

Joseph J. <sup>9D</sup>

Testimony of ~~John~~ Downing, M.D.

1. Professional experience.

As indicated on the attached vitae, I have had considerable experience in medical administration, community mental health, hospital psychiatry, social and epidemiological research, and private practice. My current specialty is psychosomatic medicine, emphasizing psychophysiological balancing of the bodily systems, and the promotion of positive health in our present stressful environment.

My interest in psychoactive drugs began with research consultation in the New York State Department of Mental Hygiene and the introduction of the first psychoactive drug in use today, thorazine, in 1954. Being greatly impressed with the revolutionary implications of psychoactive chemicals on mind and behavior, I have followed with interest therapeutic research with other compounds as they became available. In 1961 I was Director of the Mental Health Division of San Mateo County, California, and deeply engaged in developing a comprehensive community mental health service, as outlined in the California Short-Doyle Act. Then as now alcoholism was a major mental health problem with no effective treatment modality. I was, therefore, interested in reports that LSD-25, a new pharmaceutical from Sandoz corporation, had given good preliminary results in treating alcoholism. Briefly, we instituted an outpatient treatment program that achieved some good results: about

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one-third of our chronic desocialized patients showed definite improvement. Based on this experience, we would have continued this program except for the social furor that arose around LSD.

For several years I have taught numerous workshops on drug use to police, probation, education and public health personnel throughout the Western States. About seven years ago I was told of a new psychoactive material, MDMA, that was allegedly low in harmful side effects. Although reportedly very different from LSD-25, it allegedly assisted individuals in developing awareness and insights into themselves and their problems at a basic level.

## 2. The Subjective MDMA experience.

In accordance with my policy begun with thorazine in 1954, I took this new drug myself before offering it in therapy to my patients. MDMA is quite different from other psychoactive substances; the site of action is primarily in heart and emotions. It appears to have some physical effects involving the digestive tract, jaw clenching, mild tension headache and bowel evacuation. It has least impact at the intellectual level. It produces no images or hallucinations. It does produce a general sense of peace and well-being. I will describe my own reactions, which are typical.

During the time of acute effect, about four or six hours, feelings of fear and anxiety lift. One feels that one can examine both ones own motives and actions, and those

of others, calmly and objectively, with acceptance and compassion. Affection and acceptance temporarily replace one's fears. The dominant experience is one of calm and understanding. Depending on the material contained in the unconscious, the patient will deal with any situation, from childhood trauma, to long-felt adult insecurities to deeply repressed emotions.

For myself, there was some discomfort from jaw clenching and early mild nausea. These passed in the first hour. I noted the lack of cortical release phenomena, the 'Whee' feeling that alcohol, marijuana and the sedative materials provide. My mind was somewhat accelerated, but much less than with amphetamine stimulants. I could easily focus on specific emotional and other issues which I wanted to address. Overall, mental capability was accentuated. No illusory or hallucinatory images appeared.

At intervals, I would experience a wave of drowsiness, and lie back for some minutes in a twilight state. This would pass, and I returned to the calm, mild sense of peace and focused meditation. At no time did I experience the 'ecstasy' state that some persons have described. I evaluated this as a normal variation, depending on the age and mental state of the patient. After about four hours, I felt ready to return to normal activities. Supper was greeted with good appetite, and I slept particularly well. The following day I preferred to be quiet except for a stroll on the ocean beach in the afternoon. Well-being

persisted for a few days but there was no other discernable aftereffect.

No urge to repeat the experience for pleasurable or stimulatory effect emerged. In seven years I have taken MDMA four times, each with a specific psychotherapeutic goal, and in an environment which facilitated inner-awareness.

Parenthetically, a similar pattern was drawn by the twenty-one experimental subjects in our MDMA Psychophysiological Research Study. Asked 'How often would you take MDMA if it were freely available to you?', the reply ranged from one month to four months, with an average of 2.2 months.

As a recent network television story erroneously depicted MDMA being cut with a razor blade, presumably prior to being 'snorted' nasally, I emphasize that MDMA is only taken by mouth, is not absorbed through the nasal mucosa, and does not produce the 'rush' characteristic of cocaine.

