

# MDA And Its Relationship To Other Psychedelics

By Robert N. Richards

*Youth counsellors, teachers, physicians, nurses, parents, and others who have been concerned with young people and drugs over the past few years have all been subjected to a barrage of new terminology. Typical of this new language are terms like trip and freakout and drug names like N,N-dimethyltryptamine, trimethoxyphenylethylamine, and 3,4-methylenedioxyamphetamine. Fortunately, these drug names can be translated into shorter designations: DMT, mescaline, and MDA, respectively. Unfortunately, just being familiar with manageable names for such drugs is very often not enough. What is needed, usually, is a straightforward and not too technical description of some of these, presented in such a way as to show their relationship to other drugs that are similar in their effects. What Dr. Richards has done here is to give a short account of one of these — MDA — and to point out its resemblances to other drugs of the same general kind. Editor.*

MDA is chemically related to certain naturally occurring drugs, such as mescaline, and to various chemicals present in the body, such as adrenaline. It is also related to synthetic chemicals, such as the amphetamines. It is generally classified with the psychedelic or hallucinogenic group of drugs. Currently, no definite medical indications for the use of MDA exist, and its legitimate use is restricted to investigators. However, it has been used as a "street drug" by a small number of young people.

Broadly speaking, the psychedelic drugs, including MDA, act on the brain to produce a variety of subjective experien-

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ces. The type of reaction produced will vary greatly with the dose, the user, the circumstances, the user's expectations, and his previous experience with hallucinogenic drugs. The same user, on different occasions, may have very different types of reactions to the same psychedelic drug, much as he might with alcohol. This variation is even more pronounced, however, with the psychedelic agents.

Typically, psychedelic drugs produce changes affecting the user's senses and moods. There may be distortions in the way he sees, feels, hears, or tastes. There may be distortions in the way he sees his own body and in the way he recognizes the passage of time. Occasionally, a user may even see things that aren't there or "hear things." The user's emotions are often affected. There may be increased self-awareness, a feeling of oneness with the world, a feeling of love, euphoria, freedom, or ecstasy; or there may be feelings of despair, hopelessness, depression, or even paranoia.

Although MDA and other psychedelic drugs can produce a variety of phenomena, one or more of the components will usually occupy a major role in any given episode. If the experience is predominantly pleasant, then it is a "good trip." If it is unpleasant, the user can be filled with anxiety or panic, and it is a "bad trip." All the psychedelics are capable of producing both good and bad trips. During a trip, there may, in occasional cases, be foolish behavior leading to accidents or other hazards. However, the immediate physical effects of psychedelic agents are usually not pronounced or harmful.

Treatment for adverse reactions to MDA is the same as for other psychedelic agents. It consists of "talking down" in a comfortable, empathetic environment and the addition of appropriate chemical intervention if required.

## **Psychedelics in Historical Perspective**

MDA is a relatively new, synthetic drug; but many plant-derived psychedelics have been known to man for centuries.

For example, mescaline, which is found in the peyote cactus that grows in areas of Mexico and the southern United States, has been used by certain native tribes for centuries. Psilocybin, another psychedelic drug, is found in some Mexican mushrooms. DMT and DET are the active ingredients of snuffs that have long been used as psychedelics by many South American tribes. Common kitchen nutmeg has also been used as a psychedelic agent for hundreds of years.

New horizons opened with the discovery by Hofmann in 1944 of the psychedelic properties of a synthetic drug, LSD (lysergic acid diethylamide), that had much the same effects as mescaline. LSD captured the public imagination in the early 1960's partly because of the enthusiastic interest in it of Dr. Timothy Leary and the widespread reporting of this in the popular press. Public interest was also stimulated by the fact that LSD is tasteless, colorless, and odorless, and that incredibly small doses of it produce psychedelic effects. With high doses, however, other psychedelic drugs may produce essentially the same effects as LSD. (Whisky is more potent than beer, but 15 drinks of beer are more intoxicating than one drink of whisky.)

