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HIGH TIMES

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# RICK DOBLIN

*If the psychedelic and cannabis community were to elect a diplomat, Rick Doblin surely would have to be considered for the job. Since the early '80s, he has been lobbying for marijuana as medicine and for psychedelic drug research.*

*In 1986 Doblin founded the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit organization dedicated to continued research on MDMA (Ecstasy) and the medical uses for marijuana. Doblin regularly travels the globe, sponsoring medical research projects and bringing the facts about these much-maligned medicines to government agencies and politicians. What makes Doblin's approach so unusual is his emphasis on working within the system to change the laws and help people rethink issues surrounding both marijuana and hallucinogens as agents of healing.*

*With the help of Robert Randall, founder of The Alliance for Cannabis Therapeutics, and Harvard's Dr. Mark Kleiman, Doblin recently published a controversial survey which showed that a large percentage of cancer therapists would advise their patients to break the law and use smokeable marijuana to control the side effects of chemotherapy.*

*Because of Doblin's work, the US government has opened the door to psychedelic research by making it possible for MAPS-associated psychiatrists to obtain FDA approval to administer MDMA to research subjects. MAPS is trying to raise funds so that they can start studying MDMA's possible uses in pain control. A current estimate of \$100,000 has to be raised in order to make this happen. See the sidebar on page 52 to see how you can contribute.*

*text and photographs by Thomas Lytle*

**HIGH TIMES:** You recently published a survey which showed that there is a sizable percentage of oncologists (doctors who treat cancer) who would treat some of their patients with smokeable marijuana if it were available.

**RICK DOBLIN:** Yes, I surveyed the members of the American Society of Clinical Oncology about their experiences and attitudes toward the medical use of marijuana. I conducted the survey for my thesis for a Masters in Public Policy degree from Harvard's Kennedy School of Government. (Doblin has just been accepted into Harvard's PhD program.)

My area of concentration was criminal justice and drug policy, which I studied in order to more effectively work for the medical use of psychedelics and marijuana as well as for their eventual legalization in some form. I chose to study the views of oncologists because the data could be used in the marijuana rescheduling lawsuit against the DEA.

The Kennedy School requires each thesis to be submitted to a real-world "client" who actually needs the information generated. Bob Randall, founder of the Alliance for Cannabis Therapeutics (see Oct. '91 HT), was my "client" and we worked together on the conceptualization and design of the survey form.

The report of the study, which I co-authored with my faculty advisor, Dr. Mark Kleiman, was published on May 1, 1991 as a letter in the *Annals of Internal Medicine* and on July 1, 1991 as a lengthy article in the *Journal of Clinical Oncology*. The results were rather controversial and were reported nationally on NBC's *Nightly News*, the *Today Show*, in the *New York Times*, the *Wall Street Journal*, *USA Today* and numerous other newspapers across the country as well as on many radio talk shows and domestic and international magazines like *The New Republic* and *The Economist*. Though she didn't specifically mention our study, even Ann

Landers came out in support of medical marijuana.

**HT:** Why is this survey so controversial?

**RD:** For almost twenty years, the DEA has ignored doctors who claim that marijuana has a medical use in treating the nausea that is caused by chemotherapy. The DEA accused those doctors of being part of a very small fringe group—less than one-percent of all oncologists—whose real agenda was to legalize marijuana for recreational use. Our survey showed that the DEA was completely wrong about the medical community's support for the therapeutic use of marijuana. Nearly half the oncologists in the US would prescribe marijuana to at least a few of their patients if it were legally available. The most startling part of the survey was that forty-four percent had *already* recommended to at least one patient that they try smoking marijuana.

**HT:** Those doctors admitted they had suggested to their patients that they break the law to help relieve their suffering?

**RD:** Yes! And this was despite the possibility that the doctors, as well as their patients, were theoretically risking criminal prosecution. Nearly two-thirds [sixty-three percent] of the oncologists agreed that marijuana was an effective anti-emetic. This doesn't mean that the remaining one-third disagreed. Twenty-nine percent had no opinion and only nine percent disagreed!

