

### General Information: MDMA

The chemical name of MDMA is "methylenedioxyamphetamine." It is also known as MDM, Adam and XTC, and in one state, "M&M."

Samples of "XTC" from Southern California, the Los Angeles area, were tested in two laboratories. In two cases, the samples were found to be MDMA, of reasonably pure quality; in two other cases, the chemical found in the samples was an illegal drug known as MDA; there was a filler present in the samples which was analyzed as Borax.

MDMA is not an illegal drug. It is not listed in the Schedule of the Drug Enforcement Administration (DEA). It should be noted that MDA is listed by the DEA, and the possession of MDA is a felony in both Federal and State law.

If in doubt as to the nature of the chemical you have been given or sold, send a sample to the SP Lab, 5426 Northwest 79th Ave., Miami, Florida (phone: 305/446-3585), which will give you a reliable analytical breakdown.

The best way for the person using MDMA to be certain he is getting the correct material is to know the chemist who produces it. To fail to take any precautions against being given or sold the wrong material is to risk, at the least, an unpleasant or unexpectedly difficult experience; among the more tragic consequences is the possibility of arrest by an agency of State or Federal government for possession and use of an illegal substance.

A person with an M.D. license can legally use MDMA in his medical practice by going to a responsible laboratory and making his own, under the guidance of an expert chemist. This is the first step. The second is for that physician to have a peer group of physicians who are aware of his use of the drug and can be called upon to support such use as responsible medical practice.

Questions are often asked about the correct and safe way to use MDMA. First, it should be noted that although the name, "Methylenedioxyamphetamine," ends with a word familiar to many who have no chemical background, "methamphetamine," this fact in no way implies any similarity in action to the drug which is known as methamphetamine or the drug known as amphetamine. There is, during the first ½ to ¾ hour after ingestion, a slight quickening of the pulse in many people, and some experience a "wired" feeling either during or after the experience, but this latter is relatively rare. The pulse quickening is usually due to the anxiety felt by the client, and slight elevation in blood pressure is occasionally noted during the first ½ hour for the same reason. These effects should lessen within the first hour, replaced by the more characteristic calmness and relaxation.

The physical effects of MDMA have been observed over hundreds of experiments or sessions. The major effect appears to be one of de-stressing, both physically and mentally. Another common effect is anorexia (loss of appetite) which, in the case of a novice, may last for more than 24 hours after the session. Many people have a tendency to jaw-clenching, and in first and second-time use, there may be some nystagmus (eye-wiggle) which some find disturbing, and others enjoyable. Both the jaw-clench and nystagmus tend to disappear almost entirely with subsequent use, but in cases where they cause distress, a damp cloth held between the teeth can give some relief; in the case of the eye-wiggle, the client should be reminded that it is transient and harmless. (Note: jaw-clench can also be helped by chewing gum.)

There is often an awareness of the body's natural energy which can express itself as nervousness or a desire to move about. Not many people experience this as a negative aspect of the session, and may soon learn that a focusing of the attention in the direction desired, for instance to a personal problem or difficulty which needs resolution, will help bring about a calming of the energy tremor.

For people who are very sensitive to this aspect of MDMA, it might be helpful to give 10 or 20 mgs. (no more) of the prescription drug known as "Inderal," which is known chemically as propranolol. This can be taken before ingesting the MDMA, or at any time during the session.

We feel that, until further research has been done, it would be wise for certain people to avoid the use of MDMA. These include diabetics or hypoglycemics (too little is known about the effects of MDMA on blood-sugar levels), and people who have experienced convulsive episodes after early childhood. Pregnant or nursing women should absolutely not use MDMA. We feel that no drugs, except those prescribed by the woman's physician, should be taken at these times. We know of one woman who took MDMA in early pregnancy, before she knew she was pregnant. Her child was born healthy and normal, but the rule still applies, and should apply to any psychoactive drug, as well as to any other drug not deemed necessary by a physician.

#### *Dosage Levels and Methods of Use of MDMA*

We feel that the first experience with MDMA deserves different ways of handling than subsequent experiences. If the client has not had exposure of any kind to consciousness-altering materials, he should be given an initial dose of 80 mgs. on the cautious side, and 100 mgs. at the maximum. Some extraordinary breakthroughs in the emotional and psychological area have been known to occur with the first experience, and 100 mgs. is more than sufficient for the first time with this material, which is unlike any other psychoactive chemical.

Care should be taken to reassure the novice concerning the initial onset or "noise" which is usually felt within 20 to 40 minutes. It is this sensation which can cause a quickening of the pulse or even a slight rise in blood pressure, due to anxiety. The client should be told that the surge of unusual sensation will not last more than half an hour at the most, and that the plateau will present him with a feeling of peacefulness and calmness. At 1½ to 1¾ hours, if he wishes, a supplement of 40 mgs. can be given to extend the plateau for an additional hour.

In conducting a first session with MDMA, there should be no more than three people involved, at most: the client and possibly a close friend or a relative with whom there is a positive and ongoing relationship, who may be there to participate or to "baby-sit" and observe, and the leader or therapist. The ideal first experience involves only two people: the therapist and client.

Many people who have taken so-called "recreational" chemicals believe that they are able to handle themselves well in a group of strangers, at a concert, play, movie or party, and may enjoy the challenge of attempting to do so. We strongly urge that no one should be persuaded to experience MDMA for the first time in any public setting. It is the least constructive way of introducing a person to this material.

The first session with MDMA is best conducted in the home of the client, where he or she is surrounded by familiar sights and sounds. If this is not possible, another home might be used. It is always preferable to be in surroundings that convey a sense of personal intimacy and warmth, and which allow for either sitting or lying down in comfort and safety.

For subsequent sessions with MDMA, we know of two methods, both of which have been successful and rewarding in hundreds of experiences.

