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August 13, 1984

Administrator
Drug Enforcement Administration
1405 I Street NW
Washington, D.C. 20537

ATTENTION: DEA Federal Register Representative

Dear Sirs:

I am writing in reference to your notice in the Federal Register on July 27, 1984 on the proposed placement of MDMA (3, 4 methylenedioxymeth-amphetamine) on Schedule 1. I request that a hearing be held on this proposal for several reasons. First, as a subject in the only human trail of this substance I believe I received substantial benefits. Second, as a professor of courses which are taken by mental health workers, I think this substance has potential uses in mental health. Third, evidence which has been submitted to the DEA from the Drug Control Section Office of Diversion Control (Brandt to Mullen June 6, 1984) and a previous letter (Mullen to Brandt, March 13, 1984), raise substantive issues on the appropriateness and completeness of the research they cite. Fourth, as a stockholder in a small business (a development stage enterprise) I plan to propose to this company that it consider further research and development of MDMA. The City of Baltimore, through the Economic Development Corporation and the Federal government, has provided appproximately $1,700,000 for the renovation of the company's facilities.

First, in the summer of 1981 I was a subject in a pilot study of the possible uses of MDMA as an adjunct to psychotherapy. As someone who finds it difficult to openly and freely express his emotions, my experience was that MDMA facilitated my consideration to three emotionally-packed issues in my life. These included the death of my father and the breakup of an engagement. On the positive side, I clarified my feelings toward a woman I had recently met, and I am happy to say that we are now happily married and expecting our first child within a week.

From my own experience, I would say that MDMA used under professional guidance and with other appropriate safeguards has considerable potential for assisting in helping patients who have difficulty expressing their emotions and who tend to repress uncomfortable thoughts and feelings.

Second, approximately one third of my students come from mental-health related fields such as counseling, nursing, and community mental health. I have also served on the Prevention Committee of the National Mental

Health Association and was a featured speaker at a conference on future directions in counseling sponsored by the Association for Counselor Education and Supervision, and I contributed to a book of proceedings of that conference. I also served on doctoral dissertation committees in the Counseling Faculty at Northern Illinois University, and am on the editorial advisory board of Brain/Mind Bulletin and other professional publications.

It is my professional opinion that MDMA offers mental health workers a way of assisting psychotherapy, pending further research, of course. The placement of this substance on Schedule 1 would discourage this line of research and potential use.

Third, the research and evidence cited by Dr. Edward Brandt in his letter to Francis M. Mullen (June 6, 1984) and the previous letter from Mr. Mullen to Dr. Brandt (March 13, 1984), raise methodological questions about the completeness, intent, and appropriateness of their recommendations.

Neither letter cites the best evidence on the question of MDMA; this is Dr. George Greer's study MDMA: A New Psychotropic Compound and Its Effects in Humans (1983). Since the proposed uses for this substance are in the mental health context, the evidence cited in the Brandt and Mullen letters should address itself to these issues.

Comparisons of the effects of MDMA are consistently made to illegal substances, rather than to legal substances, e.g., mescaline and MDA. This raises questions about the intent of their recommendations. Since MDMA has analgesic and other potentially useful properties, it should more appropriately be compared with legal drugs of known uses. Unfortunately, this smacks of guilt by association rather than conclusions scientifically arrived at. Decrease in tension and mood-lightening suggest additional comparisons to current legal drugs rather than to illegal drugs.

Studies of the lethal dosages were made with injection, while human administration is orally, and the doses were several magnitudes greater than that proposed for humans. While such studies provide some useful information, it is questionable whether they provide useful information on whether relatively low doses of MDMA should be used in human research. Also, since the proposed use of MDMA is in psychotherapy, animal studies provide almost no worthwhile evidence on that topic unless one can find ways of doing psychotherapy with mice and monkeys.

Reports or mentions of MDMA having been found by law enforcement officials is also of questionable validity. If this were the case, then findings of other drugs under the same circumstances would constitute evidence that they too should be classified under Schedule 1. But it is not hard to imagine that aspirin, vitamins, and other legal substances are also found by law enforcement officials, yet one would not propose that they be classified under Schedule 1.

Fourth, it is my opinion that MDMA has the potential of being a drug of substantial use, and as a stockholder in two publically owned corporations, I plan to bring it to the attention of the research departments of these companies. While I have no idea whether they will want to consider these

for further research and development, it seems overly hasty to preclude this option at this time.

In short, when competent authorities disagree, the correct action is to investigate the area of disagreement and obtain additional information in order to make a more informed judgement. I hope the DEA will consider holding hearings on MDMA and will encourage additional research on this substance. If I may be of any assistance in this matter, please feel free to call on me.

Respectfully,

Thomas B. Roberts

Thomas B. Roberts, Ph.D.
Professor

bms

enclosure: abstract of Greer, G. (1983). MDMA: A New Psychotropic Compound and Its Effects in Humans

cc: Edward Brandt, Assistant Secretary for Health
Francis M. Mullen, Administrator, Drug Enforcement Administration
Charles Percy, Senator
others