**HT:** Are AIDS activists being helpful in the struggle for medical marijuana?

**RD:** Yes, very much so. Many people suffering from AIDS have been able to treat the nausea associated with AZT with marijuana. Ironically, the old familiar "marijuana munchies" is also of great help to people with AIDS since they often lose their appetite and lose so much weight that their health is further damaged. Smoking marijuana helps them to gain weight. For six months or so, AIDS activists have been flooding the FDA with applications for the compassionate use of marijuana.

The reason this is helpful in the struggle to approve the medical use of marijuana is that some of the people at the FDA are now willing to look again at the data. If the data is strong enough, I think they would be willing

to stand up to the DEA on behalf of the patients. The DEA and FDA can no longer dismiss the supporters of the medical use of marijuana as crackpots or potheads. That, in my view, is fantastic progress.

**HT:** You are also well known for your activities surrounding MDMA (Ecstasy). How did you become one of the main spokespersons for MDMA?

**RD:** I learned about MDMA in 1982, shortly after I resumed my education at New College after having dropped out ten years earlier. In 1972, after having taken LSD rather often, I had decided

**“Virtually everyone will either get cancer or will have a loved one get cancer. Marijuana can help them. MDMA can help them.”**

to become an LSD therapist. Unfortunately all avenues of reaching my goal had been criminalized. Furthermore, I was simply not emotionally mature enough to handle all the experiences that I was providing for myself. Though I had decided that Tim Leary's advice to "Tune in, Turn on, Drop Out" was appropriate for me at the time, I knew that the only reason I was dropping out was to gather my strength and figure out how to drop back in again. It took me ten years of building custom-wood homes and tripping every now and then before I

felt ready to start school again to learn the academic part of becoming an LSD therapist. When I found out about MDMA and learned that it was not illegal, I was overjoyed. However, I knew that eventually MDMA would be made illegal. I wasn't going to lose the opportunity to legally work with MDMA without a fight and immediately began to prepare myself to defend it. Though I was involved in a lawsuit against the DEA and was in numerous national magazines and on TV talk shows, I never had any trouble with the DEA trying to hassle me personally.

**HT:** The first wave of news stories centered around two things—MDMA's uses in psychotherapy and the over-the-counter sales of MDMA by bartenders in Texas.

**RD:** At the time the publicity wave began, in late 1984, there were basically two separate types of MDMA manufacturers—distributors and users. One group was focused around the use of MDMA in private by people interested in personal growth and the other group was focused around the use of MDMA in public at bars, concerts and dances. The first group was primarily located in Boston and the Bay area in California and, since the early seventies, had consumed around half-a-million doses under the name "Adam." The second group was primarily located in Texas and in large urban cities and had consumed about five million doses since the early eighties under the name "Ecstasy." When the DEA responded to the request of Sen. Lloyd

## WHAT IS MAPS?

The Multidisciplinary Association for Psychedelic Studies (MAPS) is a nonprofit organization devoted to assisting researchers design, fund and conduct psychedelic drug research. It is the belief of MAPS that psychedelic research will provide great insights into the brain's basic physiological mechanisms and help psychiatrists to better understand the workings of the human psyche. Founded in 1986, the organization's several hundred members have raised over \$300,000 in an effort to gain governmental approval for scientists to conduct psychedelic studies on human subjects.

Through its newsletter, MAPS also serves as a worldwide psychedelic information center reporting on the scientific risks and benefits of research involving such hallucinogens as MDMA (Ecstasy), LSD, 2-CB and Ibogaine. The newsletter is an attempt to facilitate discussion and contribute to the world's understanding of the nature and value of psychedelic experiences. With the continued contributions of its members MAPS hopes that psychedelic drugs might be successfully

Bentzen of Texas to criminalize MDMA, they referred to it as Ecstasy. The people who used MDMA under the name Adam had totally escaped the attention of the government. That explains some of the animosity between the two groups, since the smaller, quieter group justifiably felt that the more public users had triggered the actions of the DEA.

