ARUPA survey
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Administrator
Drug Enforcement Administration
1405 I Street, NW
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This letter reports what we now feel is an urgent need for the Drug Enforcement Administration to reconsider its plan to schedule 3, 4 -methylenedioxymethamphetamine, MDMA, under Schedule I of the Controlled Substances Act in 1984. The DEA administrator is probably unaware of the work reported here and of the serious obstacles such scheduling would pose to clinical research and practice. The difficulty in obtaining an Investigative New Drug permit for Schedule I substances would prohibit its use by nearly all of the investigators and clinicians surveyed, since many of the most talented workers are presently unaffiliated with university or research institutions.

We recognize that since most of this work is as yet unpublished, the DEA acted responsibly in its initial effort to criminally schedule a superficially MDA-like substance it had encountered in clandestine labs. We recommend that the DEA now act to correct the oversights in its initial MDMA reports to reflect the opinions of physicians and current medical applications.

A few days ago, in response to the present DEA deadline, a preliminary survey of clinical MDMA use among medical and psychotherapeutic professionals was begun. The survey is not nearly complete, but at present we have queried approximately thirty mental health professionals who have either worked with MDMA or are well acquainted with its therapeutic use through colleagues' research. In the process, many MD's, researchers and psychotherapists were informed of the MDMA scheduling plan for the first time.

Of the workers familiar with MDMA interviewed thus far, the consensus is that MDMA is a substance of unusual value in psychiatry and psychotherapy. Used as an adjunct to therapy, it has shown particular promise in the treatment of heroin and cocaine addiction, in depressive disorders, marital and family counseling, and in insight-based therapies. Unanimously the respondents felt that the DEA should postpone the scheduling of MDMA until the medical and scientific community has produced more research results. None had encountered MDMA "on the street"; other professionals had informed them of MDMA and

recommended it in practice. Many had begun to use MDMA in their own clinical practices; others expressed considerable interest in it. Most felt the current DEA action was uninformed as regards its medical use and were eager to supplement your knowledge by participating in our survey. Several of the respondents offered to write directly to the DEA and/or to testify if a hearing is granted.

Briefly, our findings indicate that MDMA fails to satisfy criterion (2) of Schedule I substances as set forth in section 202(b)(1) of the Controlled Substances Act. MDMA has been and is being used successfully in treatment programs for psychological disorders and general psychotherapy. In its determination of "accepted medical use" of MDMA, we believe the Drug Enforcement Administration should grant primary authority to the medical community.

Moreover, MDMA fails to satisfy criterion (1) for CSA Schedule I control - high abuse potential - in any clear way. The Drug Abuse Warning Network reports indicate that despite some evidence of unsupervised MDMA use, emergencies resulting from MDMA use are extremely rare. In our study of medically supervised use, no emergency or dependency has been reported. Physicians and therapists working with MDMA concur that its potential for abuse is slight because (a) it is not physiologically addictive, (b) it produces very little effect if taken frequently, and (c) it lacks the hallucinatory or narcotic effects sought by escape seekers. Some practitioners fear that publicly classifying MDMA as a drug of abuse would lead to more illicit experimentation.

The public interest might best be served by replacing the current CSA control effort with a more appropriate schedule (Schedule II - V). We request a hearing in which the DEA, medical research and mental health professionals may jointly examine these issues, and an opportunity to prepare more complete documentation of current research and of MDMA effects. We are all vitally interested in possible toxic effects, and are eager to promote methods of safe use.

ARUPA is interested in sharing the results of our survey with the DEA as they come in. We are also in contact with other researchers involved in both animal and human studies of MDMA who will want to share their findings. Of course, we are eager to receive any relevant reports or new information that the DEA or other federal agencies encounter.

Sincerely,