For more information, see Dr. Strassman's recent scientific articles, *Dose-Response Study of N,N-Dimethyltryptamine in Humans I. Neuroendocrine, Autonomic, and Cardiovascular Effects, and II. Subjective Effects and Preliminary Results of A New Rating Scale,* in Archives of General Psychiatry, Vol. 51, Feb. 1994, 85-97, and 98-108.

toward enhanced responses. One was unaffected. Blood pressure responses were enhanced, and heart rate responses diminished. Thus, it appears, at least for subjective effects, that the 5-HT-1A receptor has a "buffering" effect on DMT, and when this buffering is blocked, psychological and blood pressure responses are more robust.

We have begun magnetic resonance spectroscopy (MRS) studies of DMT's effects, having studied three volunteers at fully psychedelic doses, but have failed to see much in the visual cortex, where we assumed most activity would reside. However, these negative results are being used to help justify upgrading our scanning center's hardware and software to allow a newer, more sophisticated method of scanning.

Psilocybin research

WE ARE HOPING to begin our psilocybin dose-response study in the spring, which will be similar in nature to the first DMT study, in which 12 volunteers receive several doses of psilocybin orally, and biological and psychological responses are characterized. I am interested in hearing from MAPS readers about their experience with synthetic psilocybin concerning dose range. The literature is quite mixed, saying as little as 6 mg or as much as 90 mg is necessary for a "hallucinogenic" effect. I need to get an idea how much pure synthetic psilocybin has what sorts of effects.

One fourth year medical student from the University of Chicago spent a 6 week elective with us in November, 1992, and another was here for a month in March, 1993, from Brooklyn. Both are interested in psychotherapeutic applications of psychedelics, and one is considering coming here to train in psychiatry. Certainly, additional investigators at the University of New Mexico will aid in the expansion of this work from the purely psychopharmacological, to the "pharmaco-therapeutic". •

lsd research update

RICHARD YENSEN, PH.D. AND DONNA DRYER, M.D.

FDA APPROVAL FOR OUR STUDY of the use of LSD in the treatment of substance abuse was a victory, but we still need approval from an Institutional Review Board (IRB) before we can begin treating patients. This board assures that human rights are protected in the conduct of our research. Unfortunately, obtaining IRB approval for our controversial project has been very difficult. We have considered forming our own IRB at the suggestion of some folks from NIH and an independent IRB consultant.

On January 16th, 1994 we had the first meeting of the Orenda Institute IRB. Our members are currently considering ways to clarify the informed consent document used in our project. In the course of this first meeting questions of liability were raised by one member of the board. As we searched for information we found that insurance for an IRB may be costly, figures of up to $8,000 a year have been mentioned, and a firm quote is in the works. Although insuring the board may require a formidable sum, if we can find support for the cost it would fully empower our review board. It would also enable the passage of future protocols (several are in the wings) and facilitate eligibility for federal funds. Our current board includes influential people whose approval of this project will facilitate its acceptance by our immediate community.

We are also considering other options, these may include trying to secure IRB approval from an IRB affiliated with the National Institute on Drug Abuse's Addiction Research Center which is located in Baltimore. Eligibility for federal grants demands that the IRB must be within 50 miles of the research site.

We are currently seeking support for this project from a number of sources. •

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