

STATEMENT FOR DEA AND FDA HEARINGS ON MDMA:

by

Lester Grinspoon, M.D.

"The rejection of any source of evidence is always treason to that ultimate rationalism which urges forward science and philosophy alike." (Whitehead).

Between 1950 and the mid 1960s there was a robust interest in the possibility that LSD and related drugs (sometimes called "hallucinogenic" or "psychedelic") might be therapeutically useful for psychiatry. There were more than a thousand clinical papers discussing forty thousand patients, several dozen books and six international conferences on therapy using these drugs. The subject aroused the interest of many psychiatrists who were in no sense cultural rebels. The use of LSD and related drugs was recommended for a wide variety of problems, including alcoholism, obsessional neurosis, and the treatment of the dying. Almost all publication and most therapeutic practice in this field have come to an end, as much because of legal and financial obstacles as because of the loss

of interest. Experimental efforts were abandoned before the degree of success or failure was adequately determined. It would be wise to see whether we can salvage something from those two decades of research and clinical practice rather than write them off as a mistake that now has only historical interest. If the therapeutic results have seemed erratic and inconsistent, that is partly because of the complexity of the effects of these drugs. For the same reason we may simply not yet have had enough time to sort out their best uses. In rejecting the absurd notion promoted by some that these drugs were a panacea, we have chosen to treat them as entirely worthless and extraordinarily dangerous. The time has come to find an intermediate position.

It is interesting that several cultures in the western hemisphere make religious or therapeutic use of certain drugs which are banned by the United States federal and state governments. This is true especially in the western United States and Mexico. We have made a curiously self-disparaging decision when we judge that no one in a modern industrial society is qualified to do what is done by a leader of the peyote ceremony in the Native American Church or a Mazatec Indian healer who uses mind-altering mushrooms. It has even been recognized in federal alcoholism clinics for Indians that peyote may have

some value.

There are now several new drugs which may have therapeutic interest and may also be significant for the study of the human mind. Undoubtedly there will be more such drugs synthesized in the future. The effects of these drugs are sometimes different from those of LSD and other familiar substances, and the differences may be highly significant. We cannot analyze these questions properly without more controlled human research.

The drug of central interest here is 3,4-methylenedioxymethamphetamine (MDMA). When taken in doses of 75 to 150 mg orally, this phenylalkylamine seems to have a remarkable capacity to help people to get in touch with feelings, to become more open and trusting and less defensive, to facilitate the recall of early memories, and to invite self-exploration and insight. Unlike LSD and drugs with similar effects, it does not ordinarily produce perceptual distortions, body image change, or changes in the sense of self. Although MDMA is chemically related to methylenedioxyamphetamine (MDA), it is a milder and shorter-acting drug with less consciousness change and fewer secondary neurological symptoms. Adverse sequelae seem to be rare, although not unknown. In short, MDMA appears to have some of the advantages of the LSD-like drugs without most of the corresponding disadvantages.

This drug is now being taken by growing numbers of people, particularly students and young professionals. It has already been used for therapeutic purposes by a number of physicians and psychotherapists. We have had discussions with several mental health professionals who have found it useful as a catalyst of self-exploration. The users are increasingly seeking people who know how to employ MDMA in a therapeutic setting. MDMA might be useful in marital counseling, in diagnostic interviews, in helping patients decide whether they want to go through the process of psychotherapy, in helping psychiatrists decide whether a patient can benefit from the kind of insights that psychotherapy provides, and possibly as an occasional catalyst of the insight-oriented psychotherapeutic process. Whether this turns out to be true or not can be learned only by more systematic human research, preceded by necessary animal toxicity studies. The kind of informal research that is going on now will not suffice for an accurate assessment of either its therapeutic potential or its toxicity or abuse potential. Prematurely discouraging more systematic research by putting MDMA in Schedule I of the Controlled Substance Act would be a mistake.

I have been involved in the study of psychoactive drugs since 1967. I have published a number of papers

and six books in this area. Two of the books have direct relevance to this subject (Psychedelic Drugs Reconsidered. Lester Grinspoon and James B. Bakalar, New York: Basic Books, 1979 and Psychedelic Reflections. Lester Grinspoon and B. James Bakalar, New York: Human Sciences Press, 1983). During the course of this work I have read widely in the scientific literature on the subject and have accumulated much experience with people who use various psychoactive drugs.

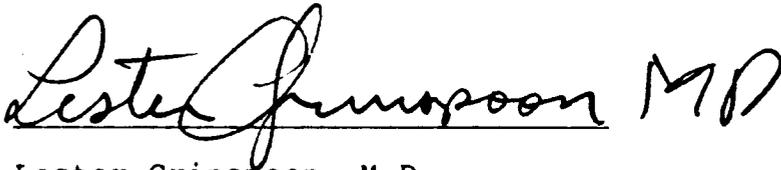
Although our understanding of MDMA is at this time inchoate, I think that its potential for abuse is probably low, if one defines abuse as involving harm to the individual and/or society. At any rate, a high abuse potential has not been demonstrated and current reports indicate relatively few serious problems. Because of the nature of the experience users generally do not wish to repeat it frequently or treat it casually and recreationally. For similar reasons I believe that its dependence producing potential is low. In addition I have heard of no reports of craving or withdrawal symptoms. There do not seem to be any effects so disturbing, disorienting or physically dangerous that it would be impossible for MDMA to be used safely under a physicians's supervision. It is reported to have been used hundreds of times in psychotherapy with few serious complications.

Research would help us to determine how to prevent any such complications.

My background and experience in this area are set forth in the accompanying curriculum vitae.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on April 18, 1985

A handwritten signature in cursive script that reads "Lester Grinspoon MD". The signature is written in black ink and is positioned above the printed name.

Lester Grinspoon, M.D.