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So Close and Yet So Far — Summer 1993 • Vol. IV No. 2

THIS LAST YEAR has been one of ground-breaking progress in psychedelic research. MAPS members can be proud of having helped facilitate the renewal of scientific studies. The new possibilities for research have inspired even more people to get involved in the process of turning opportunities into actual accomplishments. Within the year, MAPS' membership doubled to over 700 and income rose to over $110,000 (see annual financial report pages 2-3). Though research has resumed, prescription availability remains a distant hope for which your continued support is essential. ■ MAPS' growth stemmed in part from the conferences it helped to coordinate commemorating the 50th anniversary of Dr. Albert Hofmann's discovery of LSD (pages 34-37, 52-56). Over 50 speakers addressed more than 1000 people in Santa Cruz, April 16 and in San Francisco, April 17. Fortunately, the events were extensively and fairly covered by national and international TV, radio, and print media (pages 28 and 53 for information on ordering tapes, posters, t-shirts and flying discs). ■ In order to report on a growing field, this newsletter is longer than ever before. In the US, preliminary work on Dr. Charles Grob's MDMA research project in cancer patients is underway, and volunteers are being recruited for studies of MDMA neurotoxicity (pages 7-9). Dr. Rick Strassman's pioneering DMT research continues to break new ground (pages 13-14). Furthermore, Drs. Grob and Strassman spoke about their research to a receptive audience at the American Psychiatric Association's annual convention (pages 10-12). ■ Drs. Julie Holland and David McDowell report on pilot data from their first-ever survey of rave participants (pages 40-42), and Phil Mengel summarizes his Ph.D. thesis on the effects of MDMA and shamanic drumming (pages 25-26). Dave Nichols, Richard Yensen and Ralph Metzner engage in a spirited discussion regarding MDMA terminology (pages 47-49), and Art Goodtimes describes the annual Telluride Mushroom Festivals (pages 38-39). Several intriguing letters appear in the correspondence section (pages 50-51), and I review legal developments regarding LSD, and discuss Ann Landers' recent LSD column (pages 44-45). ■ In marijuana research, Nick Cozzi conducted a MAPS-sponsored literature review of the effectiveness of water pipes in filtering marijuana smoke (pages 4-6). The water pipe project is a branch of a study MAPS is helping Dr. Donald Abrams to facilitate evaluating marijuana's efficacy in treating HIV-related wasting syndrome (page 6). In support of MAPS' marijuana research, Garry Trudeau has generously donated for auction his original artwork from two Doonesbury cartoon strips dealing with marijuana's medical use (see flyer). ■ Internationally, Dennis McKenna's ayahuasca research has begun in Brazil (page 27). From Finland, J.C. Calloway explains tryptamines for the non-chemist (pages 30-32). Fascinating and extremely important case histories of four American substance abuse patients treated in Holland with ibogaine are reviewed by Bob Sisko (pages 15-24). In Europe, a variety of promising developments are taking place (page 43). ■ This issue seeks to provide some illuminating summer reading about the psychedelic renaissance, which your MAPS membership donations have helped make possible. ■ Rick Doblin, *MAPS President*

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MAPS' Financial Picture
Fiscal Year June 1, 1992 - May 31, 1993

BY THE END OF THE FISCAL YEAR, MAPS' MEMBERSHIP HAD DOUBLED TO ABOUT 700 AND ITS BALANCE WAS $46,066

Overview

At the beginning of this fiscal year, MAPS had about 350 members and $897 in the bank. By the end of the fiscal year, MAPS' membership had doubled to 707 and its balance was $46,066 (consisting of $32,066 in cash and $14,000 in receivables related to MAPS' co-sponsorship of the 50th anniversary of LSD conferences- see pages 34-37 and 52-56). Of MAPS' assets, $37,000 is restricted to specific research projects and $9,066 is available for other research projects and general operating expenses. (The expenses associated with this newsletter will reduce MAPS' non-restricted funds to about $6,000.) MAPS' total income grew in FY 1992 from $28, 860 (see MAPS Newsletter, Vol III, # 3) to $113,962. Growth stemmed from increased membership donations, gross receipts of about $24,000 from admission fees to the 50th Anniversary conferences and, for the first time in MAPS' seven-year history, foundation grants. MAPS would like to take this opportunity to acknowledge with appreciation grants of $30,000 from the Nicholas Carr-Saunders Fund (restricted to MDMA research in Russia) and $2,000 from the Tides Foundation's Breath and Smile Fund for general operating expenses.

MAPS' ability to cover its organizational expenses from membership donations permits it to offer donors the opportunity to direct 100% of their donations to research projects of their choice. This strategy seems to me to be the key to MAPS' fundraising success.

Allocation of Assets

Russian MDMA Research Project – $30,000

Dr. Evgeny Krupitsky of the St. Petersburg Regional Dispensary of Narcology is leading MAPS' Russian MDMA research project to study the therapeutic potential of MDMA in the treatment of alcoholism and neurosis. Unfortunately, Dr. Krupitsky was recently denied permission to conduct MDMA research by the governmental Control Committee on Narcotics. Dr. Krupitsky reports that "a new law on narcotics (more soft and reasonable) is being worked out now in the Supreme Soviet of Russia, and it should be adopted around January,1994. At that point, new members will be appointed to the Control Committee on Narcotics and the restrictions on MDMA research stand a good chance of being lifted. Nobody can specify the date of these events more exactly because the future is unpredictable, especially in Russia".

MAPS intends to be patient and wait for the newly organized Control Committee to reconsider Dr, Krupitsky's proposal. At that time, the Committee will have the opportunity to review preliminary results from MDMA research in the US and Switzerland which we expect will support Dr. Krupitsky's case.

LSD Research Project – $5,000

An additional $5,000 of MAPS' resources is reserved for the only FDA-approved LSD research project. This experiment will explore the use of LSD in the treatment of substance abuse and will be conducted by Drs. Kurland, Yensen, and Dryers (see related story about ibogaine pages 15-24). Before this study can begin, Institutional Review Board (IRB) approval is needed. The researchers hope to obtain IRB approval and begin their study within three to six months.

The $5,000 was donated by two friends, one of whom attended the 50th Anniversary of LSD event in Santa Cruz, April 16 and was deeply moved by Drs. Yensen and Dryer. She encouraged a close friend who was not at the event to help her personally make sure that MAPS' goal of raising $5,000 for the LSD study was fulfilled. Their generosity was especially fortuitous since the April 16 event only broke even.

MDMA Research in the US – $2,000

An additional $2,000 is restricted to MDMA research in the US. This represents MAPS' share of the profits (50% to MAPS and 50% to California NORML) from the April 17 event in San Francisco, all profits of which MAPS pledged to use for research. These funds will be spent in the near future.

ERRATA:

An astute MAPS member called to my attention a potentially dangerous typographical error in Brian Leibovitz's article, *"Phenethylamines, Free Radicals and Antioxidents,"* in the last newsletter. In the chart of nutrients on page 35, the amounts of Selenium were listed in *milligrams* and should have been listed in *micrograms*. A special thanks to Chuck for pointing this out, since taking *that much* selenium is not at all healthy!

Pledges to MAPS

MAPS has been pledged $50,000 to support a study comparing smoked marijuana and the oral THC pill in the treatment of the HIV-related wasting syndrome (see page 6). MAPS has also been pledged $15,000 for a study of the effectiveness of water pipes in filtering marijuana smoke (see page 4-5). Since both projects require additional funding, I will ask the donors to make their actual contributions only after I have obtained pledges completely sufficient to fund the studies.

Expenses

In FY 1993, MAPS spent $68,019 (see chart). Of that amount, $22,409 was spent on costs related to the 50th Anniversary of LSD events, all which was recovered from admission fees. MAPS' expenditures which were not matched by income amounted to $45,610. Of that amount, $ 26,254 was spent on MAPS' communication and educational activities. This includes postage, phones, copies, newsletters, books, tapes, and informational materials. Not counted is the large amount of time donated by a graphic designer who produces the MAPS newsletter and designed the 50th Anniversary of LSD poster.

MAPS' office and officer expenses were $16, 260. This includes $5,083 for my salary of $1,000 per month, which I began taking for the first time in January 1993 even though such expense was authorized by the Board beginning June 1992. There were $5,689 in travel expenses and conference fees, covering my travels (coach class) to Washington to meet with the FDA—(see MAPS Newsletter Vol. III, #3), to Prague for the International Transpersonal Association conference (see MAPS Newsletter Vol. III, #3), to Germany for the European College for the Study of Consciousness conference (see MAPS Newsletter Vol. III, #4), and various other domestic travel to meetings with researchers. This sum also includes travel for myself and one Board Member to the MAPS Board of Directors Annual Meeting. Also included in this category are licenses, office rent, payments on MAPS' computers, and legal and accounting fees.

