## HIS IS VERY EMBARRASSING," THE MAN SAID. "I never imagined that I would be a spokesman for real insights that stay with you after the experience is over. It doesn't give you anything that isn't already there. It's not a a drug." He is a respected administrator in the trip. You don't lose touch with the world. You could pick up field of medical research and health care, about the phone, call your mother, and she'd never know. He paused then, somewhat nonplussed by his own enthusi-

IS IT TOO MUCH TO SWALLOW? - BY JOE KLEIN

50, soft-spoken, conservatively dressed, thoughtful, intelligent. He is actually blushing. "I get sheepish just thinking about the words I'd use to describe the experience," he said. "I don't want to sound foolish. You have to understand I'm not a big drug taker. I've never taken cocaine or LSD; I smoked marijuana once or twice, but that's it. Anyway, a friend-a very well known writer, a man I

respect enormously-told me he had something I might like to

try, a new drug. He didn't give it a name, but I later learned it was MDMA—'Ecstasy.' He just said it was interesting and safe, so far as he knew. He said I wouldn't hallucinate or lose track of reality. We

discussed it briefly-it's amazing, in retrospect, how little I knew. But I did try it and ... " And? "Well, this is going to sound ridiculous. What happens is, the drug takes away all your neuroses. It takes away the fear response. There is an overwhelming feeling

of peace; you're at peace with the world. You feel open, clear, loving. I can't imagine anyone being angry under its influence, or feeling selfish or mean or even defensive. You have a lot of insights into yo-NEW YORK/MAY 20. 1985



asm. He searched for caveats. It wasn't a panacea, he said. Just a useful therapeutic tool. And yes, it probably could be abused—any drug could be abused—although it would be hard to imagine just how this one might be, since the level of insight diminishes with frequent use. And no, he didn't think it

was an aphrodisiac. "Although it is an easy drug to fall in love on. You feel close to whomever you're with, and more at one with the world. There is a feeling of transcendence, a sense of being part of something larger than yourself, at least there was for me. "It is," he said, "the opposite of

paranoia." HERE ARE THOSE WHO would argue that the opposite of paranoia is

gullibility. Certainly, nothing could be as good as Ecstasy

sounds. Surely, skepticism is the

only reasonable response. After a quarter century of chemical nightmares, we're far too sophisticated to be seduced by a little-known synthetic variation of oil of nutmeg. And any drug with a name this long-3.4-methylenedioxy-Photograph by John Goodman.

certain limits and under proper supervision, it just may work. A small but determined group of psychotherapists across the country swear by it. "It is a valuable tool-not an answer but a catalyst." says Dr.

Rick Ingrasci, who claims to have treated more than 200 pa-

methamphetamine-just has to have disaster lurking amid its

"New Age" sorts-the very last people you'd expect to be in-

gesting something unnatural-the most ardent proponents of

MDMA? And why has this drug aroused more curiosity, won

more glowing endorsements, and received more positive me-

dia coverage in the past month than any drug since . . . well,

promises adventure without weirdness, transcendence without

alienation-a yuppic way of knowledge, as it were. For another, it is legal-temporarily, no doubt. And finally, within

For one thing, the marketing has been brilliant: MDMA

So why all the excitement? And why are holistic, ecological

molecules. Right?

since LSD?

insight without effort.

psychotic reaction. Among street users, we're seeing all the above."

"My reaction is, 'Here we go again,' " says Dr. Ronald Siegel of the UCLA School of Medicine. "Every few years you get one of these miracle drugs that's going to save the world and make everyone feel good. My favorite was PCP. Remember

what they used to call that? The Peace Pill. At low doses, peo-

ple were reporting serene, tranquil, peaceful experiences. Then it hit the street and the name changed—it became angel

dust—and dosages increased, and it was cut with God knows what, and you began to get all the reports of bizarre, violent behavior. So now we have Ecstasy. If you take it, you might

conservative as the health administrator cited above. From ni-

trous oxide to Ecstasy, the promise has remained the same:

MAY 20 1985 NIW YORK CAVEATS: "If you take it," says one doctor, "you might become a caring person, or a nauseated person, or you might have a severe