It is interesting to note that the hallucinogenic experience can sometimes be produced with drugs other than members of the so-called psychedelic group. Under proper conditions of dose, user, and circumstances, the reaction may be obtained with amphetamines, sleeping pills, alcohol, and a variety of other drugs. The same results can sometimes be produced by means other than drugs, such as sleep deprivation, sensory deprivation, intense meditation, and religious experience. In some instances, certain mental illnesses can produce identical effects.

### **Variations with Dose, User, and Circumstances**

MDA was first studied in 1933 by Dr. Gordon Alles, who experimented with the effects of low doses of the drug on

himself. He found that it produced a pleasant alteration in mood with less of the distortion of sensation that he associated with other hallucinogenic drugs such as mescaline. Other investigators used MDA in psychotherapy and reported that it helped communication and expression of feelings. Again, there was little sensory distortion. There were also no significant physical symptoms except for dilated pupils.

Because of these initial reports, MDA began to be known popularly as a drug that would give a particularly pleasant and tranquil psychedelic experience—a “love trip”—and MDA itself was called “the love drug.” However, subsequent investigators demonstrated that with the appropriate dose, user, and circumstances, MDA could produce the same type of psychedelic experience that was seen with other drugs of its class such as LSD and mescaline.

### **Problems in Studying Street Use**

MDA has been found in Ontario. In 621 illicit drug samples collected in Ontario between January, 1969, and February, 1970, Addiction Research Foundation investigators found 27 samples of MDA. It was usually in the form of a white powder and was being used orally and intravenously, and also sniffed through the nose. (There were also 11 samples alleged to be MDA that turned out to be other drugs.)

In talking with young drug users in Toronto, however, it has been impossible to be certain, from their accounts, which psychedelic agent they have taken and thus to observe the effects of specific drugs. In most instances, the effects of what they claim is MDA have been indistinguishable from effects that apparently are the result of taking other psychedelics (or even other drugs). Information obtained from drug users must be confirmed in a laboratory if it is to have any value.

The situation is complicated by the fact that the youthful drug user can be chemically promiscuous. Various substances

are often taken in combination. In cases in which a user has taken MDA and some other drug, some effects may be due to MDA, some to the other drug. This promiscuousness undoubtedly causes certain effects to be wrongly ascribed to various drugs by users themselves. It also adds to the difficulty of determining scientifically the specific action of MDA and of some other drugs as well. It is interesting, however, that in the few cases in which MDA alone has been taken and has been identified by laboratory tests, there has been a high degree of similarity between the effects of MDA and those of other psychedelics.

### **Need for Research into High Dose Toxicity**

Currently, it appears that the physical effects of MDA, in dosages used on the street, are quite mild. Dilated pupils have been the only constant feature in the laboratory. While it also appears that MDA — like many other drugs that act on the brain, including other psychedelics — can contribute to behavior that could lead to dangerous activities, it is questionable whether there are as yet any well-documented reports of deaths due to behavior produced by MDA.

Insofar as physical effects at high doses are concerned, we know very little. There are no accurate studies available of high dosage users of MDA. Although many other psychedelic agents are known to have been consumed in huge quantities, few, if any, deaths have been proven to have occurred as a result of their toxic effects on the body. The newspapers have frequently referred to deaths of this kind as being due to MDA, but this has not yet been proven. Research into the physical effects of MDA, including its toxicity at high doses, is needed.

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Le Dr. Robert Richards, un médecin de Toronto, qui a servi à titre de médecin consultant pour 12 Madison, un projet pour la jeunesse,

discute de la MDA, une drogue qui est apparentée aux drogues telles que la mescaline et les amphétamines et aussi aux produits chimiques retrouvés dans le corps humain, tels que l'adrénaline. Le Dr. Richards rappelle brièvement l'histoire de la relation entre hallucinogènes et l'histoire de la MDA. Les effets de la MDA prise en petites doses sont relativement faibles. Toutefois, prise en plus grandes doses, pour certains usagers, et sous certaines circonstances, la MDA peut produire le même genre d'expériences psychédéliques que les autres drogues hallucinogènes. Peu est connu des effets et de la toxicité de la MDA prise en grandes doses, et plus de recherches sont nécessaires.

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