The final category of expense is research support, for which MAPS spent $3,096. This sum is small for several reasons, primarily having to do with the fact that research administering MDMA or LSD or marijuana has not yet started. In addition, the physicians working on the MDMA, LSD and rave research projects have so far donated their time. Most of MAPS' 1993 research support funds went to support travel costs for Dr. Krupitsky and Dr. Andre Vrublevsky of the Moscow Center for the Study of Addictions. MAPS' support enabled them to meet with other psychedelic researchers and develop plans for the Russian MDMA research project. ••

TO SUPPORT THE WORK OF MAPS SEE PAGES 28 – 29

Expenses

	Subtotals	Education/ Information	Personnel	MAPS Conferences	Research
Copies	3762.02	3762.02			
Phones	6194.55	6194.55			
Postage	4344.94	4344.94			
Newsletter	9005.62	9005.62			
Video + Audio Tapes	2203.82	2203.82			
Books to Members	540.38	540.38			
Info materials	202.95	202.95			
Officers Travel	5127.80		5127.80		
Officer Confrn. Fees	559.94		559.94		
Office rent	2300.00		2300.00		
Professional Exp.	710.50		710.50		
Rick's Salary	5082.50		5082.50		
Office Sup.+ Equip.	2132.47		2132.47		
Fees, credit cards	346.59		346.59		
LSD 50th anniv.	22409.03			22409.03	
MDMA Human-US	514.32				514.32
MDMA-Russia	2461.75				2461.75
DMT Book	10.00				10.00
Rave Survey	110.00				110.00
Total	*68019.18*	*26254.28*	*16259.80*	*22409.03*	*3096.07*

Effects of Water Filtration on Marijuana Smoke: A Literature Review

Nicholas V. Cozzi
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A DRUG DELIVERY SYSTEM THAT COMBINES THE RAPID AND RELIABLE ONSET AND ABILITY TO EASILY TITRATE AN INGESTED DOSE (SUCH AS OCCURS BY SMOKING MARIJUANA CIGARETTES) WITH THE LEAST AMOUNT OF HEALTH RISK (SUCH AS OCCURS BY ORAL INGESTION OF CAPSULES)

Editors Note: MAPS funded Nicholas Cozzi , a pharmacology Ph.D student working with Dr. David Nichols at Purdue University, to conduct this literature review. This review is in preparation for a study of the effectiveness of water pipes in selectively filtering out unhealthy substances from the therapeutic constituents in marijuana smoke. MAPS has received a pledge of $10,000 to conduct this study from a single MAPS member, as well as an additional $5,000 pledge from a marijuana law reform activist (an additional $9,000 is required before the study can begin). The water pipe study itself is preparation for a larger study that MAPS is seeking to facilitate comparing smoked marijuana versus the THC pill in the treatment of the HIV-related wasting syndrome. MAPS has received a pledge of $50,000 for this comparison study (an additional $70,000 is required before this study can begin).

MAPS' water pipe study was initially intended to test a standard water pipe to quantify its effectiveness in filtering marijuana smoke. However, because of the encouraging findings from this literature review regarding the health benefits of water pipes, the focus of MAPS' water pipe study has been refined. The new goal is to refine a standard water pipe and then test a prototype's effectiveness. If the remaining funding for the study can be found soon, and if the water pipe is proven beneficial, it is my hope that this water pipe could eventually be used by patients in the wasting syndrome study.

A DRUG derived from marijuana, THC (*tetrahydrocannabinol*) in sesame oil capsules (Marinol®), is currently legally available as a prescription drug in the treatment of two diseases or conditions, the treatment of nausea and vomiting associated with cancer chemotherapy and the AIDS wasting syndrome. The marijuana plant in smokable form is available to about 10 patients in the entire United States for disorders such as glaucoma, spasticity, and the wasting syndrome. Each of these drug delivery systems, oral pills and smoked plant, has its advantages and disadvantages, and each may be appropriate in particular circumstances. However, a drug delivery system that combines the rapid and reliable onset and ability to easily titrate an ingested dose (such as occurs by smoking marijuana cigarettes) with the least amount of health risk (such as occurs by oral ingestion of capsules) would also be desirable. The use of water filtered marijuana smoke, as produced by a water pipe, is one little-explored alternative. This article reviews some of the scientific work that has been done regarding the results of water filtration on the composition and effects of marijuana and tobacco smoke.

WHILE MOST of the research on water filtration has focused on tobacco smoke, the work with marijuana smoke has revealed that, except for their respective psychoactive components (nicotine and cannabinoids), both smokes share many common constituents and physical properties. Many of the results obtained by studying tobacco smoke are applicable to marijuana smoke.

In the late 1970's, a group based at the University of Athens Medical School (Greece) conducted a series of chemical and pharmacological studies on marijuana and tobacco smoke.[1,2,3,4] These scientists tested smoke that had been filtered through a water pipe and also tested the water itself, which contained both soluble and insoluble compounds. Chemical analysis revealed many different com-

pounds in the smoke and the water, as expected from the combustion of plant materials. The water did trap some THC, as well as other psychoactive compounds, however, most of the THC present in the marijuana passed through the water pipe unchanged. Pharmacological tests (in mice) revealed that some of the water-trapped marijuana compounds were responsible for producing catatonia and for suppressing spontaneous motor activity. In contrast, the water filtered smoke itself did not affect spontaneous motor activity and did not induce catatonia, though it was richer in THC. These results indicate that water filtration removes some behaviorally active compounds in preference to others; this may be important when comparing the therapeutic effects of whole marijuana smoke to water filtered smoke.

Research has shown that water filtration reduces both the amount of particulate matter and the number and quantity of toxic substances in the smoke that passes through it. In a 1963 study by Hoffman, et al., [5] the water pipe was found to retain 90% of the phenol and 50% of the particulate matter and benzo(a)pyrene of the original tobacco smoke. In another study,[6] tobacco smoke components that were passed through a water pipe showed only a minor hyperplastic reaction and no sebaceous gland destruction when they were painted onto mouse skin. (The application of substances to mouse skin to assess carcinogenic potential is a classic toxicological test; the induction of abnormal cell proliferation [hyperplasia] is a red flag.) In contrast, tobacco smoke condensate that was not water filtered induced strong hyperplasia and complete sebaceous gland destruction when applied to mouse skin in the same concentration. Salem and Sami, [7] also using the mouse skin test, showed that there was a significant reduction of carcinogenic potential in water filtered smoke compared to the water remaining in the pipe, i.e., the water-trapped material was more carcinogenic than the smoke that passed through it. Indeed, when analyzed by thin layer chromatography, two carcinogenic agents were identified in the water itself, while only one was identified in the water filtered smoke. Therefore, water filtration removes at least two know carcinogens that would normally be found in the smoke.

Recently, Dr. Gary Huber at the University of Texas along with colleagues from Harvard's School of Public Health conducted a cellular toxicity study of marijuana and tobacco smoke.[8] This research group showed that passing marijuana or tobacco smoke through water, or even exposing the smoke to a wetted surface of about 48 square inches (as exists in the human throat), effectively removed substances (acrolein and acetaldehyde) which are toxic to alveolar macrophages. Alveolar macrophages are one of the major defense cells of the lung and are an important component of the immune system. When the macrophages were exposed to smoke that was not water filtered, there was a marked impairment of their capacity to kill bacteria. However, when the smoke was water filtered, there was no reduction in the bactericidal ability of the macrophages. Therefore, marijuana smoke that has been passed through sufficient water will have less impact on the immune system than marijuana smoke that has not been water filtered. This intriguing finding would be of particular importance when treating patients with the AIDS wasting syndrome.

The laboratory results discussed above parallel what is known from studying human tobacco smoking populations. Thus, there is substantial epidemiological evidence that among tobacco smokers, those who smoke through a water pipe have a much lower incidence of carcinoma than those who smoke cigarettes or smoke a "regular" pipe or cigars.[6,7,9,10]

In summary, it appears that water filtration can be effective in removing components from marijuana smoke that are known toxicants, while allowing the THC to pass through relatively intact. The effectiveness of toxicant removal is related to the smoke's water contact area. Specially designed water pipes, incorporating particulate filters and gas dispersion frits would likely be most effective in this regard; the gas dispersion frit serves to break up the smoke in very fine bubbles, thereby increasing its water contact area. While individuals vary greatly in their smoking technique, state of health, dosing regimen, and so on, it seems that many

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THEREFORE, MARIJUANA SMOKE THAT HAS BEEN PASSED THROUGH SUFFICIENT WATER WILL HAVE LESS IMPACT ON THE IMMUNE SYSTEM THAN MARIJUANA SMOKE THAT HAS NOT BEEN WATER FILTERED.

patients would benefit from the use of water pipes to deliver THC. This would allow patients to titrate their dose easily while reducing the health hazard associated with smoke. •••

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MEDICAL MARIJUANA RESEARCH UPDATE

by Rick Doblin, MAPS President

In December, 1992, the FDA approved the oral THC pill for prescription use in stimulating appetite and reducing weight loss associated with the HIV-related wasting syndrome. However, numerous patients and physicians believe that smoked marijuana is a much better medicine than the oral THC pill. Some reasons cited in support of smoked marijuana's claimed superiority are its more rapid and reliable absorption in the body as compared to oral THC, as well as the variety of cannabinoids (ingredients chemically related to THC) that are present in the marijuana plant but absent in the THC pill.

MAPS intends to help resolve the controversy over the medical use of marijuana by working to facilitate a scientific pilot study comparing the safety and efficacy of smoked marijuana to the oral THC pill in treating the wasting syndrome. The study will be directed by Dr. Donald Abrams, a faculty member at the University of California San Francisco and the research director of the AIDS Consortium.

The study will involve 60 subjects, 30 in the smoked marijuana group and 30 in the oral THC group. Each subject will take the study drug for a period of three months, during which their weight will be monitored on a monthly basis. Subjects will also be monitored for a wide range of side effects as well as for various quality of life issues. At the end of the study period, an average weight difference of more than three kilograms between the two groups will be considered clinically significant. If the study demonstrates smoked marijuana's superiority, a larger multi-site study (hopefully funded by the government) will need to be conducted to see if the results can be replicated.

IF THE STUDY DEMONSTRATES SMOKED MARIJUANA'S SUPERIORITY, A LARGER MULTI-SITE STUDY (HOPEFULLY FUNDED BY THE GOVERNMENT) WILL NEED TO BE CONDUCTED

In order to minimize the potentially deleterious effects of marijuana smoke in AIDS patients, MAPS is seeking to design and test a water pipe for possible use in this study. In addition, MAPS is working to secure permission to import high-THC content marijuana (10% THC) from the Netherlands for the study rather than accept the low-THC content marijuana (2 or 3% THC) available from the National Institute on Drug Abuse. Obviously, the higher the THC content of the marijuana, the less smoke that patients will need to inhale per dose of THC and related compounds. Roxane Laboratories, Inc., the company that markets the THC pill, has generously offered to provide all the pills required for the research project.