> Such reckless candor has alienated Doblin from most of the more sober, therapeutic sorts promoting MDMA-including his two co-officers of the Earth Metabolic Design Foundation, a nonprofit group researching the drug. "Rick is a good kid. but he may be single-handedly responsible for the emergency scheduling of MDMA by the government," says a foundation source. "If there's any more media coverage, we stand a good chance of losing this thing, which would be a shame because a lot of people have invested years of work on MDMA. It should be made clear that, unlike Rick, the foundation opposes the recreational use of this compound. We're not opposed to having MDMA regulated, but not as strictly as the government is proposing."
> "It's a disagreement over strategy," Doblin acknowledges.
> "The other two officers are friends of mine. I brought them

become a self-actualized, empathetic, caring person, or you might become a nauseated person, or you might have a severe psychotic reaction. Among street users, we're seeing all the into this, but now they think we should have a low profile until above." the DEA hearing. I think if people are going to do stories, they The comparison with angel dust isn't quite fair. The history might as well have the right information. I might have to start of MDMA is not that of another trippy chemical rushed mindmy own foundation." lessly from the laboratories into the street-quite the contrary, in fact. For the past decade, the drug's proponents have been PPARENTLY, DOBLIN HAS ENOUGH MONEY—INfighting to keep it under wraps, to control its use, to prevent herited from his grandfather, a Chicago industrithe sort of public reaction that brought LSD research to a

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half of a molecule of any compound) from the one active in the

hallucinogenic members of the family. "The effect was much different from MDA," recalls Dr. Claudio Naranjo, who

worked closely with Shulgin. "MDMA was not hallucinogenic.

It seemed, too, less toxic than MDA. When administered in

small doses, there were few, if any, side effects: a slight tightening of the jaw, some nausea, and those would pass in the first Shulgin, Naranjo, and the other early

was actually in favor of reclassification. The point is, you can't be cavalier about these things. There are doctors who are swearing by Ecstasy, but they are only offering anecdotal evidence. To my knowledge, there hasn't been a single supervised, double-blind clinical study to appear in a peer-reviewed, refereed scientific journal. I think it's downright irresponsible to go around touting this drug without adequate research, especially since the things we're seeing on the street are so much at variance with the claims the MDMA lobby is making. On the street, Ecstasy-which can be manufactured easily and costs only about \$10 per dose-seems quite a different

seen any evidence of either psychosis or nirvana. It's just a great drug for dancing. It's also nothing new on college campuses. Several students who've tried it say that it's a very "talky" drug, and sensual touching feels good-but not particularly sexual and certainly not the aphrodisiac some claim it to be. Given that Ecstasy isn't much of an aphrodisiac and doesn't pack the wallop of any number of other party drugs, it seems possible that it will be little more than a passing fad among recreational" users—an ultimately disappointing street drug, something tried once because of all the hype and then discarded. Still, Dr. Jeffrey Rosecan, the director of the Cocaine Abuse Treatment and Research Program at Columbia Presbyterian Medical Center, thinks it could turn out to be a very serious

want it to be accepted, it's going to have to go through the same rigid and rigorous scientific process that every drug goes

tute—another sixties vestige—in California. "A friend gave some to me," Doblin recalls. "She said it made you feel good. That didn't seem very significant, so I didn't take it right away-in fact, I waited until I got home to Florida. I took it with my girlfriend, and it was incredible. We just opened up to each other. I remember saying, 'There's no drug. It's just us." It would be physiologically inaccurate to say that Rick Doblin was hooked after that first experience, but he was very interested. He decided to learn all he could about MDMA, a process that led him back to Grof at Esalen. Experimentation with psychedelic drugs had slowed down after the uproar in the 1960s, but it hadn't stopped. "Grof was one of several people who were at the center of it," Doblin says. "Some of the others don't want their names used. But Grof later taught Rick Ingrasci and George Greer and many of the other therapists who are now using Adam." Another name that pops up often is Alexander Shulgin, a

was brought to his attention in the early 1970s. He had been ESSECTIVE LA LA PROPERTY AND A "I took the drug myself before I ever gave it to a patient," Ingrasci says, "and I experienced an enormous sense of wellbeing. I don't recommend it for everyone. Usually, I'll simply suggest that mind-altering drugs are one of several possible

therapeutic strategies. If the patient decides that's what he or she wants. I'll set a two-hour appointment for them and tell

Ingrasci gets his MDMA from a local chemist. He adminis-

ters it either in capsules or as powder mixed in fruit juice.

