. "The so-called neurotoxicity phenomenon may be a prelude to a neuroplasticity response," Grob says later. "We don't know."

What about the studies finding functional impairment in humans? Here, too, Grob and others find that the studies raise as many questions as they answer. The "MDMA users" had in fact used street Ecstasy and other drugs, often repeatedly. Was the impairment the result of Ecstasy alone, or some other more toxic drug—ketamine, for example? Given widespread reports of bunk sold as Ecstasy, how do we know the users had even taken MDMA? Why did studies on cognitive function match polydrug-using hard partiers against a control group of squeaky-clean college students?

A reporter asks Ricaurte why, rather than looking retrospectively, he has never done the "prospective" trials scientists usually prefer: dividing two groups of MDMA-naive individuals, administering MDMA to one and a placebo to the other, and charting cognitive or other effects. Ricaurte pauses. Ethically, he says, "Any study has to be conducted with an eye toward risk versus benefit. I can't point to one study showing the therapeutic benefit of MDMA."

"Of course you can't," says Grob, "because to date, none have been permitted."

As sponsor of more than 85 percent of the world's research on the health effects of drug use, NIDA has funded only three research centers to test MDMA in humans, and none to look at therapeutic use of the drug or how the context in which it is used might change the risks. Like the government's DARE program, which claims to help kids with drug decision making and then says the only choice is to "say no," NIDA's Ecstasy research purports to be driven by science but offers an anemic range of options. "There are pockets of honest research," says Lindesmith executive director Ethan Nadelmann, "together with an overlay that is profoundly politicized and corrupting of the research. Certain questions are not to be asked."

Studies on the therapeutic use of MDMA are under way in Switzerland, Spain, and Israel. The U.S., meanwhile, is hammering its science into armaments for the drug war. In the last year, NIDA has used every opportunity to get out the message that "even one MDMA dose is toxic," distributing 330,000 Brain on Ecstasy cards, issuing mailings and alerts to 250,000 health professionals, and launching a PR blitz. Predictably, sensational media coverage has followed: On a recent *48 Hours*, a doctor showed an Ecstasy-abusing teen and her concerned mother a computer model of her brain and declared it "almost moth-eaten."

The number of MDMA users in America—customs seizures, arrests, and scare campaigns notwithstanding—continues to rise. "Right now," says Grob, "the only ones being controlled are the researchers." □