The publicity began after the DEA had decided to move against MDMA after myself and two women, Alise Agar and Debby Harlow, had formed a nonprofit organization—the Earth Metabolic Design Foundation (EMD)—to formally challenge the DEA's actions in court. My role at the time was to help develop strategy, recruit and coordinate the witnesses in the lawsuit, and respond to inquiries from the press.

The fact that a fairly large number of people had taken a publicly unknown drug was news, as was the fact that a group of respectable professional people who were associated with EMD chose to speak out against the actions of the DEA. Because of the remarkable people that spoke to the press in favor of their MDMA experiences—for example a Roman Catholic monk, an Orthodox Jewish Rabbi and a Harvard Medical School professor of psychiatry—the initial public exposure to the MDMA story did not fit the stereotyped picture of the dangerous drug that the DEA was trying to portray.

**HT:** Did all this work actually have any effect?

**RD:** Well, in some senses, no. MDMA was eventually made illegal in the United States and all human studies using MDMA have been prevented. However, there were some small victories. We did slow the criminalization down by about six months and that permitted many more people to have legal MDMA experiences who might not otherwise have taken an illegal drug. Also, many people in the US and around the world were educated about the value of MDMA.

Furthermore, the DEA was trying to make MDMA illegal not only in the



US, but all over the world. When the DEA tried to get the World Health Organization to place MDMA in the international drug treaties, a very fortu-

nitous thing happened. The person who was appointed to be the chairman of the WHO's Expert Committee was Dr. Paul Grof, brother of the world's foremost expert on LSD research—Dr. Stanislav Grof. Through the help of Robert Muller, I was able to go to Geneva and present information about MDMA to the WHO staff for consideration by the Expert

Committee. With the help of Stan Grof, I was also able to send information about MDMA to Paul Grof. Though the Committee did make MDMA illegal, they did so over the objections of the chairman, with the objection being formally noted in the Committee's recommendation. Even more importantly, the Committee explicitly encouraged that the signatory nations to the international drug control treaty facilitate research into MDMA, which they called a most interesting substance. When a group of Swiss psychiatrists decided to petition for permission to work with MDMA, the Swiss government checked with the WHO and learned that the Committee had favored research.

Permission was granted. At the present time, psychiatrists can legally administer MDMA in Switzerland.

**HT:** Is there anything further you would like to add?

**RD:** There is strength in numbers and there is strength in facts. The debate about drugs in this country is only partially rational and we will need more than data to change policy. Nevertheless, data is essential. We need to go into the heart of the beast armed with compassion for the fears of the government and the majority of people who support it. We need to address those fears in a reliable way, and we also need to point out that the drugs we would like to see in wider use are helpful not only to ourselves but also to the very people who are trying to stamp them out. Virtually everyone will either get cancer or will have a loved one get cancer. Marijuana can help them. MDMA can help them. Everyone wonders about religious questions. Psychedelics can help them. We need to talk a language that our opponents can hear and we also need to band together and stand up for what we believe. I urge people to consider joining MAPS as well as other organizations that are willing to stand up to the government's campaign of repression. I spend too much of my time writing letters to people in jail or preparing statements to judges who have been lied to by prosecutors about the dangers of MDMA. We need to be proactive rather than reactive and conducting research into the benefits of marijuana and the psychedelics is the best strategy I know of to turn things around. ●

integrated into our culture and regulated by our laws.

MAPS has focused primarily on MDMA and has achieved its largest success by playing an essential role in the Food and Drug Administration's July 1992 decision to approve its use. Based on the research protocol of Dr. Charles Grof, which MAPS helped to develop, the FDA and the National Institute on Drug Abuse reached a consensus that the significant scientific benefits to be gained by administering MDMA outweighed the estimated risks. Now for the first time since MDMA was classified as a controlled substance in 1985, it is possible for psychiatrists working with MAPS to administer it to research subjects.

To join MAPS and receive their newsletter, send \$30 (tax-deductible) to:

MAPS

~~2-A Shaler Lane~~

~~Cambridge, MA 02138~~

1801 Tipton Ave.

Charlotte, NC 28205

—Ted Petramala