"About half the people have a mild physical reaction—tightened jaw. nausea, some anxiety-that passes pretty quickly,

he says. "Usually, people will just begin to talk, but sometimes

I have to take a more active role. With couples, especially,

them to come an hour early to take the drug.

humans. In fact, its precise effect on humans is still a

Shulgin has said that the drug was already in use when it

sometimes they'll want to just sit there hugging or rocking back and forth, and I'll have to say, 'Listen folks, let's get down Although the experience is pleasant for most, there have been some difficult moments. "There was one woman who had been sexually abused by her cousin and was very angry. She said she didn't love her husband. She talked about becoming a

was terrified of being loved. So, ultimately, the drug worked for her—as a catalyst. Certainly, Ecstasy had nothing to do with it." There are those who say MDMA might ultimately have other therapeutic uses, and should be tried-as LSD was, inconclusively (the government crackdown occurred before enough results were in)--on criminals, drug abusers, and the terminally ill. "I'd be interested in trying this on heavy cocaine users, says a New York therapist who specializes in drug-abuse treat-

If you take enough aspirin, you can have a real psychedelic experience. No one is saying that MDMA shouldn't be controlled. The question is whether it should be banned, placed in such a restrictive schedule—as LSD was—that research of any kind becomes nearly impossible." That decision will be made in early 1986, after public hearings in Kansas City, Los An-VEN 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 govern-ment agencies, to show good faith by telling them all

cepted medical use. Heroin and LSD are Schedule I drugs. (Cocaine is listed in Schedule II: high abuse potential, but some medical use.) On September 12, Richard Cotton, an attorney with the law firm of Dewey, Ballantine, Bushby, Palmer and Wood, sent a letter to the DEA announcing that he had been retained by a group of MDMA researchers and therapists. They wanted to challenge the proposed scheduling on the grounds (a) that the drug had only a low or moderate abuse potential and (b) that it had great therapeutic possibilities. Informally, Ingrasci and several of the other therapists working with MDMA say they hope it will be put in Schedule III, with prescription drugs like Doriden. The Earth Metabolic Design Foundation takes a similar position. Apparently, the MDMA lobby took the DEA by surprise. "We had no idea it was being used by therapists," says Frank Sapienza of the DEA's Drug Control Section, quickly adding

here carrying such garbage and anger and repression and wrongheaded responsibilities on their backs . . . I wish I could've given them the drug and eased their pain, given them real peace with each other for just a few hours, probably for the first time in their lives. Given that,

tion cares, and so does the Food and Drug Administration, and for that reason it seems quite probable that they will put MDMA in Schedule I as soon as the hearings are over. "It's a shame," says Dr. David Nichols. professor of medicinal chemistry at Purdue University. "That will make it virtually impossible to continue research into MDMA, which is a real tragedy, be-

cause I think we've come across something new and important here, something we've never seen before. Even if MDMA isn't the answer, second- or third-generation versions of it might be, and this ruling is going to make finding

half-hour. And the psychological effect-it was completely difto the business at hand." ferent from any other drug. It was like a brief, fleeting moment (It should also be noted that MDMA often has amphetamine-like side effects-increased blood pressure and pulse rate—and certainly shouldn't be used by people with cardio-vascular problems. Some people find it difficult to sleep after taking the drug, and feel "hung over" the next day.) researchers were struck by how predictable the effects of MDMA were-at least in a therapeutic setting. "It has proven to be remarkably consistent in chronology (the duration of action is about an hour)," Shulgin wrote in 1983, "and dosage requirements (the effective dosage is 100-150 mgs. orally). In most aspects, it is deceptively simple in action, leading to a sensory and verbal disinhibition, a state of mutual trust and confidence between subject and therapist, but without the distractions of visual distortion or compelling introspection." HE FIRST TIME BOB LITTLEhale took MDMA under Dr. Rick Ingrasci's supervision, he experienced an epiphany. Psychedelic cheerleader: Proselytizer Rick Doblin wants people to call the drug "Adam. "I realized I loved my wife. It was an enormous feeling, it lesbian, of how men's bodies disgusted her. Her husband was a just filled my chest," says Littlehale, a prominent Massachusetts physician. "I had to pick up the rather constricted, professorial type. When they took the drug, he just melted. He was totally there. He took her hand and told her how much he loved her—it was amazing, he'd never said it matter. That phone and call her. She was at work feeling has stayed with me, too. This stuff won't let you before. Her reaction was panic. She just couldn't handle it. She forget."
"He sounded totally joyful," Marie Littlehale recalls. "He didn't sound spaced or dulled or buzzed. It was pretty became really angry with me for 'forcing' her to take the drug. It was a pretty bad scene. Several days later it hit her: She embarrassing. Though they have taken the drug together since Bob's epiphany, the Littlehales are quick to point out that MDMA hasn't saved their marriage; after 24 years of sporadic warfare, it may not be salvageable. "But it has made us a lot more aware of the issues at stake." Marie says. "It's really helped us along in our process of figuring out what we want to do."

