

TESTIMONY OF RICHARD SEYMOUR

My name is Richard Seymour. I am currently the Director of the Haight Ashbury Training and Education Projects of the Haight Ashbury Free Medical Clinics, and have been an executive of the Clinic since February of 1973. My duties include general management of the Training and Education Projects, training of physicians and other health professionals in drug abuse treatment, design of and presentations at continuing medical education courses for physicians and nurses, consultation on drug abuse issues with health professionals, collation of clinical research and data and writing on substance abuse topics for both health professionals and the general public. I also teach a course on counseling and chemical dependency for Marriage and Family and Child Counseling (M.F.C.C.) credentializing through Sonoma State University Extension Program. I refer you to the attached resume for details of my experience and publications. I personally do not advocate the recreational use of any psychoactive substance including such legal substances as tobacco, alcohol and caffeine.

The Haight Ashbury Free Medical Clinic was founded in June of 1967. Since that time, it has seen over 600,000 client visits. Currently, the Clinic's Drug Abuse Treatment Project treats an average of 400 different clients per month (with about 2000 client visits during that time period). These clients come to the Clinic with a wide variety of substance abuse problems and when possible are treated at our facility on an outpatient basis.

Our treatment personnel have experience treating abuse problems with all types of abused psychoactive drugs including opiate and opioid analgesics, stimulants including cocaine, sedative-hypnotics and the category of drugs variously

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known as psychedelics, psychomimetics or hallucinogens. My testimony on the abuse potential of the drug MDMA or 3, 4-methylenedioxymethamphetamine or Ecstasy (or XTC) is based on the treatment experiences of the Haight Ashbury Free Medical Clinic's Drug Abuse Treatment Project.

The Drug Abuse Treatment Project of the Haight Ashbury Free Medical Clinic maintains an aggregate of data on its treatment experience that, owing to the suze and variety of our client load can provide and has previously provided accurate indications of drug abuse trends.

I have examined this data and have ascertained that the Clinic sees about three clients a month who say that they have taken MDA, ADM, MDMA or Ecstasy. We have no drug identification facilities at the Clinic and so have had to take the client's word for the identification of the drug they have ingested. Therefore we have no way of proving that they did indeed ingest drugs in the methoxylated amphetamine family.

MDMA is one of the members of this family of methoxylated amphetamines, also called psychomimetic amphetamines. This group contains more than a thousand different but related chemical substances. Only a few dozen of these have been tested on human beings. Although similar in chemical structure, these substances differ greatly in dosage and duration of effect and to some degree in effect itself.

The number of clients involved has remained relatively steady since about 1980. There has been no indication of a rise or fall in abuse on the basis of our treatment load. Overall the cases we see that may involve methoxylated amphetamines and include MDMA account for less than 1% of our overall drug relate case load. Cases specifically involving MDMA would account for an even lower

percentage. Clients who have been seen in this category are adults, usually ranging in age from mid-twenties to late thirties. Their use of the drug is incidental rather than recurrent, i.e. they do not cite long term or habitual use of the drug. Dosages cited vary, but are well in excess of the dosages that I understand are being used in research as an adjunct to psychotherapy.

The symptoms these clients complain of involve anxiety, feelings of paranoia and fears of imminent heart attack provoked by rapid pulse and heartbeat. Treatment has involved supportive counseling, i.e. reassurance provided in a supportive environment. This includes reassurance that the symptoms are a product of a drug reaction, are not life-threatening, and will pass as the drug is metabolized. These patients recover as the drug is metabolized and are usually discharged without needing any further treatment.

After more than a decade of work in the substance abuse field, I have concluded that, with the possible exception of some antipsychotic and antidepressant drugs, virtually all psychoactive, or central nervous system effective substances have an abuse potential. Given the data I have cited, however, I would consider that MDMA has a relatively low abuse potential and doesn't seem to be conducive to abuse or dependence patterns at this time.

Further, my reading of materials involved in these hearings have led me to believe that MDMA may have some medical usefulness as an adjunct to psychotherapy.

In conclusion, I believe the drug MDMA should be scheduled in keeping with a low, but present abuse potential, to discourage its non-medical recreational use, but should be available for legitimate research and treatment purposes.

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 22, 1985

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