

## Fact Sheet

On July 27, 1984, in a Federal Register notice, DEA proposed to place MDMA into Schedule I of the CSA. The proposal, based on a review of MDMA by DEA, found that: (1) MDMA is chemically and pharmacologically related to 3,4-methylenedioxyamphetamine (MDA), a Schedule I controlled substance, (2) MDMA has no legitimate medical use or manufacturer in the United States, (3) MDMA is produced in clandestine laboratories and encountered in the illicit drug traffic, and that (4) MDMA has been associated with medical emergencies as reported by the Drug Abuse Warning Network (DAWN) and drug abuse treatment programs, and on a scientific and medical evaluation and scheduling recommendation for MDMA by the Department of Health and Human Services which found that MDA has a high potential for abuse, that MDMA presents a significant risk of harm to the public health, and that MDMA should be placed into Schedule I of the CSA.

At the request of several concerned individuals, DEA was required to convene an administrative hearing regarding the scheduling of MDMA. MDMA is used by an unknown, though apparently small, number of psychiatrists and psychologists as an adjunct to psychotherapy even though FDA has not approved the drug for use nor has FDA approved any human research involving MDMA. This hearing process is currently under way. However, the hearing schedule strongly suggests that the administrative process concerning the control of MDMA is likely to continue for the rest of this year.

Since the administrative process was initiated in July of 1984, DEA has continued to collect alarming information concerning the widespread abuse of MDMA and the potential threat it poses to the public safety. Unapproved, so-called therapeutic use of MDMA as well as unregulated and uncontrolled production of MDMA continues in many sections of the country. Clandestine production, distribution and abuse of MDMA is occurring nationwide and appears to be escalating. The open promotion of MDMA as a legal euphoriant through fliers, circulars and promotional parties has recently surfaced in some areas. DEA agents estimate that 30,000 dosage units of MDMA are distributed each month in one Texas city. Drug abuse treatment programs have reported that they are seeing individuals seeking treatment who have taken multiple doses of MDMA. Additionally, DEA has been informed that, in April 1985, the 22nd Expert Committee on Drug Dependence of the World Health Organization (WHO) recommended that MDMA be controlled in Schedule I of the Convention of Psychotropic Substances, 1971.

Of immediate concern to DEA in terms of a hazard to the public safety is a very recent research finding which suggests that MDMA has neurotoxic properties. A paper entitled "Hallucinogenic Amphetamine Selectively Destroys Brain Serotonin Nerve Terminals: Neurochemical and Anatomical Evidence" by G. Ricaurte, G. Bryan, L. Strauss, L. Seiden and C. Schuster, describes studies which show that single or multiple doses of MDA selectively destroy serotonergic nerve terminals in the rat brain. The serotonergic system which is also present in man plays a role in regulating sleep, mood, sexual activity and sensitivity to aversive stimuli. Experts

have concluded that because of the neurotoxic effects of closely related structural analogs of MDMA (MDA, amphetamine and methamphetamine) and because both MDA and MDMA cause the release of endogenous serotonin, it is likely that MDMA will produce similar neurotoxic effects to those of MDA. Furthermore, the neurotoxicity of amphetamine and methamphetamine has been shown in 5 diverse mammalian species. This strongly suggests that the substances would be neurotoxic to humans.

Based on a consideration of these factors and in light of the continuing and apparently increasing number of people being exposed to MDMA, its potential neurotoxicity and the lack of accepted medical use or established safety for use of MDMA, the Acting Administrator found that control of MDMA in Schedule I of the CSA, at least on a temporary basis, was necessary to avoid an imminent hazard to the public safety, and moved to do so under the temporary emergency scheduling authority of the Federal Controlled Substances Act.

The emergency temporary placement of MDMA into Schedule I is a completely separate and parallel action from the continued scheduling process currently underway. This action will in no way interfere with the hearing in progress regarding the permanent scheduling of MDMA. This temporary scheduling of MDMA in Schedule I will expire at the end of one year from the date of this order unless the proceedings currently in process are still pending. In such a case, the temporary scheduling of MDMA may be extended for up to six months.

DEA, as part of the emergency scheduling action, is establishing expedited registration procedures to assure that legitimate research into the effects of MDMA can continue uninterrupted.