

of the large amount of substances with high addictive potential (narcotics) that are tested and used in oncology for the relief of pain. I can't give any guarantee, but we hope it will be successful."

A comparable study in Russia would be much less expensive than one in the US, even though researchers in the US will donate much of their time to the experiment. Dr. Krupitsky writes that "the cost for one patient may be about \$700 - \$1,000." Research in Russia is of value to MAPS because the FDA will accept one efficacy study from abroad into the MAPS MDMA Drug Master File. This means that international collaboration, particularly in countries like Russia with experienced researchers and relatively low salaries, is definitely the way to get the most out of MAPS' scarce resources.

There will be some differences between the protocols in the US and in Russia due to different political pressures and research objectives. Dr. Krupitsky reports that the use of spinal taps would make it more difficult to gain approval for the study in Russia, since spinal taps are strictly limited to people with certain indications. We need to use spinal taps in the US because of official concern over neurotoxicity. Ironically, a Swiss Institutional Review Board (IRB) also rejected the use of spinal taps in MDMA research, which they felt posed more risk to the patients than the possibility of MDMA neurotoxicity. In addition, Dr. Krupitsky proposes that the Russian control group receive "logical therapy", much like what we call "cognitive therapy", rather than guided imagery and music (without MDMA) as in the US plan. ■

MAPS AND RESEARCH WITH PSYCHEDELICS OTHER THAN MDMA

Though MAPS will continue to concentrate its resources on MDMA research, it will also broaden its vision. The field of psychedelic research is so interdependent that progress with one drug in one country can effect researchers interested in another drug in another country. Conversely, problems with one drug can hinder research with other drugs. For example, the tragic and still puzzling death of a patient in France who had been treated with ibogaine halted all therapeutic use of MDMA, LSD and 2-CB in Switzerland for over a year. Their use was only recently permitted to resume.

As part of the broader MAPS agenda, this issue of the MAPS newsletter contains a discussion of DMT research by Dr. Rick Strassman and a request for donations to help him write a book on DMT. In addition, Dr. John Morgan writes about research with ibogaine. When the FDA-approved LSD protocol has secured Institutional Review Board approval, MAPS will then seek funds for LSD research. This newsletter also discusses developments regarding the medical use of marijuana. ■

MEDICAL MARIJUANA... SYMBOLIC VICTORIES

The last MAPS newsletter reported on the scientific findings and astonishing publicity received by the publication in the *Annals of Internal Medicine* and the *Journal of Clinical Oncology* of a study conducted by MAPS President and then Harvard Kennedy School of Government student Rick Doblin and faculty member Mark Kleiman. The study, reported in the *New York Times*, on *NBC National News*, and elsewhere, found widespread support among oncologists for the medical use of marijuana to reduce nausea and vomiting in cancer patients. Though the DEA still opposes the medical use of marijuana and the FDA says it does not have enough data to support claims of marijuana's safety and efficacy, there have been some new symbolic victories.

On October 30, 1991, a symbolic bill in favor of the medical use of marijuana was endorsed 7-1 by the Cambridge City Council. On November 6th, 1991, Dale Gieringer, Coordinator, California NORML reports that, "San Francisco voters overwhelmingly endorsed Proposition P, supporting legalized prescription use of medical marijuana. Final returns showed Proposition P with 79.5% yes votes, more than any other ballot proposition including one affirming the city's support for the First Amendment. Proposition P received the endorsement of all of the city's newspapers, as well as the Democratic Central Committee and the leading mayoral candidates. It was opposed by the Partnership for a Drug-Free America, the Chamber of Commerce, and the Republican Party. Proposition P puts the city of record as favoring legalized medical use of marijuana on prescription, but does not alter current state or federal restrictions."

In San Francisco, de facto legalization of home-grown marijuana by patients in medical treatment may result. Nationally, a non-profit like MAPS needs to be organized to work with the FDA. ■