

A. Kurland to L. Grinspoon

July 11, 1985

Dear Lester:

I have attempted to outline for you some feelings and impressions based on my efforts to work with a Schedule I drug. For this purpose and as a case in point, I will review my experiences with LSD. Based on these I would say that an investigator might look forward to a delay of a year or longer in getting his work with a Schedule I drug underway. The factors contributing to this arise from a number of sources.

First there is the necessity of obtaining clearances to proceed with the research from the administration in one's institution since they will be assuming the responsibility for the investigator to apply to the DEA for use of Schedule I drugs. This will necessitate a series of meetings and conferences to evaluate the proposed research by one's professional peers in the institution. Second, having accomplished the above, which may be the quickest part of the process and take anywhere from 2 to 4 weeks. Having achieved a sign off at the investigator's institution the proposal must then be presented to an IRB for their approval. This step is necessary since when the investigator applies for supplies of Schedule I drug

A. Kurland to L. Grinspoon

for his study the DEA requires information as to its proposed use and this must be provided by the FDA following their review of the proposed study. The FDA requires that an investigational new drug application (IND) be completed and if approved is given a number. This form in addition to requiring information as to the compounds characteristics, chemically and pharmacologically must have the plan of the proposed research and the qualifications of the investigator. Now, going back to the submission of the proposed protocol to the institutional review board (IRB) which is made up of professionals and lay board members, who may not have had any experience with the compound and are almost completely dependent on their information for whatever they may have gleaned from their reading. This is generally colored by the predominant image of the drug as one of abuse. Therefore, it takes considerable preparation to provide a background of information that focuses on the need to justify its possible study and perhaps therapeutic use. Based on our experiences, this can be anticipated to stir up considerable discussion and controversy among the members of the board, resulting in detailed challenges relative to the protocol and possible changes in the original experimental design. Again based upon our experiences we have never had a Schedule I drug study approved at an initial

A. Kurland to L. Grinspoon

presentation despite our qualifications and experiences in working with a Schedule I compound. Generally one may anticipate a series of rejections and the necessity of resubmissions. This process may extend over a period of one to four months (i.e., our IRB generally meets on a monthly basis so that the need for repeated submissions give rise to this delay. Third: finally, having accomplished this, the proposal is forwarded to the FDA and with the IND completed for the compound. The FDA is required to let the investigator know within a period of 30 days whether the study is approved. Our last experience was that following the submission of the protocol, just as the 30 day period was to expire, we received a letter stating not to proceed with the study until further notice. This was followed by a period of two to three months. At that time a critique of the study was received from the FDA indicating the need for extensive modification of the protocol. This decision was appealed since it altered the direction of the proposed research. This lead to a decision on the part of the FDA to present the matter to its psychopharmacology advisory committee. This also resulted in a delay of three months. Finally, the committee met and also recommended modifications. A year had now gone by since work had been initiated in processing the protocol. At this point we began the

A. Kurland to L. Grinspoon

task of starting to alter the direction of the research. With completion of this phase we will again have to resubmit the altered design to the IRB with no certainty that they will approve the changed formulation. They again may suggest changes leading to investigational promises which again may encounter challenge at the FDA, a possible catch-22 situation.

Another delay in getting the work under way may be the difficulties in obtaining the supplies of Schedule I drugs which in our case was to be obtained from government supplies and authorized by the DEA, who in turn is authorized by the FDA. A problem which may be anticipated in this area is that supplies of the compound may be in the form of a powder. This may have to be prepared for tablet or liquid administration. As such and being a Schedule I drug this necessitates that it be formulated in an approved facility with all the necessary controls. This step in the process may again take a period of several weeks to months as the necessary procedures are initiated and until the drug is received and prepared for administration. This in turn arises from the fact that the different elements in this process must undergo considerable communication with each one in turn dependent in turn on a previous step and all this takes time.

A. Kurland to L. Grinspoon

I've done this writing as quickly as I could starting right after you called. If there are any additional queries, please don't hesitate to bring them to my attention.

I can appreciate your concern about having any significant impact on the congressional committee because of the bureaucratic processing involved. The answer may lie elsewhere, namely perhaps the doing away of the aspect of the FDA that has to do with investigational drugs. This would save hundreds of millions of dollars, reduce costs and avoid the stultifying delays of the administrative processing.

Hope you do well.

With best wishes,

Albert Kurland, M.D.

Maryland Psychiatric Research Center