

February 1st, 1973

Robert Petersen, Ph.D.,
Division on Narcotic Addiction and Drug Abuse,
National Institute of Mental Health,
5600 Fishers Lane,
Rockville, Maryland 20852.

Dear Doctor Petersen,

Enclosed is an interim report on the contract "Study of Chronic Hashish Users in Greece" (HSM 42-70-98), reflecting observations for the period July 1, 1972 to December 31, 1972. The report presents two sets of data: a comparison of the index cases of hashish users with a "control" group; and the observations in the subjects smoking marijuana, hashish and THC- Δ -9 in doses equivalent to 78 to 150 mg THC- Δ -9.

In our study of the hashish users, we found few deficits in physiology or test behavior which could be presumed to result from the use of hashish (+ tobacco). The comparison group, which seems well selected, shows the same degree of test dysfunction on most tests. The principal differences between groups are in some tests of memory, a greater use of tobacco, and enlarged palpable liver edges. These findings are so few as to lead to the conclusion that users do not differ from controls. With regard to the EEG abnormalities, reported in 1969 which sparked these studies, the changes were not present in this sample of users, nor controls.

In the acute drug studies, two observations stand out: the subjects respond to very high doses of different forms of cannabis; and that there may be differences in their response unrelated to THC- Δ -9 content alone. From the first observations we are impressed that tolerance to the central effects of cannabis is well established; and from the second, that components of marijuana and hashish other than THC- Δ -9 are behaviorally active, and that these activities can be parcelled out.

Much of the data, particularly the detached statistical analyses of the EEG, and EEG-behavioral correlations of the acute experiments are in process, and should be complete by March. To that extent, the enclosed summaries are preliminary.

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The next quarter is dedicated to these analyses; and to the drug withdrawal trials. The latter experiments assume greater significance with the systematic observation of tolerance to chronic hashish use.

In our 1972-73 request to undertake these studies, we projected a time schedule of 18 months. Support for the studies for one year was given with our mutual understanding that we file quarterly reports, and based on the progress reported in January, the continued support would be reviewed in February and Professor Stefanis and the Association would be advised by the end of February, whether the contract would be extended beyond June 25, 1973 or terminated.

Our progress in this study has been monitored by Dr. Szara, with whom we have met in Copenhagen in August, New York in November, San Juan in December, and Washington in January. His reports should supplement these notes. In addition, we have submitted samples of hashish to Dr. Brande; and in our next visit to Athens (early February) we plan to bring additional samples for assay in NIMH contract laboratories.

We trust these notes are helpful.

Sincerely yours,

Max Fink, M.D.
Executive Director

cc. Wm. Bunney, M.D., NIMH
S. Szara, M.D., NIMH
Eleanor Carroll, NIMH
C. Stefanis, M.D., Athens
A. M. Freedman, M.D., NYMC

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Enc.