RONALD K. SIEGEL, Ph.D.
Post Office Box 84358
Veterans Administration Branch
Los Angeles, California 90073

In the Matter of MDMA SCHEDULING	Docket No. 84-48

DECLARATION OF RONALD K. SIEGEL, Ph.D.

I, Ronald K. Siegel, declare and state as follows:

1. I am a psychopharmacologist, engaged in the research and study of the effects of drugs on human behavior. I am on the faculty of the Department of Psychiatry and Biobehavioral Sciences in the School of Medicine, University of California at Los Angeles, and in private practice. I have studied, lectured and conducted research at Brandeis University, Harvard Medical School, Dalhousie University and the Albert Einstein College of Medicine. I have been a consultant to the Canadian Government's Royal Commission on the Nonmedical Use of Drugs, the President's National Commission of Marihuana and Drug Abuse, the Pan American Health Organization and the World Health Organization. I am presently consulting with the President's Commission on Organized Crime. A summary of my professional qualifications is contained in my curriculum vitae which is attached to this declaration.

My research into the effects of drugs has included clinical studies in which I have administered a wide variety of drugs to human volunteers. These drugs have included the hallucinogens LSD, THC, marijuana, mescaline, psilocybin, ketamine, among many others. In addition, I have studied several populations of street drug users, including users of MDMA and related compounds. I also conduct research on street drug trends and utilize several methods including: testing and analysis of drugs and drug paraphernalia; interviews with manufacturers and distributors; monitoring the underground and alternative press; as well as longitudinal physical and psychiatric testing of users.

2. I am presently employing many of these techniques in a study of MDMA users. The formal research is still in progress and preliminary results are not expected until the end of 1985. However, interviews and examinations on a pilot group of subjects have been concluded and form part of the basis for my opinions. The full data and reasoning for these opinions is not given here due to the constraints of time.

3. The nonmedical street use of MDMA in the United States has escalated from an estimated 10,000 doses distributed in all of 1976 to 30,000 doses distributed per month in 1985. While the number of users cannot be calculated from these data, the most common patterns of current use are experimental (ten times or less in lifetime history) or social-recreational (one to four times per month). The three other patterns of nonmedical drug

use are either rare or absent with MDMA users. The pattern of circumstantial-situational use, whereby users try to work through personal problems, has been rare in past years but is escalating as users become aware of claims of medical use. Intensified or daily patterns of use have only been reported in users involved in illicit manufacture or distribution and sales. Compulsive patterns marked by escalating dose and frequency of use have not been reported with MDMA users.

4. The acute physical and psychological effects of MDMA do not differ substantially from mescaline, MDA and other hallucinogens. While street doses of MDMA are commonly low (less than 100 mg), generating reports of mild and unique intoxications, such reports are not significantly different from low doses of mescaline. The phenomenology and incidence of intoxication effects from higher doses (200 mg) are similar to effects from LSD. The long-term effects of MDMA use are unknown, although the relatively high incidence of acute toxic effects suggests caution.

5. Nonmedical street users of MDMA report positive effects, that maintain continued but infrequent use, as well as negative effects. Experienced street users report the ability to maximize positive effects through the manipulation of dose, set and setting, among other variables. Some negative effects can also be minimized but untoward and unsafe physical and psychological reactions cannot be readily controlled in nonmedical settings.

6. MDMA appears to have the same potential for abuse as mescaline, LSD and other hallucinogens in Schedule I. MDMA, like these other hallucinogens, has a potential for nonmedical use, but such use is not necessarily abuse when abuse is defined as dysfunction in physical, psychological or psychosocial assessments. While the semantics and logic of abuse vs. nonmedical use are not issues in this matter, MDMA remains a hallucinogen similar to others in Schedule I.

7. MDMA has no currently proven medical use in treatment in the United States. Thus far, case reports and clinical observations, albeit suggestive, are insufficient for demonstrating treatment effectiveness.

8. MDMA can be unsafe in nonmedical patterns of use. Since many of the untoward physical and psychological reactions contributing to this lack of street safety are also reported to occur in medical settings, it is doubtful that present medical and pharmacological knowledge can always supervise use with acceptable safety.

I declare under penalty of perjury that the foregoing statement is true and correct. Executed on April 13, 1985 at Los Angeles, California.

EXHIBIT 1