This protocol is nearing the end of the design phase (several months after the too optimistic timetable I reported in the last MAPS newsletter) and a final budget will be drawn up soon. My working estimate for the entire study (based on the Consortium's rule of thumb that studies cost about $2,000 per subject) is $120,000. MAPS has received a pledge of $50,000 for this study from an individual in the Netherlands. I will not actually request that the $50,000 be contributed until the experiment has been approved by all the required authorities and the remaining funds have been pledged.

My current hope is that the study will begin in late 1993. •••

MDMA and the Treatment of Pain and Distress in Terminal Cancer Patients: A Preliminary Research Report

Margaret Nelson Cullen,
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Margaret Nelson Cullen

WORK HAS BEGUN on the MDMA Phase II Protocol. The FDA has asked us to perform a preliminary assessment of our instruments with a small sample of terminal cancer patients. For this phase, it is our goal to test three or four subjects once a month for four months. Our first task was to select the maximum number of instruments already slated for the study while at the same time considering the physical and emotional stamina of this population.

THIS PRESENTED an opportunity to scrutinize the instruments more carefully and with more specific questions in mind: How long would all these tests take? Do any of them overlap significantly in content? Are they accurate measures of the qualities we wish to assess? In the original protocol nine instruments were scheduled: four relating to pain (McGill Pain Questionnaire, Dallas Pain Questionnaire, Memorial Sloan Kettering Pain Card, Symptom Distress Scale) and five relating to psychological factors (Beck Depression Inventory, Brief Symptom Inventory, Brief Profile of Mood States -SR, Questionnaire Measure of Emotional Empathy, State-Trait Anxiety Inventory). As Jim McQuade, M.D. and I both have experience working with cancer patients, we were not only concerned about the feasibility of the testing but sensitive to the imposition of a test battery this extensive. Both Jim and Jeanne Achterberg, PhD. (our guided imagery consultant) strongly recommended we add an instrument which was not originally scheduled. The Functional Living Index: Cancer (FLIC) is a highly sensitive instrument for measuring quality of life specifically with cancer patients. Although there was a moderate degree of overlap among several of the pain questionnaires, it was ultimately decided to drop the Dallas Pain Questionnaire and replace it with the FLIC.

Among the psychological measures, we eliminated the Questionnaire Measure of Emotional Empathy (QMEE) because this index was essentially irrelevant to this preliminary investigation. In addition, upon re-evaluating the instrument, several of us concluded that it was not, in fact, measuring what we understood to be empathy, particularly in the context of MDMA research. In the *Journal of Personality* article describing its derivation, the authors (Albert Mehrabian and Norman Epstein) acknowledge two distinct definitions of empathy: the first a "cognitive role-taking approach" and the second a "vicarious emotional response". The QMEE was designed to measure the latter. Without either serious consideration or a careful examination of the specific questions in this instrument, a "vicarious emotional response" may appear to be a more profound experience of empathy than a mere "cognitive role-taking approach". Consider, however the following questions from the QMEE: "I become nervous if others around me seem to be nervous"; "I tend to lose control when I am bringing bad news to people"; "Seeing people cry upsets me"; " I cannot continue to feel ok if people around me are depressed". Is it *empathy* when we are engulfed by the emotions of others? How would a borderline personality score on this exam? Is the empathetic individual the →

THE FDA HAS ASKED US TO PERFORM A PRELIMINARY ASSESSMENT OF OUR INSTRUMENTS WITH A SMALL SAMPLE OF TERMINAL CANCER PATIENTS.

...THEIR PARTICIPATION IS MAKING POSSIBLE A STUDY THAT IS ON THE CUTTING EDGE OF PSYCHO-SOCIAL SUPPORT FOR CANCER PATIENTS AND HAS IMPLICATIONS FOR FURTHER CONSCIOUSNESS RESEARCH.

person who "loses control" or the person who can bear the other's pain with compassion and equanimity? As an MFCC Intern working with both individual clients and co-facilitating groups with cancer patients, this inquiry is both provocative and on-going. Our ultimate rejection of the QMEE led me to consult our research specialist, David Lukoff Ph.D., for a more meaningful instrument. He reported that one of his graduate students at Saybrook was also unable to find an appropriate scale and was forced to create his own instrument in measuring differences between an MDMA group and a shamanic drumming group and kindly forwarded that scale to us. (see page 25)

Having selected and formatted the eight chosen instruments, I first ran the battery on Charles Grob M.D., the principal author of the study while he was recuperating from minor surgery. We were both surprised to discover it took him only twenty-five minutes to complete the entire battery of tests. Even doubling that time, an hour or so of testing seemed like a reasonable expectation. Thus updated and optimistic we were ready, at last, to begin the actual testing.

On March 6, 1993, we began what continues to be an arduous search for subjects. Not only are there relatively few terminal cancer patients as a subject pool, participation in this phase of the study is an act of pure altruism. These subjects will not only fail to be exposed to MDMA, they are generally unfamiliar with its therapeutic potential. They are frequently grappling with physical pain, depression and dramatically reduced vitality. Consequently, they are agreeing to participate in a study based on a researcher's or psychiatrist's recommendation that this substance may benefit cancer patients somewhere down the line. Also, we inform them that their participation is making possible a study that is on the cutting edge of psycho-social support for cancer patients and has implications for further consciousness research.

Our first subject, a remarkable seventy-five year old woman with adrenal carcinoma came to us through a friend. Sarah (name changed) agreed to participate in the study out of pure altruism, an attribute I encounter frequently among cancer patients at my internship. It has been enriching spending time with her at this phase of her life where she is unwilling to squander her energy on the trivial or the superficial.

Shortly after Sarah's first round of testing we received a tape of guided imagery from Jeanne Achterberg, Ph.D. and Frank Lawlis, Ph.D. designed specifically for cancer patients. We decided to offer the tape to our subjects at the second round of testing and monitor its impact on the test results. After Sarah's second visit, however, she became quite depressed and physically uncomfortable. She passed the tape on to her cancer group at the Wellness Community and dramatically curtailed all her activities. When I called her to arrange our third meeting, she reported apologetically that she had neglected to fill out the daily pain card and had listened to the tape only once. She also asked that we postpone our next visit, hoping that her spirits and condition might improve. Sarah has reached the outside limit of her physician's prognosis and hopes that surpassing her "death sentence" will restore hope.

Our second subject was an equally remarkable young woman of thirty-seven suffering from metastic colon cancer. During our first visit she already appeared weak and emaciated but nonetheless felt quite determined to tackle the entire battery of tests. I believe in "Julie"'s case the motivation to participate in the study was as much intellectual curiosity and a desire to stay connected to the world as it was altruism. It took Julie approximately an hour and a half to complete six of the eight tests at which point we decided she had worked hard enough. When I called to arrange our second meeting I was informed that Julie was in the hospital. I called her there to say hello and she also reported, apologetically, that she was unable to fill out the daily pain card. A few days ago I received a phone call informing me that she had died.

From only these two subjects it becomes imminently clear how fragile this population is. Though I am happy to offer them an opportunity to be of service, I feel it is equally important to respond as quickly and as sensitively as possible to the very particular needs and considerations of individuals who are fighting to live or

coming to terms with death. Although Sarah was able to complete the daily pain card for the first forty days, I recommend that it be dropped from this phase of testing. No matter how many assurances I offer to the contrary I believe these subjects will feel they have let us down if they are unable to complete it. It seems appropriate to obviate that unnecessary guilt.

Upon this writing, Rick Doblin, MAPS President and coordinator of this study, informs me that the FDA has responded favorably to our concerns regarding this initial phase of preliminary testing. FDA has indicated a willingness to accept a shorter term follow-through with the terminal subjects as well as broadening the subject pool to include cancer patients with a year or two to live, rather than those already on death's door. We are all encouraged at this demonstration of flexibility and willingness to accommodate our needs even at this fledgling stage of investigation. •••

"Normal" Volunteers Needed for MDMA Research

No spinal taps but, sadly, no MDMA either. Subjects who volunteer for this study will be given preference to participate in subsequent studies in which MDMA may be administered.

Investigators at Harbor Hospital-UCLA Medical Center are interested in studying subjects with a history of past use of MDMA and/or LSD for possible evidence of MDMA neurotoxicity. This study is a very important investigation of the possible risks of MDMA. Data from this study will provide important evidence to compare to data from studies also being undertaken at Harbor Hospital-UCLA Medical Center in which small amounts of MDMA will be given to six medical professionals.

This study is formally known as a *challenge test.* Subjects will be administered either the drug fenfluramine or placebo in a randomized double-blind procedure and their blood will be sampled for evidence of the functioning of their neuro-hormone system, principally serotonin. Psychiatric interviews will also be conducted.

The challenge test takes between four to six hours and requires that subjects have a small needle inserted into an arm vein for about 4 hours. Small amounts of blood will be drawn intermittently throughout the challenge test. Subjects will need to participate in two tests, separated by about two to four weeks. Subjects must abstain from all drug use during the interim period. Subjects may volunteer to participate on weekends or weekdays, whichever is more convenient.

Three groups of volunteers are required with each group to consist of 20-30 subjects.
Group 1... people who have used MDMA at least 3-4 times.
Group 2... people who have used LSD, but not MDMA.
Group 3... people who have virtually no history of non-medical drug use other than alcohol or tobacco or caffeine. Note: This is a great opportunity for all the non-drug using readers of the MAPS newsletter to participate in MDMA research!

Anyone interested in possible participation in this research investigation of the long-term effects of MDMA should call Carla at (310) 222-1663.

Volunteering for this study is an excellent way to help MDMA research.

Investigators at Harbor Hospital-UCLA Medical Center are interested in studying subjects with a history of past use of MDMA and/or LSD for possible evidence of MDMA neurotoxicity.