"It's not a panacea," says Ingrasci. "It won't save an unhappy marriage. But I've found it to be incredibly useful." Before he learned about MDMA from friends, Ingrasci had built a successful practice based on holistic principles, emphasizing the connection between mental and physical health. He was especially well known for his work with people who suffered from serious illnesses. In fact, Marie Littlehale first visited Ingrasci because she believed she was in the early stages of multiple sclerosis. The Littlehales spent about a year in therexhilaration and lasting cuphoria, which does not differ in any way apy, individually and as a couple, before Ingrasci suggested from the normal cuphoria of a healthy person.... One senses an MDMA as a possibility. Photograph by Harry Benson.

ment and has tried MDMA. "The interesting thing about coke and Ecstasy is that they both access the same thing: fearlessness. With coke, it's an aggressive sort of fearlessness—'I can do anything.' With MDMA, it's more passive—'Anything harmful will pass right through me." The psychic effect of cocaine in doses of .05 to .1 gram consists of

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about MDMA and asking for guidance. He contacted Carlton Turner, who is Ronald Reagan's top drug-policy adviser. 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. Both the U.S. government and the World Health Organization proposed that MDMA be made illegal.
"I think," Doblin says, "they were moving in that direction before I contacted them."

In any case, last July 27, the Drug Enforcement Administra-

tion announced plans to include MDMA in Schedule I, the most stringent category of the federal Controlled Substances Act, reserved for drugs with high abuse potential and no ac-

knows if it causes cancer or diabetes or brain damage (or, indeed, if it cures any of the above).

"Let's say it works," says Siegel of UCLA, who was invited to the Esalen meeting but didn't attend. "For the sake of argument, let's say these guys are right and it really does have enormous therapeutic potential-that's all the more reason for it to be thoroughly tested and proved and refined. If they're right, this is too important a breakthrough to be cavalier about. Why 'Why not take the time?" asks a New York therapist. "I'll tell you why-because we see people walking into our offices

force the damper on research into this field that has existed

will continue no matter what the DEA decides, and still more subtle drugs will be developed as time goes on. "The real question-the one that won't be addressed by the

attitude about that."

"My hope is that MDMA will force us to reevaluate our It's an issue that certainly isn't going to go away. "Say they throw MDMA in the wastebasket, as they probably will," In-

people there were over 40, therapists, pharmacologists, academics. We spent several days trading stories, with a special emphasis on bad experiences with MDMA. There weren't very On the fourth day of the meeting, half of those attending took the drug while the other half monitored the experience. That evening, at dinner, they shared their reactions, which ranged from indifference . . . to the claim by a prominent psychiatrist from Los Angeles that he had spent six hours talking

alist-to do whatever he wants. He has spent screeching halt in the 1960s. It was a battle they were destined much of his adult life wandering about in quest to lose, of course. About five years ago, the drug began seeping of illumination, intermittently attending college, into college campuses, into gay bars and discos. Inevitably, it building solar houses, and receiving informal incame to the attention of the Drug Enforcement Administration (DEA), which announced last summer that it intended to have sychedelics—a late-twentieth-century version of the grand tour. He first heard of MDMA in 1982, while taking a MDMA "scheduled" as a controlled substance: to make it ilmonthlong class called "The Mystical Quest," legal, in other words. psychedelic researcher Dr. Stanislav Grof, at the Esalen Insti-The announcement brought forth an immediate-and rather surprising-reaction. An array of MDMA proponents emerged from the shadows, hired a law firm, and began to lobby for something less than a total ban. "That's new, I must admit," says Siegel. "To my knowledge, this is the first psychedelic drug to have a law firm. To a great extent, the recent media barrage about MDMA-Newsweek, all three networks, and Phil Donahue have "done" it in the past month-has been a natural consequence of the drug researchers' decision to challenge the DEA. But it also is the result of a lobbying campaign almost single-handedly orchestrated, promoted, and financed by a 31-year-old University of South Florida undergraduate named Rick Doblin. T IS DIFFICULT TO TELL WHETHER RICK DOBLIN IS A vestige of the 1960s or a harbinger of the New Age. He glows, he burbles with psychedelic illumination and good humor. "I don't like to call the drug Ecstasy," he says. "It's false advertising. I call it 'Adam,' which works on several levels: It's a variation on MDMA, it's calmer than Ecstasy, and it connects with the Garden of Eden. Doblin is an unabashed proselytizer, a psychedelic cheerleader in the tradition of Dr. Timothy Leary, though without Leary's academic credentials or rebellious spirit. He doesn't see himself at war against the powers that be; indeed, he wants to cooperate with the government on MDMA research. He'd rather embrace the opposition than taunt it. "Last week," he says, "I took a low dose, about 30 milligrams, and went to hear