The first method is as follows: the therapist or leader of the session gives the client 150 mgs. of MDMA and equips him with earphones and a choice of music tapes, to be used if he wishes. The client is invited to lie on a comfortable bed or mattress during the session. At approximately 1½ hours after the initial ingestion, a supplement of 75 mgs. is offered. The client may, of course, decline the supplement. In most cases where this method is used, there are several people undergoing the experience at one time, although there is usually no communication between them during the session. The leader of the experiment is available at all times for communication with any client who wishes to talk or ask questions.

After everyone has returned to baseline level, there is a coming together and a sharing of experiences and insights under the direction of the leader or therapist. Sometimes, if circumstances allow, the clients stay in the place of the experiment overnight, coming together for their discussion the following morning.

In this method, the leader of the experiment does not take the MDMA with his clients.

The second method is as follows: the person who is leading the experiment participates in the taking of MDMA along with his clients. No one remains outside the experiment. The amount given initially is 120 mgs., and the supplement offered, at about 1½ to 1¾ hours, is 40 mgs.

It should be noted here that, just as it is generally understood by the intelligent and informed therapist or leader that under no circumstances should any person be persuaded or pressured to take MDMA, so must it be understood that there should never be any urging or persuasion regarding the taking of a supplement. The client's instincts and intuitions regarding his or her own state of body and mind are to be regarded as correct, and must be respected.

A second supplement should NOT be offered. Experiments have shown that a second supplement, approximately one hour after the first, at the same dosage level of 40 mgs. or at a higher level of 50 mgs., produces little if any further prolongation of the psychological effects, but will cause considerable increase in the physical side-effects of jaw-clench and nystagmus, with a resulting lessening of the desired de-stressing and relaxation effect.

In this second method, which we personally prefer, there is no isolation with earphones and music, although it is understood that anyone involved in the experiment may do anything that he or she wishes to make the experiment enjoyable and comfortable, within the obvious limitations presented by the surroundings and circumstances. Generally, talking and sharing of insights and feelings goes on continually, as desired.

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In all experiences of MDMA, the participants should avoid solid food for 3 to 4 hours prior to the session, and fluids should be free of oil or fat (heavy cream in coffee, for instance).

No person should be allowed to drive after a session with MDMA until he has been at baseline for at least an hour. At night, he should test his vision for peripheral light-flashes or any kind of sparkle in the field of vision. If suspicion of such effects is present, driving should be postponed until the effects are completely gone. The slightest feeling of anxiety or unease should be taken as sufficient reason to postpone the client's leaving the safety of the therapist's presence and the location of the session.

MDMA is known as a chemical which brings about a condition of peacefulness, an ability to feel trust, a lowering of psychological barriers, and often an extraordinary increase in insight. It has proved, in the last few years, of great value in psychotherapy, and is being used increasingly by psychiatrists and other mental health professionals.

It is important to say the following. Although MDMA is usually free of effects often associated with alteration of perceptions, or consciousness-alteration, such as changes in the visual field, "stoned" feelings, loss of coordination, among others, there are exceptions and individual variations. Negative and unexpectedly difficult experiences must be allowed for, and prepared for, even though they may be unusual. To give only one example, we know of an eventually fruitful and rewarding experience involving a young man who underwent a classic identity crisis. It was necessary for the leader of the session to devote the two days following the experience to the working through of this crisis with the client. Unexpected insight can be acutely disturbing to a person of any age or experience, and again, this must be allowed for.

No alcohol should be used during an MDMA session, although some people find a glass of wine useful after baseline has been regained, as a means of calming the slightly "wired" effect occasionally experienced.

During the session, liquids (fruit juices, tea, coffee, etc.) should be available, and clients should be encouraged to drink, in order to avoid any dehydration.

During and immediately after an MDMA session, great care must be taken in swallowing solid food, since there is a minimum amount of anaesthesia present, and the usual reflexes might be altered in such a way as to allow sudden choking on food which is carelessly chewed or swallowed too fast.

Stomach upset is unusual with MDMA. When and if it happens, and especially if there is vomiting, psychological causes should be looked for. Usually, in such cases, the insight into the cause of the trouble arrives with, or just after, the vomiting or nausea. It might safely be said that almost all physical problems manifesting after the first 45 minutes, in a healthy person, are liable to be psychological in origin.

Now, as to the question of how often one can safely take MDMA, our answer is based on personal experience and on the experience of a few other people. On the physical level, it is possible to take MDMA as often as every two to three days without physical danger, as far as we have been able to see. However, the experience of two veteran researchers leads to the conclusion that, if MDMA is taken as often as every two or three days, the effect tends to flatten out. There appears to be a need to assimilate the experience on all levels of the psyche, and if there has not been sufficient time to do so, the next experience will be diluted in effect, and felt to be less satisfactory than the previous one.

It is apparently possible to build a tolerance to MDMA. There is sufficient research to indicate that, in a case where MDMA is ingested, using slightly increased amounts every day, for five days in a row, on the sixth day there is no response to the chemical whatsoever. Our own research has shown total lack of response on the fifth day.

It is possible to become habituated to MDMA, however, just as it is possible to become habituated to food, drink, sleep or anything else which allows escape from problems. However, MDMA does not lend itself easily to habituation, for the reasons given above.

Use of MDMA by children under the age of 16 should be undertaken only on the advice of a physician who is thoroughly familiar with the child's physical and psychological makeup.

Of interest to people who would like to try creative writing with MDMA: one researcher who writes poetry has found it possible to do excellent work using 100 mgs. of MDMA, with a 40 mg. supplement, approximately twice a month. He says that this amount allows the unconscious to open up and deliver images and words, yet is not enough to interfere with efficient typing.

Please remember at all times:

*There is no casual experiment.*