### 3. Therapeutic use of MDMA.

I have used MDMA as a therapy adjuvant in eight persons, all patients of mine. All but one had in common that they were experienced in psychedelic drugs, had obtained MDMA, and desired to use it as a part of therapy, with my approval. The one exception was a very blocked and anxious young woman with a great deal of highly painful unconscious and preconscious material she was unable to integrate.

In summary, five of the eight responded quite favorably, and accelerated their therapy a worthwhile amount. Two had a pleasant experience, but didn't show particular intellectual or behavioral change. One, the beforementioned young woman, had an experience unique in my admittedly limited experience, resulting in a rather unexpected yet apparently beneficial result.

I will present two cases in limited detail.

First case: K.T., thirty-six-year-old woman, married mother of two, and therapist. We knew each other as I was psychiatric consultant to her outpatient clinic. Two years ago she was walking home in her suburban community on a residential street, when a man leaped from behind a bush to her rear, knocked her to the ground, bound, threatened and raped her. She never saw him. Afterwards she was extremely fearful, had panic attacks on the street that totally froze her so she could only scream and barely could function in any life activity. She had a panic attack every night before going to sleep, for a year.

At my suggestion, she consulted a woman therapist, yet was unable to deal with any part of the rape and remained in panic. She and her husband together had taken MDMA once in the past. She inquired whether this material could possibly help her. I agreed it was worth trying, offering to be present during the experience. She and her husband preferred following their previous pattern, having me available by phone if needed.

The MDMA was very helpful, enabling her to approach and recall the rape in detail. In fact she was able to supply the police with descriptions they had not had before.

I attach her description of the experience and the part MDMA played. (Appendix A.) Additionally we have a fourteen minute video of her describing her ordeal and the MDMA effect, taken by a camera crew from NBC Evening News. This can be shown if desired.

Second case: F.R., forty-year-old highly successful entrepreneur was referred by his business consultant, a distinguished older woman attached to a pre-eminant consulting firm. F.R. had several depressive symptoms, a moderately-severe stress syndrome, and the recurrent and obsessive thought that he would do away with himself at age forty-three, as had his father, also a depressive. He had seen three psychiatrists over a period of six years for these symptoms, finding the antidepressive medication prescribed ineffectual, and offensive in its side-effects. Psychotherapy had no effect, 'I played good boy and bullshitted my way through with them, like I do everybody else.'

He presented himself as moderately anxious, empty, resenting the general opinion that he 'had life made.' Comprehensive examination showed a moderate stress syndrome with hormonal depletion but generally excellent physical condition. He had taken MDMA previously. Although these

experiences had not uncovered any of his past, he specified that he wished to use MDMA as a part of his therapy. Knowing its general usefulness in depressive states, I agreed.

We arranged a day long session, which produced a flood of repressed material that emerged into consciousness; he and a younger sister were very badly battered and traumatized for many years by their father who was repeatedly jailed, placed in psychiatric hospitals, then returned home until he repeated his psychotic behavior. The tragic cycle ended only when the father ended his life with carbon monoxide when the boy was seven. I have rarely heard more vicious details from persons who have survived physically intact and sane. The man is still in treatment, making good progress with the prospect of having a normal emotional life in a few years. I can say, and I firmly believe, that this absolutely central historical material would never have emerged without the use of MDMA in the proper setting. He had seen three therapists without any hint emerging of this underlying chaos. Not until he was in the proper setting, with a therapist he trusted, and with the effect of MDMA, was he able to acknowledge this previously repressed history of abuse.

4. The abuse potential:

Simply stated, I have never known or heard of any person using MDMA to the point of psychological, physiological or social damage. I have inquired through as many channels as possible. Only one possible case has emerged which

I have not yet been able to interview. The use pattern that is universal is the 'episodic' or intermittent use on a once every one to four months or longer basis. Low abuse potential is indicated by every index available to me.

5. Safety:

Under the auspices of the Earth Metabolic Foundation, I supervised a psychophysiological study of MDMA. The preliminary report is attached, and incorporated into this testimony by reference. I will briefly abstract from the summary:

The twenty-one subjects considered themselves benefited by MDMA with no evidence of harm. Given the choice, they would use a stable dosage on an intermittent basis at fairly long intervals. They would prefer the material be dispensed by legally qualified therapists through normal prescription channels. The experimental situation produced no observed or reported psychological or physiological damage, either during the twenty-four hour study period, or the three month follow-up period. From our findings, one can say that MDMA, at the dosage tested, has remarkably consistent and predictable psychobiological effects which are transient and free of clinically apparent major toxicity. The experimental subjects believed that MDMA is both safe and beneficial, but there is insufficient evidence from this study to judge accurately either harm or benefit.