mystery.

Jerry Falwell speak-just so I could understand him better, to see if we had common ground. This is something I've done before, for Alexander Haig, the Dalai Lama, Robert Muller of the United Nations. Adam is a great drug for listening to experimenting with members of the same pharmacological family: synthetic derivatives of oil of sassafras and nutmeg that are structurally similar to mescaline and amphetamines. Other members of the family—MMDA, MDA—had enjoyed vogues as mild hallucinogens. But Shulgin soon came to believe that MDMA was something quite different, a step forward. Its active ingredient was the opposite isomer (an isomer is one

drug from the one being used by the therapists. Working with

increased nationally from 10,000 doses in all of 1976 to a cur-

long as 72 hours. We had a psychotherapist who took it, disap-Ecstasy seems to be less popular in New York than in California. "It's been around for a while." says a gay-health expert. "You see people taking it at clubs all the time. But I haven't

through. Traditionally, the only drugs that make it through the "rigid and rigorous" scientific process are the ones sponsored and patented by the major drug companies; it usually takes millions of dollars' worth of research to get a drug approved by the Food and Drug Administration. And it's unlikely that any drug company would make such a commitment to MDMA for two reasons: The drug already was patented by Merck in 1914, which means that no one can have exclusive rights to it, and-perhaps more to the point-mindaltering drugs are still considered pretty weird by most

work; on the other hand, if one works, one misses that heightening of mental powers which alcohol, tea or coffee induce. One is simply normal, and soon finds it difficult to believe that one is under the influence of any drug at all. OCAINE MADE A FOOL OF DR. RONALD SIEGEL OF UCLA too. "Ten years ago, you could have gotten a great many researchers to say that cocaine was a safe, recreational drug, including me," he says. "I

rent 30,000 per month. The effects of the drug, he says, seem very similar to those of mescaline. "They're from the same pharmacological family," he says. "You know, the molecular twists and turns that the chemists are playing with-MDA. tions, disorientation, psychotic episodes." to have taken this drug who are disoriented for days on end," says Siegel. "We've had people locked in fetal positions for as peared, and turned up a week later directing traffic."

MMDA, MDMA-raise nice, interesting academic questions, but out on the street, the experience is the same: hallucina-It is possible that because of the milder, more subtle effects of MDMA, inexperienced users are doubling and tripling the dose. It's also probable that after the recent media coverage, enterprising drug dealers are calling everything from speed to powdered sugar Ecstasy. "We're getting people who claimed

in the media as the new drug,"

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that it doesn't make much difference: "It's being made in clandestine labs. It's being sold on the street. People are getting intoxicated from it. If it does have medical use, where are the animal studies and pre-clinical trials that prove it? If they ever In late summer, Rick Doblin joined with two California re-

searchers to resuscitate the Earth Metabolic Design Founda-

Good chemistry?: Dr. Rick Ingrasci guides an Ecstasy session. tion, Inc., a nonprofit corporation founded by Buckminster Fuller that had been lying fallow for years. The idea was to raise money for research into MDMA and to begin animal-toxicity and clinical studies. The foundation also sponsored several conferences at Esalen about MDMA, including one, from March 10 to 15 of this year, that brought together

researchers, therapists, enthusiasts, and a few opponents (in-

cluding a representative sent by the president's drug policy

"This was a very serious meeting," says one of those who

attended. "There were a few younger people who see the drug

as the key to world peace and that sort of thing, but they were

soon quieted down by the tone of the meeting. Most of the

adviser) from around the country.

to lesus.

since the 1960s.

