

GEORGE GREER, M. D.
141 E. PALACE AVE., SUITE 218
SANTA FE, NEW MEXICO 87501
Telephone 505 - 983-6311
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Lester Grinspoon, M.D.
James Bakalar, Esq.
Massachusetts Mental Health Center
74 Fenwood Road
Boston, Mass. 02115

Dear Lester and Jim:

Enclosed are the letters I sent to various officials in the federal government in an attempt to get support for the MDMA animal research. As you can see, the response was not encouraging. Dr. Schoenfeld never replied. Dr. Docherty never wrote, but I phoned him a few weeks after writing him. He said he could not tell whether or not MDMA was very different from other stimulant drugs from my data. He recommended contacting Dr. Jerry Levine in the psychopharmacology branch regarding that problem. He also suggested using a questionnaire that had been developed at the Public Health (or VA?) Hospital in Lexington, Kentucky for categorizing drug experiences. However, my impression was that the purpose of the questionnaire was to research drug addiction rather than drug therapy.

My intuition tells me that it does not make sense for me to pursue this matter with the government anymore. I think part of the problem is that I am not known at all in the field of research, which only adds to the lack of confidence in MDMA, an unknown drug. So I have not contacted Dr. Levine. I also have read about NIMH's budget and see that they have no money to explore new areas without some reasonable expectation that it will produce conventional results in treating mental disorders.

On the bright side, Andy Weil wrote me that he had heard of people getting over physical illnesses from MDMA sessions. One of my subjects did have a remarkable recovery from chronic back pain. A more recent subject reported the disappearance of menopausal hot flashes she had been having 3-5 times a day for three years after a session. The follow-up has only been two weeks so far. Another menopausal woman said she had her first period in two years after a combined Ketamine/MDMA session. A younger woman reported a marked diminishing of premenstrual emotional irritability using only 50mg on the first day of the symptoms, which have plagued her for years.

The results are interesting, and I do not quite know what to make of them. However, if MDMA could be shown to be an effective treatment for some widespread medical problem, then

there would be no shortage of financial support for its development. I hope to get more details from Andy this summer on his cases. A study of the effect of MDMA on PMS would require a very sophisticated research design. I understand that the placebo effect of treating PMS can be as high as 75%.

So that is how things stand. If you really want to do a study of MDMA, I would suggest making a batch with Sasha Shulgin and doing it independently of your institution, unless they support you. Otherwise the \$50,000 - \$100,000 animal study will have to be done first. In case you are concerned about the FDA, I did receive a call from Dr. Contrera's office asking only if I wanted to apply for an IND. They offered no criticism at all of my legal status, nor did Dr. Brandt.

I hope to attend the Humanistic Psychology meeting in Boston in August and would enjoy meeting with you then to share thoughts and experiences. Sasha is planning on coming as well. Perhaps a group of interested and experienced researchers could come up with a plan that could be funded by private foundations.

I wish you well in your efforts to get some formal research going with MDMA. If I can be of any further assistance, feel free to contact me.

Sincerely,

George Green, M.D.

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