Volunteers needed for Study of Birth Trauma

I am a doctoral student at the Institute of Transpersonal Psychology conducting research in the area of birth trauma. I am seeking people who have personal experience with the resolution of their own birth trauma using any means (breathwork, psychedelics, ritual, etc.). If you would like to participate in an anonymous study utilizing a questionnaire and/or an interview, both phenomenological in format, please contact Anne at (510) 535-1534. Collect calls will be accepted. Copies of the completed dissertation will be given to the participants.

Psychedelic Research and the American Psychiatric Association (APA): A Panel Discussion at APA's 1993 Annual Meeting

Richard Karel
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(Note: Richard Karel adapted this story for MAPS from an article he wrote for the the APA's June 18,1993 Psychiatric News)

IN THE FIRST SESSION ON HALLUCINOGENIC DRUGS at an American Psychiatric Association meeting in many years, psychiatrists Rick Strassman, M.D. and Charles Grob, M.D. addressed a standing room only audience in San Francisco this May about their efforts to systematically establish the safety and efficacy of hallucinogens including DMT, MDMA, and psilocybin in humans.

Although several audience members raised questions regarding spirituality and the possible limitations of traditional scientific methodology in evaluating the multifaceted potential of these drugs, both researchers steered the session back to the subject of building up a rigorous data base so that hallucinogenic drugs might some day find a niche in the legitimate pharmacopoeia.

Researchers are on shaky ground when they suggest that spirituality may be subjected to rigorous scientific evaluation, said Strassman. But he noted that individuals will continue to use these drugs on their own regardless of what researchers or governmental authorities may think of it.

Strassman, an associate professor of psychiatry at the University of New Mexico in Albuquerque, has been conducting Phase I human trials with dimethyltryptamine (DMT) since 1990. This March he received a $500,000 grant from the National Institute on Drug Abuse (NIDA) to continue Phase I trials with DMT and psilocybin, a mushroom derivative, for another three years. He has administered DMT to about 30 subjects to date, and anticipates administering the drug to another 20 subjects over the next three years.

Phase I studies are set up to evaluate safety and basic physiological response to investigational drugs. In general, the Food and Drug Administration (FDA) requires successful Phase I trials before trials involving clinical applications may be undertaken.

Researchers interested in hallucinogens received an additional boost last year when the FDA approved a Phase I study by Grob with

RICK STRASSMAN, M.D. AND CHARLES GROB, M.D. ADDRESSED A STANDING ROOM ONLY AUDIENCE IN SAN FRANCISCO THIS MAY

methylenedioxymethamphetamine (MDMA). Grob is director of the Division of Child and Adolescent Psychiatry at the University of California's Harbor Medical Center in Torrance. His study will involve six subjects.

"These are a fascinating class of drugs which have been understudied, or not studied at all in humans over the last 25 years," Grob commented. "The big question is, after 25 years of research quiescence, are we at a point now where we can responsibly investigate the very interesting and perhaps unique properties of these classes of drugs?"

Research on the hallucinogens lysergic acid diethylamide (LSD) and (DPT) in the late 1960s and early 1970s suggested these drugs had great potential for "alleviating depression and demoralization in cancer patients as well as, surprisingly, seeming to have a positive effect on raising threshold for pain perception," said Grob. "We felt this would be a very good group to work with, because in many respects this is a group encumbered with great suffering both psychological and physical, and as health practitioners we are often quite limited in what we can do to help alleviate the plight of these people."

Grob favors MDMA as a potential therapeutic agent because, unlike some hallucinogens, MDMA does not cause dissolution of ego boundaries, is relatively short-acting, and does not cause perceptual disturbances, he said.

Discussing the history of MDMA, Grob noted that although synthesized in 1912, it was not until the mid-1970s, following a paper suggesting its therapeutic potential, that MDMA attracted substantial interest. It was employed by a large number of therapists in the 1980s, particularly on the West Coast, with reports indicating that it might have utility as an adjunct to psychotherapy, Grob said. The therapeutic use, while not illegal, was never officially sanctioned.

But by the mid-1980s, said Grob, "it had also become identified as a drug of abuse. Kids, particularly college-age kids, had discovered the drug, and a great deal of media attention was given to its use." In 1985, the U.S. Drug Enforcement Administration (DEA) placed MDMA into Schedule I, the most restrictive legal category for drugs seen as having no safe medical use and high abuse potential.

When Grob approached the FDA last July with a protocol for experimental clinical use of MDMA in end-stage cancer patients, they rejected his protocol as premature, but told him they would look favorably on a redesigned, Phase I study.

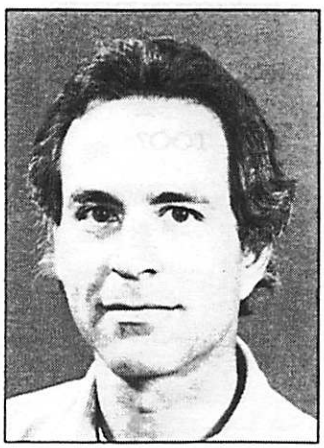
The FDA concluded that MDMA was no more dangerous than "many other drugs that were utilized in clinical research, or were even dispensed clinically in practice and the marketplace" and that MDMA "should not be treated any differently than any other drug," said Grob.

In addition to possible application in alleviating pain and depression in end-stage cancer patients, Grob is interested in the therapeutic potential of MDMA in various refractory patient populations, including those suffering from "severe refractory alcohol and substance abuse and severe post traumatic stress disorder (PTSD) that's been refractory to conventional treatment."

Descriptive case material from the 1950s and 1960s, although methodologically lacking, suggested that hallucinogens might be valuable in such refractory populations, according to Grob.

While no officially sanctioned clinical use of hallucinogens has occurred in the U.S. in decades, such use has occurred in Switzerland. Beginning in 1988, a group of about 30 Swiss psychiatrists interested in clinical applications of hallucinogens began legally sanctioned use of LSD, MDMA, DMT and other hallucinogens for various psychiatric conditions, according to Rick Doblin, President of the North Carolina-based Multidisciplinary Association for Psychedelic Studies (MAPS). Doblin, a Harvard doctoral candidate, has been implemental in facilitating approval of the Grob research protocols.

Charles Grob, M.D.



Rick Strassman, M.D.

During a two-year period, the Swiss psychiatrists treated several hundred patients with conditions including PTSD, anorexia, depression, phobias, obsessive compulsive disorder (OCD), and psychological problems of terminal illness with no adverse incidents and generally favorable outcomes, according to Doblin. Research was temporarily stopped by the Swiss government after a patient given another hallucinogenic drug, ibogaine, died during a therapeutic session headed by a Swiss psychiatrist in France. Whether the drug was causally linked to the patient's death was never established.

Research was resumed in June 1991, when four Swiss psychiatrists received permission to work with 100 patients using various hallucinogens. At present, Switzerland is the only country where hallucinogens may be routinely employed for clinical treatment, according to Doblin.

Although supportive of the Swiss, both Grob and Strassman noted that the clinicians have failed to apply strict methodologies in evaluating the efficacy of their hallucinogenic drug therapy. This is reminiscent of what occurred several decades ago in the U.S., they noted.

The problem with early work with hallucinogens in the U.S. was "a lot of extravagant claims," said Grob. "You had a lot of what were, by and large, unsubstantiated claims. I think if we're going to go back and work with this very, very unique and intriguing class of pharmacological agents we really have to proceed cautiously and not make any claims or pronouncements that haven't been very clearly documented with careful methodological studies."

As a child and adolescent psychiatrist, Grob is concerned that young people not use hallucinogens recklessly.

Grob contrasted how contemporary Euro-American youth tend to abuse drugs while youth in aboriginal cultures traditionally employ psychoactive plants in a healthy and socially cohesive manner, often as a rite of initiation. In those societies, the process is

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socially sanctioned, geared towards social cohesion, and facilitated by the elders, according to Grob.

"I think in our culture, what we have is often a system of rampant chaos where the kids are just blundering in the dark, and as a result often getting themselves into a great deal of trouble," Grob commented.

During an audience discussion period following their presentation Strassman and Grob were asked about their views on whether hallucinogens should be viewed as something widely beneficial, as was the view of former Harvard psychologist Timothy Leary in the '60s, or whether they should be reserved for an elite illuminati or cognoscente, as was the view of the late author Aldous Huxley.

"I think people will do whatever they want to, really," Strassman commented. "That's sort of a *fait accompli*, I think. The question is, are (hallucinogens) just going to stay completely underground or... going to be studied within the context of current methodologies in psychiatry too?" Because the work will continue going on in the field, as it were. So I guess that's not that important of a question for the kind of work that I'm doing. (My work) is above board and sanctioned. And I do screen people carefully as opposed to taking all comers, so I suppose if I would fall in one camp or the other it would be for a group of small, carefully screened group of volunteers."

Responding to the same question, Grob excoriated Leary for having made rash and irresponsible statements regarding hallucinogens. "I think that looking back to the early '60s when Leary was making his pronouncements I think a lot of damage was done by very rash statements that really colored the whole area of psychedelic research in a very negative way. And I think what we saw in our society was that although we would hear reports of people who had profoundly positive experiences, life changing experiences, we heard even more reports of people who got into a great deal of trouble. I'm particularly concerned when it comes to the whole issue of kids taking these drugs in an uncontrolled way. You know I'm a child and adolescent psychiatrist, that's one of the things I do, and I work with a lot of adolescents who take drugs. And I have a lot of concerns about the uncontrolled conditions with which they are doing their own experimentation. They're often very, very poorly prepared."

THE QUESTION IS, ARE (HALLUCINOGENS) JUST GOING TO STAY COMPLETELY UNDERGROUND OR... GOING TO BE STUDIED WITHIN THE CONTEXT OF CURRENT METHODOLOGIES IN PSYCHIATRY TOO?

In response to questions about the potential of hallucinogenic drugs to precipitate psychosis, both Grob and Strassman said that unless an individual is highly vulnerable, it is extremely unlikely, and that the risk could be eliminated through careful screening.

