

Harvard Medical School  
Department of Psychiatry



Massachusetts Mental Health Center  
74 Fenwood Road, Boston 02115

August 28, 1984

Administrator, DEA  
1405 I Street, N.W.  
Washington, D.C. 20537

ATTENTION: Federal Register Representative

Dear Sirs:

We are writing to request a hearing on the scheduling of 3,4-methylenedioxymethamphetamine (MDMA). We are the authors of several books and articles on drug abuse and drug therapies; our C.V.s are enclosed.

We would like to ask you to delay the scheduling of MDMA to permit further research into its therapeutic uses. MDMA does not closely resemble 3,4-methylenedioxyamphetamine (MDA) in its effects; it is much shorter-acting, has fewer toxic side effects, and is more potentially useful in psychiatry. It is not psychotomimetic or a stimulant like amphetamine at normal doses. According to reports we have heard from patients and therapists who have used MDMA, it may have potential in psychotherapy, in diagnostic interviews, and possibly in treating heroin, cocaine, alcohol and other addictions. There is no evidence that MDMA itself is addictive. In our opinion high abuse potential has not been demonstrated. Current therapeutic use is serious and responsible. We are told that more than 30 therapists, including licensed physicians, have used MDMA in their practices with encouraging results. We are familiar with some of this work through the writings of George Greer, M.D., and believe it holds considerable promise. It would be unfortunate if the government now took action that created administrative obstacles to the pursuit of therapeutic research with this substance.

Sincerely,

  
Lester Grinspoon, M.D.

  
James Bakalar