

George Greer, M.D.
453 Cerrillos Road, Suite E
Santa Fe, NM 87501
(505) 982-0312
February 4, 2001

Michael Courlander
Public Affairs Officer
U.S. Sentencing Commission

Re: Sentencing guidelines for methylenedioxymethamphetamine (MDMA)

Dear Mr. Courlander:

I received word today that the Commission proposes to equate 1 gm of MDMA, MDA, and MDEA to 1 kg of marijuana, rather than 35 gm, 50 gm and 30 gm of marijuana, respectively. I also understand that 1 gram of mescaline is presently equated to 10 grams of marijuana, 1 gram of powder cocaine equated to 200 gm of marijuana, and 1 gram of methamphetamine to 2 kg of marijuana.

I am enclosing a scientific report of my work administering MDMA to patients from 1980 to 1983. I will be reporting on this data in a talk on February 2, 2001 in San Francisco as part of a national conference on Ecstasy, sponsored by the Lindesmith Center and Drug Policy Foundation. From my experience in administering MDMA and the literature on mescaline, I estimate that MDMA (and probably MDA and MDEA) have roughly twice the psychoactive potency by weight of mescaline, or, in relation to the sentencing guidelines for mescaline, equal to 20 gm of marijuana.

In addition, as a clinical psychiatrist, I have conducted comprehensive psychiatric evaluations of 600 patients at a residential treatment center in the past four years, about 90% of whom had a substance use disorder. Though I have no actual numbers available to analyze before the February 5, 2001 deadline, I would estimate that about 40% or so of those at some point in their lives abused or were addicted to the stimulants cocaine or methamphetamine. About 10% of those, or 4% of those with histories of substance abuse/addiction, also took Ecstasy at some point in their lives. (As you probably know, Ecstasy is not always MDMA in street samples.) None of those people were physically addicted to Ecstasy, and their frequency of use was from less than 1% to about 10% of their use of cocaine or methamphetamine. The damage to their lives from cocaine and methamphetamine was so great that the damage to their lives from Ecstasy cannot be meaningfully compared, but was certainly less than 1/100th as damaging. The longest any of my patients used Ecstasy regularly for more than twice a week was a few weeks, and they were fairly well functioning during that time. Most who took it only did so sporadically.

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If MDMA is 1/100th as damaging as methamphetamine, and even less so by weight as methamphetamine is several times more potent in psychoactivity than MDMA, then 1/100th of the methamphetamine guideline of 2 kg of marijuana would also equal 20 gm of marijuana. When compared to powder cocaine, also several times more potent than MDMA by weight, the 1/100th brings MDMA down to an equivalent of 2 gm of marijuana.

I strongly recommend that the Sentencing Commission bring the guidelines for MDMA, MDA and MDEA in line with the actual relative damage to the lives of Americans, which is already exceeded by the current guidelines, and exceeded dozens of times by the proposed 1 kg of marijuana equivalency.

Sincerely,

George Greer, M.D.

George Greer, M.D.
Board Certified Psychiatrist

George Greer, M.D.
453 Cerrillos Road, Suite E
Santa Fe, NM 87501
(505) 982-0312
CURRICULUM VITAE
November, 2000

EDUCATION, LICENSURE AND BOARD CERTIFICATION

Undergraduate: Rice University, Houston, TX, 1968-69.
Vassar College, Poughkeepsie, NY, 1969-72, B.A.

Medical school: University of Texas Medical Branch, Galveston, TX, 1972-76, M.D.

Internship and Psychiatry Residency: San Mateo County Community Mental Health
Services, San Mateo, CA, 1976-79.

Licensure: New Mexico Board of Medical Examiners, license number 81-213.

Board Certification: American Board of Psychiatry and Neurology, Board Certification
in Psychiatry, 1981.

PRESENT AND PAST EXPERIENCE

1998-present: Medical Director, Heffter Research Institute.
1996-present: Psychiatric consultant for the Life Healing Center, residential care facility
for clients with Posttraumatic Stress and related disorders.
1989-present: Psychiatric consultant for Santa Maria El Mirador, Intermediate Care
Facility for developmentally disabled adults serving Santa Fe, Rio Arriba and Taos
Counties.
1982-present: Private practice of psychiatry, Santa Fe, NM.
1992-98: Clinical Director of Mental Health, New Mexico Corrections Department.
1984-1992: Psychiatrist, Penitentiary of New Mexico; Chief Psychiatrist, 1990-1992.
1982-1984: Staff psychiatrist, half-time, Sangre de Cristo Community Mental Health
Services, Raton, Las Vegas and Santa Fe, NM.
1982-1984: Active Staff, St. Vincent Hospital, Santa Fe, NM.
1979-1982: Private practice of psychiatry, San Francisco, CA.
1979-1982: Active Staff, Pacific Medical Center, San Francisco, CA; Executive
Committee, Department of Psychiatry, 1980-81.

PROFESSIONAL ASSOCIATION POSITIONS

Fellow, American Psychiatric Association, 2000-present.

President, Psychiatric Medical Association of New Mexico (APA District Branch), 1996-
1997; Legislative Representative, 1994-1995 and 1997-present.

PUBLICATIONS

Greer, G. & Tolbert, R., 1998. A Method of Conducting Therapeutic Sessions with MDMA. *Journal of Psychoactive Drugs* 30:371-379.

Co-Editor, *Journal of Psychoactive Drugs*, Volume 30, Number 4, October – December, 1998.

Greer, G. & Tolbert, R., 1990. The Therapeutic Use of MDMA. In *Ecstasy: The Clinical, Pharmacological and Neurotoxicological Effects of the Drug MDMA* (Peroutka, S.J., ed.). Boston, MA: Kluwer Academic Publishers.

Greer, G. & Tolbert, R., 1986. Subjective Reports of the Effects of MDMA in a Clinical Setting. *Journal of Psychoactive Drugs* 18:319-327.

Greer G., 1985. Using MDMA in psychotherapy. *Advances* 2: 57-59.