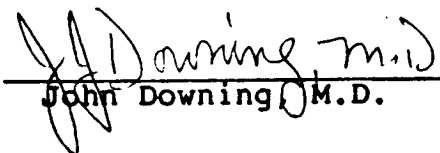
From my clinical work and from rather widespread inquiry in various localities in Northern California, my own opinion supports the general impression among knowledgeable professionals that MDMA is reasonably safe (in fact more so than many psychoactive drugs in daily use by the medical



profession), produces positive and lasting mood changes in a large proportion of cases, does not cause negative problems when used by knowledgeable therapists, is used sparingly and episodically by self-administering users, and is without evidence of abuse.

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 24, 1985.

  
John Downing, M.D.

## Appendix A

This woman, a 37 year old therapist left a friend's home in a familiar suburban neighborhood about 7:30 one evening, walking home. As she passed some shrubbery an assailant, never seen, grabbed her from behind, dragged her behind the bushes, and skillfully bound her hands behind her while pressing her face in the dirt. She was completely helpless, nearly suffocating. He described in repetitive, gruesome detail how he was going to sexually mutilate and kill her, while assaulting her both rectally and vaginally. She felt he would kill her as he threatened, and gave up hope of survival. Apparently a passing automobile frightened him. He broke off his threats and ran off. She was unconscious for a period of time. She then awoke and managed to roll away from the bushes. Some time later she was found by a passing driver, who summoned the police. Seen at a local emergency room, she was badly bruised, and scared almost to death. She was catatonic. Her recovery has been slow, with periods of complete dissociation, wild panic attacks, and frequent nightmares. Her husband has been wonderfully kind, supporting her consistently and fully.

I saw her initially. But as she lives some distance away, and as she also felt she could relate better, emotionally, to a woman therapist, I ceased seeing her. Subsequently, she recontacted me about the course of her therapy.

The MDMA usage was at her request. She had experienced it once before the attack. As she and her husband had a beneficial experience then, I agreed to the therapeutic trial, with the outcome she relates in the letter set out below.

In talking with her after reading this account, she flatly states that she could not have recovered from this horribly traumatic attack without the four MDMA experiences.

Dear Jack --

You asked me to write up what effect MDMA had in the aftermath of the attack I experienced ... so here is a general accounting of what occurred for me. To begin with, I suffered from some memory block or repression around the specific events/happenings during the attack which prevented any cathartic work. All the terror remained locked up inside of me and I felt stuck ... afraid ... and victimized by every day circumstances in that I would have flashbacks of sorts -- everyday sights, sounds, etc., anything (a particular noise in a restaurant, someone walking up behind me) -- things I was not consciously aware of would trigger the unconscious nightmare which would result in dissociation responses that paralyzed and terrorized me.

In taking MDMA ... there seemed to be some quality of the drug that broke down the repressive/defensive network and took me back into the experience of the attack (which consciously was too much for my psyche to bear) so that over a period of 8-12 months I was able to re-experience fragments of the attack thereby recreating and desensitizing me to the experience.

In taking the MDMA, I took 150 mg. initially, then took a 50 mg. booster 2-3 hours later. I moved in and out of the attack ... being plunged into the horror, then I would move into a transitional phase of repression -- I was not consciously aware of this phase. My experience seemed to alternate between these two phases, and at times I would

"come around" with what was reported as an exceptional presence -- a vibrance, color change -- an expansive quality rather than a fearful, contracted quality -- with a beaming sort of aura. I felt expansive ... physically exhausted ... but full of love and a deep feeling of peace. It has seemed that the MDMA allowed me to move into the fragments of the attack to reexperience what I needed to do to desensitize me to my surroundings so that the dissociative episodes have ended; it also allowed me to move thru trauma and come out of it in an open, loving way rather than leaving me with more memory of assault.

K.T.