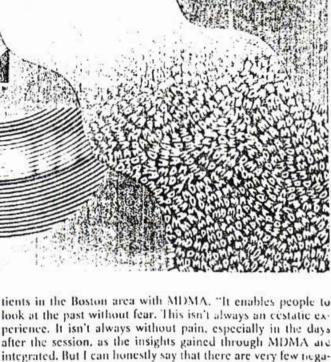
DEA -- is how we use drugs in this society," says Ingrasci, "A tacit decision has been made that it's okay to use drugs to ease pain. It's okay to take aspirin or Valium, both of which may well be more dangerous than MDMA. But it's not okay to use drugs to gain insight.

grasci continues. "What happens then? Well, there are maybe 50 other molecules sitting on the shelf, waiting to be used. Before you blink an eye, MDMA will be replaced by another

drug that will do essentially the same thing. In fact, the drug already exists. It's called MDE." VILY 20 1085/NEW YORK







tive reactions. It can speed up the therapeutic process enor-

testimonials from responsible sorts. William James, the noted

American psychologist and sibling, wrote of "the tremendous-

ly exciting sense of an intense metaphysical illumination" that

Of course, the history of drug ingestion is riddled with giddy

mously. It facilitates healing.

accompanied the use of nitrous oxide. Sigmund Freud used the word "euphorie" a bit too often to be entirely credible when describing cocaine. Aldous Huxley touted mescaline as the way to bring about a religious revival -- in a 1958 article in the Saturday Evening Post, of all places. No doubt, when Dr. Timothy Leary began to investigate mind-altering drugs at Harvard 25 years ago, he seemed every bit as reasonable and

respected Bay Area chemist and drug designer. Shulgin-who refuses to speak publicly but is cooperating with those who retained the law firm to defend MDMA-didn't invent the drug, but he certainly helped to popularize it. Before he began publishing research papers on MDMA in 1975, it had languished in almost total obscurity since being patented in 1914 by Merck & Company, Inc., as a possible appetite suppressant. About the only other early reference to it was as one of eight psychedelics tested secretly by the army in 1953: MDMA was found to be more toxic than LSD or mescaline—in large doses, it killed animals-but it is not known whether it was tested on

HANDLE WITH CARE: "Let's say it really does have therapeutic potential," says Dr. Ronald Siegel. "That's all the more reason for it to be thoroughly tested. Why not take the time and do it right?" prolonged psychotic reactions to what they claimed was MDMA. One became convinced that his friends wanted to kill increase of self-control and feels more vigorous and more capable of him and locked himself in his dorm room for two weeks. "The other was a local-college student who was brought in by his sister," Rosecan says. "He was hallucinating and was con--Sigmund Freud "Über Coca," 1884 vinced that people were trying to kill him. He spent four weeks in the hospital, and never really recovered. He's now in a group home in Pennsylvania." There were mitigating circumstances in both cases: A family history of nervous breakdowns in the first, a serious family crisis in the second. But that's hardly the point. And even the more responsible advocates of MDMA acknowledge that there are potential dangers. "I have no doubt that this drug can be abused on the street," says Ingrasci. "Any drug can be abused. geles, and Washington, D.C., this summer. continuing surveys of street users, Siegel estimates that use has

> LL OF WHICH WAS INTERESTING-AND RATHER reminiscent of the 1960s-but, in the end, only served to emphasize how little is known about MDMA. Even the drug's most devoted advocates acknowledge that there has been absolutely no research done into long-term effects. No one

problem. "This could be potentially as devastating as cocaine, or worse-it's longer-lasting, it's cheaper, and it's being hyped Rosecan has already treated two college students who had

> But even though psychedelics have been roundly discredited for the past lifteen years, research has continued. Progress apparently has been made. Synthetics like MDMA are far more

not take the time and do it right? every day who are in enormous, debilitating pain. I just saw this family-they were convinced the daughter was doing coke. She wasn't. I'm sure she wasn't. Anyway, they walked in you'll pardon me if I say, 'Who cares about the long-term effects?' The Drug Enforcement Administra-

> those drugs more difficult. It will reinsubtle than sledgehammer drugs like LSD. No doubt, research