By taking hallucinogens into the laboratory, Grob and Strassman are imposing a highly artificial set and setting, which might invalidate the responses they see, one psychiatrist commented. But Strassman said that despite the clinical setting, his experimental subjects have "typical psychedelic experiences" ranging from beatitude and bliss to terror. "People seem to have the full gamut of effects, and most of them are positive," said Strassman. If the experimenter does not approach the situation as if he or she anticipates psychotic reactions, but is, instead, supportive, the laboratory setting will not generate adverse or atypical responses, he contended.

Strassman said he encourages people to relax and "go with whatever they are experiencing." The setting provides a sense of safety and security, Strassman said.

He has developed a 100-question hallucinogen rating scale to aid future researchers in evaluating hallucinogenic drug response. The scale breaks the experience into six specific categories—perceptual, cognitive, somatic, affective, volitional, and global intensity.

Strassman has two papers in press (The Archives of General Psychiatry) dealing with the biological and subjective effects of DMT, with the latter based on the hallucinogen rating scale. They are expected out later this year.

Alluding to the controversial history of hallucinogens in the United States, Strassman stressed the importance of avoiding unsubstantiated clinical claims without prior, carefully collected clinical data.

"Clinical Phase II treatment studies must stay within the bounds of observable data derived from systematic Phase I inquiries," said Strassman. "In the past, research in this field sometimes put the cart before the horse."

Strassman said that he hopes that his research will stimulate other researchers to study hallucinogens. Since his initial research has gone well, said Strassman, future approval and funding of human research with hallucinogens should be less problematic.

He anticipates completing his current Phase I studies by early 1996. •••

DMT Research: Latest Findings

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WE HAVE ALMOST completed the first of four projects that our National Institute on Drug Abuse grant will be supporting. This is an attempt to develop tolerance to repeated administrations of intravenous (IV) DMT, in 12 volunteers. Longer acting hallucinogens, such as LSD or psilocybin, if administered at the same dose daily for four days, produce almost complete tolerance to both their biological and psychological effects. That is, no effects are seen on the fourth day, in response to a dose that produces a full response the first day. Why might this be important?

First, DMT's presence in human body fluids may have some relationship to "spontaneous" psychedelic states: e.g., schizophrenia, near-death experiences, and the like. Thus, if tolerance developed to DMT's effects, these unusual states would only last as long as tolerance did not develop, say, an hour or two. Certainly, the hallucinations and altered thinking processes seen in naturally-occurring "psychoses" last longer than this. In addition, "field reports," many of which came in response to my request for information regarding tolerance in a recent MAPS newsletter, were quite inconsistent regarding whether or not tolerance to repeatedly smoked DMT free base occurred. Ayahuasca, with orally activated DMT, is taken frequently during the week, and no tolerance seems to develop either. Therefore, validation or refutation of reports of variable, some, or no tolerance needed to take place in the controlled setting of a clinical research environment.

As four daily doses produced tolerance to LSD and psilocybin, we decided four doses of DMT should be attempted, too. Determination of dose of DMT and interval were worked out in some pilot studies with 4 people. Based on a comparison of the time it takes to metabolize DMT versus LSD, we thought 30-60 minute intervals for DMT would be comparable to every day with LSD. In addition, animal brain cells show tolerance to serotonin-active drugs, which hallucinogens also are, within 30 minutes. So, we did not think 30-60 minute intervals were too short.

Calibrating the dose

We began with our lowest dose, 0.05 mg/kg every hour, four times. We started with this lowest dose because previous animal work with DMT and 5-methoxy-DMT showed the opposite effect of tolerance, that is "sensitization," or an enhanced response, to these drugs depending on the interval of administration. The variables in this animal research were EEG changes and prolactin blood level responses. Thus, we did not want to give volunteers repeated injections of our highest dose, if sensitization occurred and they were over-dosed. We saw no change in response to hourly injections of this lowest dose, and then, a week later, shortened the interval to every 30 minutes. We repeated this procedure, on a weekly basis, with our volunteers, until we tried our largest dose, 0.4 mg/kg, every hour, in one person. After the third dose of 0.4 mg/kg in this volunteer, we needed to stop. This was because she did not feel able to receive a fourth dose, due to physical and emotional malaise, fatigue and an "ill-at-ease" feeling, from which she completely recovered within an hour. We had already tried 0.3 mg/kg every 30 minutes in two other volunteers, and saw this was safe and practical from the perspective of people being able to answer questionnaires and →

DMT's PRESENCE IN HUMAN BODY FLUIDS MAY HAVE SOME RELATIONSHIP TO "SPONTANEOUS" PSYCHEDELIC STATES: *e.g.*, SCHIZOPHRENIA, NEAR-DEATH EXPERIENCES, AND THE LIKE.

give a detailed account of their experiences. We settled on 0.3 mg/kg every half hour.

The full study involved two separate admissions, in which people received, double-blind, either repeated injections of saline placebo, or repeated injections of 0.3 mg/kg DMT. We drew blood samples for ACTH (adreno-corticotrophic hormone), a pituitary hormone, that stimulates the adrenal gland to release cortisone; and prolactin, another pituitary hormone that seems regulated differently than ACTH. We already had much normative dose-response data for these hormones' responses to DMT from our first study. We also abbreviated the Hallucinogen Rating Scale (HRS), to a 3-page version, which could be filled out in less than 5 minutes. This version of the HRS consisted almost entirely of questions that demonstrated a significant effect of DMT in our original dose-response study. Our longer "new" version, contains questions that did not show a significant DMT effect, but which we wanted to keep in case other drugs showed effects on these items. Finally, we monitored temperature, blood pressure, and heart rate in the usual manner.

THERE MAY BE SOME POTENTIAL THERAPEUTIC UTILITY IN DOING THIS TYPE OF REPEATED DMT ADMINISTRATION IN ONE SITTING.

Preliminary findings

As of today, 11 people (3 women, 8 men) have completed the study. We will most likely finish the entire study before July is over. There seems to be relatively robust tolerance developing to the blood pressure and heart rate responses to DMT. HRS data, although not analyzed very thoroughly yet, does not show clear-cut tolerance to the subjective effects. And, we have only started analyzing the blood data. The DMT blood level data we have to date, however, show that there is only a small amount of DMT remaining right before subsequent injections, and peak levels at 2 minutes after each administration are quite similar across all 4 doses.

The pattern of responses to these 4 doses is quite interesting. People all "brace" themselves for a 0.4 mg/kg experience, because they had never received 0.3 mg/kg before. This was the case even though they "knew" that the 0.3 mg/kg dose is 25% less. They are primarily relieved that they are not completely swept away with this dose. Then, they seem to settle into a progression of effects throughout the morning. For most, the third session is the hardest, with many wondering if anyone had dropped out at that point. I would always say, "Not yet," and they would continue for the fourth dose. It is as if resistances and defenses are being progressively "worn away" by the repeated process of intoxication-sobriety-processing-intoxication-sobriety-processing cycle. Nearly all volunteers find that the "work" they could do during 2 hours of on-again, off-again DMT intoxication is much deeper and thorough than that possible with the 0.4 mg/kg single dose. For example, one young woman, raped 6 years before, who since had suffered from chronic upper left abdominal pain, found "I can finally breathe into that pain. It's finally gone." Although the pain returned later, it was much less intense and frequent, and she could "breathe into it" and "dissolve it" when she was practicing meditation. Thus, there may be some potential therapeutic utility in doing this type of repeated DMT administration in one sitting. Of course, this anecdotal data can only provide the basis for additional, more rigorous studies.

We are now beginning work on additional psychopharmacological investigations of DMT's effects. Three "pre-treatment" studies are being developed. There will involve using oral medications an hour or two before DMT administration, that may modify DMT's biological and psychological effects, by interacting with relevant brain receptors, including two types of serotonin receptors, and one endorphin receptor. We also will begin some preliminary work looking at magnetic resonance (MR) spectroscopy of living brain metabolism effects, by scanning individuals before and after DMT administration. This is as precise as PET scans, but spares people the danger of the high doses of radiation involved in PET work (the equivalent of 100 chest x-rays to the bladder). And finally, we hope to begin the dose-response study of oral psilocybin early next year. •••

Interrupting Drug Dependency With Ibogaine: A Summary of Four Case Histories

by Bob Sisko, Director
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THE USE OF IBOGAINE as an addiction interrupter was first discovered by Howard Lotsof in 1962. Twenty years later, he applied for a United States patent based upon his anecdotal findings. In 1985, he was awarded the first in a series of patents relating to ibogaine's ability to interrupt a wide range of addictive disorders including heroin, methadone, cocaine and amphetamine, alcohol, and nicotine as well as poly-drug dependency.[1]

LOTSOF'S FINDINGS were replicated in 1990, when the International Coalition for Addict Self-Help (ICASH) reported their findings relative to nine individuals treated with ibogaine for drug dependency. That body of work has since been elaborated upon and expanded to include 21 case histories. These treatments occurred over the past five years. It also represents the second phase of human research with ibogaine, conducted in relation to the treatment of drug dependency. This report on four case histories represents cases 16-19 of the work in progress.

ICASH pioneered the para-clinical application of ibogaine by addicts for addicts. We transferred the methodology and technology we had acquired to our Dutch counterparts who formed guerrilla treatment groups under the DASH (Dutch Addict Self-Help) banner. We have been successful not only in treating our own, but with challenging the medical establishment and their conventional practices. We have succeeded in inspiring a group of honest and dedicated researchers who would defy convention and report on their findings.

One such group, headed by Charles Kaplan, speaks of the value of focus group studies as a tool in applied research and public health programs. One such study underway involves heroin users in the Netherlands who were treated with "lay healers" with ibogaine.[2] As with the cases presented herein, Kaplan's report is not the result of a controlled clinical trial. Nor are they meaningless anecdotal findings. They are the result of focus group studies which have surfaced as the mid-ground between casual experimentation and clinical trials. "Focus groups are principally data-collection procedures," Kaplan states. Therefore, they produce data. Kaplan reports that "All [the heroin addicts] reported an interruption of heroin-seeking behavior for relatively long periods of time, a state they never thought they would reach given their former nihilistic, depressed view of life."

