

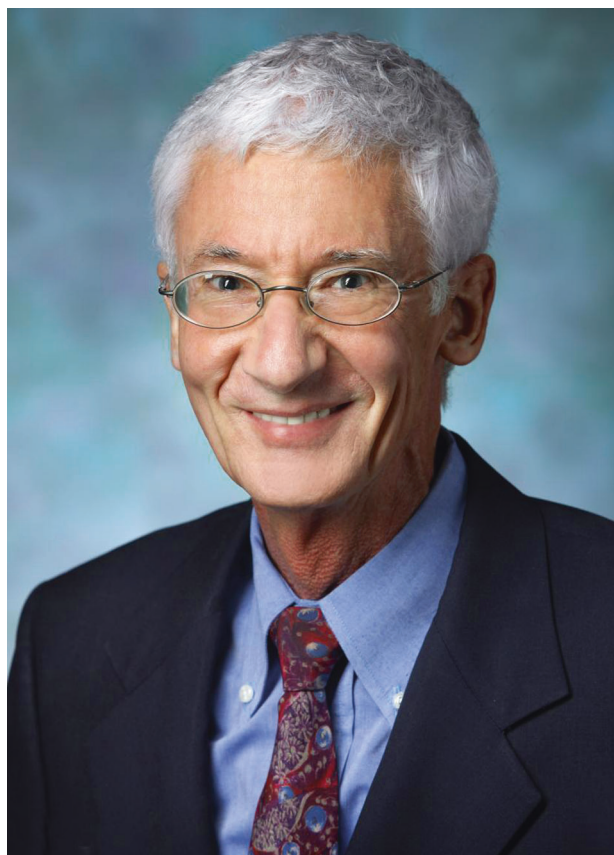
IN MEMORIAM



IN MEMORIAM: Roland R. Griffiths, Ph.D

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Roland Griffiths, Ph.D

Roland Griffiths died in his home in Baltimore, MD, on October 17, 2023. The cause was colon cancer. Griffiths was an ACNP Fellow Emeritus and accepted into the college in 1979. He was a professor in the Departments of Psychiatry and Neurosciences at the Johns Hopkins University School of Medicine and the founding Director of the Johns Hopkins Center on Psychedelic and Consciousness Research. Griffiths lived a remarkable and consequential life. As one young physician scientist said upon hearing of his death: he changed the world for the better.

Roland Griffiths was born in Glen Cove, New York, and grew up in the Bay Area in California. After earning a degree in psychology at Occidental College, Griffiths moved to the University of Minnesota, where he received a PhD in 1972. His dissertation focused on the behavioral pharmacology of barbiturates and, specifically, how pentobarbital contributed to extinction learning. He then moved on to Johns Hopkins as

faculty, where he remained throughout his scientific career. At Hopkins, he would go on to make groundbreaking contributions to our understanding of the reinforcing properties of psychoactive drugs and to the clinical field of psychedelic research. Remarkably, but unsurprisingly, even his first paper as an undergraduate at Occidental College exemplifies his reputation as a careful and thoughtful scientist. The paper, published in 1969 [1], provided well-controlled data disputing the results of a recently published high-profile paper in *Science*, which dubiously concluded that RNA extracts can transfer memory from one animal to another.

At Hopkins, Griffiths and his team conducted rigorous studies that deepened our understanding of addiction by characterizing and comparing subjective, behavioral, and physiological effects of licit and illicit abused drugs. Through well-controlled and carefully-designed experiments, his early work described the nature of caffeine and nicotine dependence, as well as dose-dependent behavioral effects of a wide range of other drugs such as MDMA and propofol. The large body of work focused on caffeine (resulting in over 50 papers) was particularly transformative and led to the description of the caffeine withdrawal syndrome, which was included in DSM-5 in 2004. His group's work was also among the first to carefully define the nature of the abuse liability of benzodiazepines.

His stellar track record of rigorous neuropsychopharmacology research, along with consistent funding from governmental agencies, made him the perfect scientist to lead the research that would represent the beginning of the “psychedelic renaissance.” Most thoughtful scientists are driven by observational curiosity, including observations related to personal experience. In Griffiths' case, the subjective experiences of mysticism and consciousness that had resulted from his meditation practice led to genuine scientific curiosity about the brain and behavioral processes related to these experiences. Psychedelics provided him a unique tool to produce similar experiences “at high probability” and under conditions where context and other variables could be controlled by investigators. When he began his involvement in the initial psilocybin trials in the late 1990s, the challenge was to design these studies so that they did not resurrect the baggage of psychedelic studies of the 1960s. Griffiths rose to the challenge, and thanks to the respect he commanded from colleagues at Hopkins and at the FDA and DEA, he and his collaborators were successful in getting protocols approved to administer psilocybin to healthy controls, and to individuals with terminal conditions who suffered from depression and anxiety. The published results of these double-blind dose-dependent effects of psilocybin were carefully worded but truly phenomenal. I recall vividly the 2015 ACNP meeting where Griffiths presented data that one month after receiving psilocybin under supportive conditions, more than 90% of participants described a sense of improved well-being. I had never seen a sustained pharmacological effect this convincingly large. Results were even more impressive and impactful when assessing the effect of psilocybin in anxiety and depression in the terminal cancer patients.

These data and the ensuing series of publications, aided by Griffiths' reputation as a rigorous and thoughtful scientist, brought psychedelic research back into the arena of legitimate scientific inquiry. At a fundamental level, his findings have helped bring constructs such as mysticism and transcendental experience into the realm of mechanistic, brain-based neuroscience research. The truly pioneering and transformative consequence of Griffiths' work, however, has been in improving the lives of those with psychiatric, including addictive, disorders. The work by him and his team have provided a roadmap for approval and execution of treatment protocols using psilocybin, MDMA, and related compounds for treating multiple forms of addiction, PTSD, OCD, mood disorders, and other psychiatric illnesses. There are currently nearly 400 clinical trials of psychedelic compounds that are actively recruiting or are recently completed. These studies show consistently promising results, suggesting that administration of psychedelics under controlled and supervised settings produces sustained improvement in symptoms and quality of life for many individuals whose symptoms resist conventional treatment.

Ultimately, Griffiths was a scientist whose work made a difference far beyond the laboratory. By bringing a scientific ethos to the cultural problem of psychedelic research, Griffiths and his colleagues nurtured a renaissance. For many patients, researchers, and clinicians Griffiths' work has certainly changed the world for the better.

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REFERENCE

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COMPETING INTERESTS

The author declares no competing interests.