

TESTIMONY OF LANCE S. WRIGHT, M.D.

Summary of Testimony Re: MDMA

Lance S. Wright, M.D., F.A.P.A. Board certified in psychiatry and psychoanalysis of adults, adolescents, and children. Member American Medical Society on Alcoholism. Associate Professor of child psychiatry at Hahnemann University. Clinical assistant professor of psychiatry. University of Pennsylvania staff psychiatrist, Drug and Alcohol Abuse Treatment Unit, Philadelphia V.A. Hospital. Formerly Associate Director Group Psychotherapy for Drug Addiction at Philadelphia General Hospital.

Regarding abuse potential of MDMA, it is my clinical opinion based on extensive work with addicts in a variety of settings as indicated above, that MDMA will not remain a popular "street" drug and therefore has a low to moderate potential for abuse. This opinion is based on the following observations of its effects and reports of numerous others who have used it. There is no perceptual distortion or loss of consciousness. There is no euphoric mental state and no particular acceleration of energy or behavior as occurs with methamphetamine or dextroamphetamine. Increasing the dosage and frequency of use produces more unpleasant than pleasant effects.

The main hazards from overdosage are increased heart rate and increased blood pressure. There are not sufficient pleasant effects to motivate one to endure these unpleasant side effects.

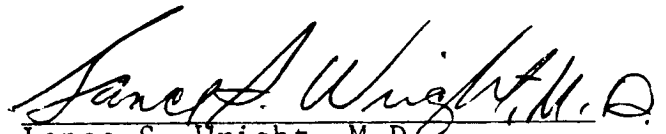
In spite of increasing publicity over the past year, there have been no reported incidents of abuse or complications re-

sulting from its use in the Philadelphia area. I have talked to colleagues in New York City and Boston and have found no evidence of problems there either.

Regarding medical usefulness of MDMA, it is my opinion that MDMA can be a useful tool to increase effectiveness of psychotherapy. MDMA seems to lessen anxiety and increase one's capacity to be receptive to another point of view. Several investigators have reported more effective resolutions of conflicts in marital therapy. I have talked with several couples who confirmed this. The usual treatment plan would utilize MDMA -- two to four times only at two week to one month intervals at a particular stage of the psychotherapy. It has potential for use with post-traumatic stress disorders frequently seen in Vietnam veterans.

Although I have not used it directly within my practice, I have had occasion to observe several patients who were given MDMA by other psychiatrists. The benefits reported were significant.

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


Lance S. Wright, M.D.

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