Kaplan's conclusions from his focus group studies raise several basic questions. How long is the "relatively long" interruption of heroin-seeking behavior? By what yardstick do we measure success? Success by one standard (for example, progress defined as the substitution of occasional use for addictive abuse) might equally be viewed as failure by another standard (for example, progress as defined by substitution of total abstinence for addictive abuse). How shall we evaluate these following case histories, and by what rating system?

There are, no doubt, those who would insist that only one standard need apply, DRUG FREE. Although it may express popular sentiment, it is little more than rhetoric and is a wholly unrealistic →

THIS REPORT ON FOUR CASE HISTORIES REPRESENTS CASES 16 THROUGH 19 OF THE WORK IN PROGRESS.

approach. A more realistic point to start with would be ADDICTION FREE, where the individual has the ability to choose whether or not he or she wished to ingest a given substance or not.

Establishing the standard for evaluation must be based upon two points. The first must be an agreement upon an understanding of what addiction is or is not. Volumes have been written on the subject, many of which take opposing viewpoints. For the sake of simplicity, let us take the position that addiction is a chronic ailment, one which has the propensity to re-emerge months or even years later.

WHAT IBOGAINE DOES IS TO PLACE THE DISEASE OF ADDICTION IN REMISSION.

The second point is an agreed upon understanding and definition of just what ibogaine is and does relative to addictive disorders. Although ibogaine has been touted in the media as a "cure for addiction", ibogaine is far from a cure. It is, however, an extraordinarily effective vehicle by which to detoxify a person. It interrupts the majority of withdrawal symptoms normally experienced by heroin and methadone users. What ibogaine does is to place the disease of addiction in remission. Ibogaine also has after-effects, and even delayed effects which are discernible. Some of these effects are to eliminate or ameliorate the craving and desire to do drugs. Ibogaine interrupts cravings, and interrupts self-administration for protracted periods.

Ibogaine represents an entirely new class of treatment modality, the interrupter. The most popular modality for the past hundred years has been, of course, the substitute. The current incarnation, methadone, has been widely used for the past 25 years. Its long acting version, LAMM, is about to make its debut with the help of the National Institute on Drug Abuse (NIDA).

Another treatment approach has been the use of antagonists such as Naltrexon which was hailed as a breakthrough at first. However, addicts didn't like to take antagonists and by and large won't use them.

An agonist-antagonist, Buprenorphine, is currently being pushed into clinical trials by NIDA. This is taking place despite the fact that it has been widely reported that Buprenorphine itself has a high potential for abuse. For example, amongst i.v. drug users in Scotland, it was reported that Buprenorphine was "used more often and by more people than was heroin (British Journal of Addiction, 1990, 85, 301-303).

OTHER treatment modalities utilize anti-hypertensive agents, anti-depressants, and anti-psychotics drugs. There is no accepted treatment for cocaine dependency.

Ibogaine has been called a "Single Administration Modality", or SAM for short. The difference between a SAM and other treatment modalities is how many times you must take it. Therapies like methadone are on-going, theoretically in perpetuity. LAMM will have to be taken twice weekly. Another treatment in NIDA's pipeline is Disipramine which also has to be taken daily for any effect to be felt.

The effects of a single treatment of ibogaine, however, do not last forever. Although for some individuals one treatment is enough, we have found increasingly that people request re-treatments. Sometimes the request came three months after the initial treatment. Other times, years have elapsed before a request for a second treatment is made. Often it is a request for a preventative measure. Other times the client may have already become re-addicted. In every case, every effort has been made to accommodate the individual.

These requests for re-treatment also indicate that there is an acceptance by addicts of ibogaine as an effective way to interrupt their drug dependency. We believe that widespread acceptance of a treatment modality by the addict population will foster and promote the concept of treatment among those who need it most.

The use of a so-called SAM-interrupter to fight addiction may sound space age and futuristic to some. Nevertheless, this appears to represent a giant technological leap in the field of addiction medicine.

1. U.S. Patents # 4,499,096 (1985); #4,587,243 (1986); #5,026,697 (1991).

2. Kaplan, Charles D; Ketzer, E; DeJong, J; & Devries, M; (1993) Reaching a State of Wellness: Multistage Explorations in Social Neuroscience, Social Neuroscience Bulletin, Vol. 6, No. 12.

In January 1993, four addicts from New York City travelled to the Netherlands to participate in an experimental treatment program which they hoped would result in the interruption of their addiction. The two day treatment regimen, referred to by its developers as The EndAbuse Procedure, has been awarded five U.S. patents. Yet the procedure is still prohibited in the U.S. and it's active agent, ibogaine, remains a Schedule 1 substance.

THIS prohibition, however, did not stop the addicts from coming, nor did it stop a number of American, German, Dutch, and Israeli researchers from attending the First International Ibogaine Treatment Symposium (See MAPS Newsletter, Vol. IV, No. 1, p. 32). Since then, an application to commence Phase 1 clinical trials was submitted to the Food and Drug Administration (FDA) by the University of Miami research team who were present.

For those who came for treatment, it was the culmination of months and even years of waiting. Their patience and persistence had paid off, and they had succeeded in making it to the top of a rather long waiting list of potential clients. They had all undergone extensive pre-treatment evaluations, which included a thorough physical examination with complete blood chemistry, cardio-vascular evaluation, and neurological testing. In addition, they had participated in dozens of counseling sessions as part of the intake procedure.

In the six months that have passed since these treatments were initiated, we have followed the progress of the patients. We have shared with them many of their trials and tribulations, some of which are included in this summary of four case histories.

Subject 1: "Marc"

A 32 year-old male, resident of New York.

Of the four subjects chronicled in this report, Marc had been waitlisted the longest. He first contacted ICASH in November, 1989 and requested help with his heroin and cocaine problem. He had learned of the ibogaine procedure through two friends, both of whom had been successfully treated.

At the time of his initial contact, he had been using both heroin and cocaine for the previous seven years, during which time he had smoked, sniffed, and injected the drugs. When first interviewed, he was spending about $100 per day on drugs.

Since then, Marc had remained in contact with our office. Over the past few years, a number of Marc's close friends have died as a result of drugs, including a best friend who died in his arms. These incidents prompted him enroll in a Harlem out-patient treatment program, Reality House, Inc., where he was placed on methadone.

Despite placement in a methadone program, and twice weekly acupuncture treatments, Marc continued to use heroin and cocaine regularly. Still, the program has a stabilizing influence on him. His attitude towards himself improved, along with his general appearance and sense of self-esteem.

NEVERTHELESS, Marc wanted to get off of methadone, and stop the endless cycle of doing more and more drugs. He continued to call and visit the ICASH office regularly to inquire about a treatment slot opening up. One of the obstacles to treatment was the fact that Marc was totally without resources, except for the meagre monthly public assistance check he received. Thus, he had to wait for the opportunity to participate in either a government or university-sponsored research project, or for the opportunity to be piggy-backed over to Europe for treatment, along with a fee-paying client. Meanwhile, he used his Medicaid benefits to obtain pre-treatment medical requirements.

Unlike most methadone programs, a goal of Reality House is, "From methadone to abstinence". They were therefore very supportive of Marc's efforts to get off methadone, and cooperated with ICASH throughout. The clinical director of Reality House, Rommell Washington, flew to Holland to observe Marc's treatment.

On January 11, the night before his treatment was scheduled to begin, Marc began a diary, a handwritten chronicle he would keep for the next two and a half months. The following day, he describes the ibogaine as "coming on slow" but when

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"IBOGAINE MAY SHOW ME THE RIGHT DIRECTION, BUT REALITY HOUSE AND OTHER SUPPORT GROUPS WILL MAKE SURE THAT I GET THERE."

it began to work, "I started to remember things I had not thought of in years. One, about a kid I knew in the first grade, things that happened when I was two years old. I saw my whole life before me, all my mistakes, why I did the things I do."

Upon returning to New York, Marc said, "What gets me the most is how I don't want to get high anymore. I think about it, but I don't act on it, it's just like I don't want to do it. I don't have that little voice in the back of my mind saying, 'Let's do just one, let's do just one. It feels good not to have to give in to that."

Marc returned to Reality House. "It felt good. It felt even better when I came in and gave back my methadone bottle, and didn't want any more meth." Ten days after treatment, Marc wrote in his diary, "I have a kind of peace of mind now that I don't have to do methadone anymore, or have to want to get high anymore. I hope and pray that I can keep this up, because there is more to this than meets the eye, and I hope that I am up to it."

Ten days after returning to New York, Marc wrote, "I can't believe how I feel so good about myself, about life, about what I can do with myself, how I feel like today I can succeed, and how I can get that job. I can get what I need to go on with my life."

Marc then considers the relationship between ibogaine and his treatment program. "Ibogaine may show me the right direction, but Reality House and other support groups will make sure that I get there. Recovery is a tool box, and ibogaine is one of the many tools."

As the weeks pass, he remains clean and in good spirits. "It's nice not to have to wake up and drink my meth first thing in this morning. The one thing that gets me is how good I feel. Every day keeps getting better."

HE BEGINS TO GO out and enjoy himself, as if for the first time. "It makes me feel good to do things like movies, and to go out to eat. When you're junked out, your life, it's like a long dark tunnel. You can only see one way, in one direction. Life is so vast, and there are so many things to do, but with drugs, you don't realize it because you're into getting high."

"I was thinking about when I was in Holland, and how the conference went. I like the way it was set up, where everyone was on an equal place, where my input was just as important as the doctors. The thing I think that's wrong with drug treatment in the U.S. is that instead of working with you, it seems more like they tell you what you will do. A lot of places, they are more interested in their pay check than your interests. I think that for a higher success rate, one must work more with the person on an equal basis, so that it makes him feel more human, more loved, and more cared for. I think drug programs in the U.S. have to become more human, more understanding, not just places to get paid so people can just make a buck.

I was thinking today how, now it's a month since I did anything. I'm scared. I wonder if I can keep it up. It's not that I don't feel good. It is just that these things come up, and I feel that I should write them down. I don't want to lose what I have so far."

Marc recorded a number of drug-related dreams in his diary, which serve as constant reminders of the problems he must face. "I had a weird dream last night. I was walking around with someone, looking to cop some dope, then we got some, and I snorted it. I could feel it go up my nose, in my hand. It was weird, and as I was doing it, I said to myself, I cannot do this, I'm fucking up my recovery. I can't do this. I was really mad, then I woke up. I just wonder what these dreams all mean. I think it shows how addiction really has a grip on you, and how nasty it can be. This is something that will be with me for the rest of my life, you know, it makes me wonder how it will be when it gets to six months. How will I be in the months to come? But the more clean time I have, the more I want to stay clean and fight off the want to get high. I just hope that I can keep this up."

Six weeks afer treatment, Marc wrote "Today I had a strong want to get high. I really thought about tossing it all away and going out and getting a bag, but I just dealt with it, and did not get high. Now that I think about ibogaine and what it did for me, this is what I think. It did not stop me from the wanting of drugs so much as it gave me the chance to look at what goes on behind, why I want to take drugs in the first place, to be able to look at my pain in an un-emotional way so I can see my mistakes and from this maybe have the strength to tell myself to say no to that want to get high."

On March 14, Marc wrote, "Well, now I got over two months clean, this is pretty wild. I never thought I could say that. I still want to get high, but I am not acting on it". But, two days later, he did.

"Last night, I did a bag of dope. I did not write about it because I was ashamed of myself. Now I am confused. I do not know what to think. I don't like how I feel. Before, I just used to do it, and that's that. Now, I feel weird. I just have to pick myself up and brush myself off and move right along and do what I have to do, re: Look at what I am doing and see what is wrong with my recovery as far as I am concerned. This feeling I have for getting high will be something that I will have to deal with for the rest of my life".

A week later, Marc concluded in his diary, "There are some things I would like to say about the last few months. First of all, as far as my experience with ibogaine, it was the most incredible experience I ever had. I have to say, it was one of the strongest turning points of my life. It gave me a chance to look at my past without any emotion, and thus was able to process all the things that went on in my life that I feel led to where I am today. I was able to face my pain and let go of it. I do not think I would be able to do this with an ordinary therapist, or it would take me a long time at that. For me, the release of pain, old pain, was like lifting a life sentence. It felt great. It was the best thing that happened to me in my recovery. Now remember, that is not to say that it was my whole recovery. If not for Reality House, I would have been dead a long time ago, like many of my friends. I don't think that I will ever go back to what I was, the way to move is forward, and I know what I have to do.

Three months after Marc was initially treated, he requested a re-treatment. Although he reported using heroin on a number of occasions, he had not become re-addicted. His request for a second treatment, therefore, was as a preventative measure. Travel arrangements were made, and a second treatment was administered. Six months after his initial treatment, Marc has applied for and been accepted to college, which he plans to start in the fall.

The regular urine samples which he continues to provide Reality House have substantially been free of heroin, cocaine or methadone. Despite his occasional drug use, we still count Marc to be among our successful cases. He is no longer addicted to drugs, has a clear vision of his life's direction, and is capable of functioning in a manner he was unable to before.

Subject 2: "Sandy"

A 37 year-old male, resident of New York.

SANDY first contacted ICASH in December, 1991. It was just over a year before the opportunity for treatment became available. Sandy was scheduled to travel to Holland with Marc, and be treated at the same time.

Sandy's primary addiction was cocaine, which he cooked up into base form and smoked. His drug use had gone unabated for the previous eight years, and he reported using between one and two grams per day. In addition, he frequently used heroin to come down after protracted cocaine binges. He also consumed large amounts of vodka or other spirits throughout the day to "take the edge off".

Except for odd jobs, Sandy has been unemployed for over three years. His last full-time job, as a cab driver, ended when his license was suspended for failing to pay a number of tickets. Sandy managed to maintain his habit but exploiting the sympathy and generosity of others, which he managed to do with great skill. He constantly pestered others for money until →

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their resistance weakened and they gave in.

The prognosis was only slightly tilted toward success. On the positive side, we had a 37 year-old man with an eight year drug history who claimed that he sincerely wished to quit. He stated that he was tired of being an addict, and may well be reaching the "maturing out point" of his addiction. On the negative side, he had few, if any, marketable skills. Nor has he had any substantive job experience in nearly a decade. He clearly needs employment training and counseling to succeed.

Enhancing his chances to succeed was the strong support network which Sandy had acquired. But, during the year-long intake process, it was shattered. Initially, his support network consisted of a Hassidic rabbi, his wife, and a small orthodox congregation. Sandy, who was the son of an orthodox rabbi, was adopted for a time by the congregation.

ALTHOUGH IT APPEARED AT FIRST THAT THE TREATMENT HAD NOT BEEN EFFECTIVE WITH THIS PARTICULAR PERSON, SOMETHING WAS OCCURRING WITHIN SANDY WHICH WOULD ALTER THE COURSE OF EVENTS.

PERHAPS it was the meals, which were regularly served, or the sponge cake, cholent, and schnapps that first attracted Sandy to the shul, but it wasn't long before he became an active participant. He not only did odd jobs at the synagogue, but attended services on Friday night, Saturday, and Sunday. He was well liked by the congregation, whose membership had offered to pay his airfare to Europe for treatment with ibogaine.

All that changed, however, when Sandy committed the ultimate *chutzpah*, and was banished from the *shul*. The loss of his major support network sent Sandy into a tailspin, and he began drinking and doing drugs with still greater veracity than previously reported. He continued in this manner for almost three months, until such time as he left for Holland to be treated.

Once in Holland, he was stabilized and treated. His post-treatment recovery was remarkably rapid, and he was up and about shortly after the 24-hour mark, and began eating enormous amounts of food. Since this was his first time outside the United States, he decided to extend his stay an extra week, and visited Amsterdam, Rotterdam, and other places.

The following week, he returned to New York's lower East side. For about a month, he remained clean, but then started to cook cocaine once again, although he would comment, "I don't enjoy it anymore, the way I used to."

Although it appeared at first that the treatment had not been effective with this particular person, something was occurring within Sandy which would alter the course of events. This could be characterized as the delayed effects of ibogaine, as opposed to the acute effects or the short-term effects. This culminated with a specific realization which was the result of an intensive thought process, and was the decision to mark a new course of action.

Sandy came to the realization that he had little or nothing going for him in New York, and that he has the opportunity to do anything or go anywhere he wanted in order to start a new life. And if he was sincere about giving up drugs, he would have to consider starting a new life. Sandy decided he would go to Israel, but he wanted to go there clean.

Sandy asked, "If I get a ticket to Israel with a stop-over in Holland, could I get a re-treatment? I would like to be completely de-toxed when I arrive in Israel." The answer was affirmative.

Sandy participated in mapping out his own recovery program. He has been living and working on a kibbutz in Northern Israel for the last three months, and has been completely drug-free for that period.

Subject 3: "Al"

A 36 year-old male, resident of New York.

Al is a percussionist who performed for 13 years with a well-known rock and roll band. Although he is no longer with them he stated that he still works as a musician and supplements his income by working in music and electronics stores. He prefers, if possible, to just hang out. He has no dependents, other than himself, and is quite happy doing what he does for a living providing he can make ends meet.

Al began using cocaine twenty years ago, at age 16. At times, he characterizes his cocaine use as minimal but often he is boastful about the huge amounts of cocaine he can consume on a single binge. Based upon twenty years of use, he estimated an average daily dose of 1/2 gram per day.

Al also reports regular use of alcoholic beverages, and occasional use of heroin. However, free-base cocaine is his major problem. He reports spending an average of $1,000 per month on drugs, principally on cocaine. He has never been treated before for drug dependency, either in an in-patient or out-patient setting.

Al has been hospitalized on two occasions. The first involved an operation to remove his gall bladder, and required a ten day stay. The second incident occurred three years ago, when he was run over by a drunk driver. He was hospitalized for six months after the incident, and suffered broken arms, legs, and a shattered pelvis. He reports being "bolted back together" by doctors who inserted steel pins throughout his body. Since that incident, he reports that he suffers from painful joints and stiff muscles. He also reports chronic asthma, numerous allergies to dust, pollen, etc., and requires the use of an asthma spray on a regular basis. He finds it difficult to breathe and often finds himself out of breath long before anyone else. He also reports frequent bouts of fatigue or exhaustion.

Al maintains his own apartment, and resides there by himself. He has a long-standing relationship to a strong, stable woman who is not addicted to drugs. Although they did live together for some time, in her apartment, his cocaine problem interfered with their relationship to such a degree that she demanded that he move out and find his own apartment, which he did.

The relationship, however, did not fade. They continued to see each other on a regular basis, go out, and occasionally spend the night together. Both feel that their relationship will strengthen and further bond if Al can only stop doing cocaine.

Al possesses humor, wit and charm. He is sharp as a tack and usually is fun to be with. However, there is another side of him which appeared within the context of this relationship. That side is nasty, hostile, abusive and threatening. When these outbursts occurred, their relationship teetered on the brink of dissolution. After a cooling off period, they would inevitably reconcile.

WAS THIS bullying behavior a result of cocaine abuse, or part of his psychopathology? Perhaps it was a combination of both. When discussing the effects and aftereffects of treatment with a client, it is stressed that ibogaine will not effect the personality of the individual nor alter behavioral characteristics other than to interrupt drug-seeking behavior. You remain the same person you were before. There are, however, new understandings and insights which prompt psychological and emotional growth which often leads to a more mature approach to life.

Al was impressed with the ibogaine treatment. "It's the heaviest thing I've ever done," he said shortly after the treatment. He didn't speak much about what he saw, but indicated that there was a great deal of material that he did see.

Returning to New York, Al began to pursue what was formerly a hobby and turned it into a business; collecting antique games and toys. He and his significant other quickly reorganized and began buying at auction and selling at flea markets and bazaars.

Al reported that for three months following treatment, he remained cocaine free despite living near a particularly notorious corner and being offered it on numerous occasions. "Man," he said, "I don't even want to do it."

Six months after treatment, Al reports that he now occasionally uses cocaine but confines his use to weekends only. He is still involved with the same woman, and appears to have redefined the direction of his life. →

AL WAS IMPRESSED WITH THE IBOGAINE TREATMENT. "IT'S THE HEAVIEST THING I'VE EVER DONE," HE SAID SHORTLY AFTER THE TREATMENT.

SHE HAS REMAINED COMPLETELY FREE FROM HEROIN, COCAINE, AND METHADONE.

Subject 4: "Nancy"
A 33 year-old woman, resident of New York

Born and raised in the Bronx, Nancy left home when she was 15 years old. Although her first experience with heroin occurred when she was 12 years old, it was not until her twenties that she became addicted. When she first contacted ICASH, she stated "I have been addicted to heroin and methadone for the past ten years."

After many years of living on her own, Nancy returned to her mother's home in the Bronx and was living there with her mother and two brothers. She has four brothers ranging in age from 34 to 22. The younger brothers, who were living at home, both use drugs frequently, but the older ones do not, except on weekends.

Nancy dropped out of high school but later obtained her G.E.D. and then attended college for two years. She had been recently employed as a bookkeeper and worked as a travel agent on occasion. However, when she first contacted ICASH, she was on welfare.

A nervous person, she is often keyed up and jittery. She suffers from high blood pressure and has previously taken prescribed medications to control the problem. When interviewed, she stated that she had discontinued using the medication and had been regulating her blood pressure by using methadone and/or heroin instead.

Nancy has detoxed several times in the past and has received both in-patient and out-patient treatment at a number of different facilities. Yet, none of these treatment programs were able to achieve long-term success in either curbing craving or use of drugs. She also advised us that on previous occasions, whenever she had detoxed, her blood pressure would skyrocket. This was a matter of great concern.

When first interviewed, Nancy was enrolled in a private, for-profit methadone maintenance treatment program (MMTP) where she was receiving 80 mg. per day of methadone. We contacted her counselor and submitted a consent form for the release of her records which were provided to us. We then referred Nancy to a clinic for pre-treatment evaluations.

ONCE HER pre-treatment evaluations were completed, arrangements were made for her to travel to Holland for ibogaine treatment. She, along with Al, would comprise Group Two and would be treated during the second week of the symposium. Since both she and Al were to be treated simultaneously, we booked them on the same KLM flight. Although they had never met, Al was aware that his counterpart was on the same flight. Shortly after take-off, he began to stroll about the plane, scrutinizing each passenger wondering if he could spot the one. At the very back of the plane, under a cloud in the smoking section, he spotted a woman wearing dark sunglasses. Smoking a cigarette and nervously flicking the ashes, looking around, she then noticed a man with long dreadlocks and an ear to ear grin staring at her. "Pardon me, " he asked Nancy, "But are you going over to Holland to take ibogaine?" Six hours later, they arrived in Holland just like old friends.

During pre-treatment medical screening, Nancy was found to be suffering from multiple abscesses and infections, the result of a two week binge of shooting cocaine and heroin. Medical attention was immediately provided and a Dutch physician tended to her wounds twice daily for the next ten days before, during and after her treatment with ibogaine.

Additional pre-treatment interviews revealed that in addition to the 80 mg. of methadone provided to her by her clinic, Nancy was scoring an additional 40 mg. per day on the streets which she had previously not reported to us. Nor had she reported that she was also shooting heroin and cocaine.

The treatments occurred as planned. As is often the case, the post-treatment recovery period is usually shorter for the cocaine dependent person than for the opiate dependent person. Al was on his feet and fully recovered 24 hours ahead of Nancy.

After treatment, both Al and Nancy decided to go to Amsterdam. Both had previously been to Europe and had friends there. In Nancy's case, it was an old boyfriend whom she hadn't seen for a number of years.

Off they went to Amsterdam as the treatment group prepared to treat Group Three, comprised of two Dutch addicts. We were all curious to see if Nancy and Al would get to Amsterdam and immediately go and use drugs. After three days, they returned having had a wonderful time without either of them using heroin, methadone, or cocaine. Both stated that they could have scored drugs of they had wanted to but that they just didn't have the desire to do so. But it was Nancy who, with the utmost joy, announced news of a monumental nature to all assembled. "Last night," she shrieked, "for the first time in years and years, I had an orgasm." Applause filled the room.

SHORTLY THEREAFTER, Nancy returned to New York. Her first major realization was that her recovery demanded that she not return to her mother's house in the Bronx, where her brothers were doing drugs. She immediately contacted a friend and borrowed $100 to spend her first night back in a mid-town hotel.

The next day, she activated a support network of old friends and was able to secure the beginnings of a new life in a relatively short period of time. She was able to find an apartment in the Chelsea section of Manhattan as well as a job as a bookkeeper. She went to a physician immediately upon her return and was prescribed medication for her blood pressure condition. Then, she made an appointment to see her counselor at the MMTP.

There is a fundamental difference between the treatment program at Reality House, where Marc (Subject #1) was a client, and the MMTP program where Nancy was a client. Reality House maintained a policy which they called "From Methadone to Abstinence". Although they had clients on methadone for years, the goal nevertheless was abstinence. At Nancy's MMTP, the program could be characterized as "Methadone for Life."

Rather than encouraging Nancy's recovery, her counselor sensed that she might lose a private fee-paying customer. She encouraged Nancy to go back to methadone saying, "Wouldn't you feel more comfortable taking just 20 mg. of methadone per day?" Eventually, Nancy relented and agreed to go on 20 mg. per day.

After being on methadone for just over a month, Nancy decided that she had had enough and contacted ICASH again requesting referral for a re-treatment. Approximately three months after her initial treatment, Nancy flew back to Holland for a second treatment. Since then, she has returned to New York and pursued her career options. She has remained completely free from heroin, cocaine, and methadone. She now steers clear of her old clinic.

Six months after her initial treatment, Nancy was interviewed by a psychologist specializing in addictive disorders. When asked about the pro's and con's of the treatment, Nancy responded, "There were no negatives, only positives." When asked, "What makes it work?", she acknowledged, "that's the big mystery. I think it does something unconsciously. It helps to enhance your decision making ability."

Asked about what has happened since she first received the treatment, Nancy stated, "Everything has gotten better since I took the ibogaine. I can work and I can function. I'm ready to take another step."

"EVERYTHING HAS GOTTEN BETTER SINCE I TOOK THE IBOGAINE. I CAN WORK AND I CAN FUNCTION. I'M READY TO TAKE ANOTHER STEP."

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NIDA and Ibogaine Research:

Excerpts of Bob Sisko's Remarks on May 12, 1993 to the 54th Meeting of the National Advisory Council on Drug Abuse at the National Institutes of Health, Bethesda, Maryland

Bob Sisko

On May 1, 1993, a rally was held at the Harlem office Congressman Charles Rangel demanding an investigation of the National Institute on Drug Abuse (NIDA) and their contradictory policies relating to research and development of the addiction interrupter, ibogaine. While claiming to have prioritized ibogaine testing, NIDA appears to be foot-dragging at best, and at worst appears to be blocking development at every turn.

At a on meeting on October 12, 1991, Charles Grudzinskas, Frank Vocci and others at NIDA's Medications Development Division assured members of the Harm Reduction Coalition that clinical trials would commence by the Fall of 1992. Not only have these trials failed to materialize but NIDA appears to be looking the other way.

Last January, a group of respected doctors and scientists from the United States, Germany, Israel, and the Netherlands gathered to observe a series of ibogaine treatments on a group of American and Dutch addicts. This was not a secret conference but one widely reported on the media. ABC/TV conducted extensive interviews for its nationally broadcast newsmagazine DAY ONE, which is now scheduled to be aired late this summer. Yet NIDA did not see fit to send a representative to observe the medically supervised clinical application of ibogaine. Although NIDA is conducting a wide range of research on ibogaine in the animal model, they have consistently resisted evaluating its potential for human application.

As early as 1989, we referred a heroin addict with a $400 per day habit to Dr. Carlo Contoreggi of NIDA's Addiction Research Center (ARC) for evaluation. Some months later, after the addict had been treated with a single administration of ibogaine, he returned to the ARC for post-treatment evaluation. To Dr. Contoreggi's surprise, the subject was clean, and reported that he had not undergone any withdrawal symptoms. When we tried to arrange another referral to the ARC for pre- and post-treatment evaluation, higher-ups at the ARC ordered Dr. Contoreggi to stay away from any such evaluations.

Two years later, in the summer of 1992, Dr. Contoreggi was in Amsterdam attending the International AIDS Conference, and was present at an ibogaine treatment session. Roy Pickens, director of the ARC, acknoweldged this at the September, 1992 meeting of the Advisory Council and in a subsequent letter but nevertheless refused to let Dr. Contoreggi speak publically about what he saw. Pickens wrote "Carlo Contoreggi, M.D., did observe an administration of ibogaine in Amsterdam this summer. He did so, however, not as a representative of NIDA but as a private individual on leave from his official duties as a physician at the Addiction Research Center. It would, therefore, be inappropriate for him to attend a meeting where his remarks on ibogaine could be construed as a reflection on the positions of NIDA or the Federal government."[1]

Just what are those positions? Why is NIDA conducting ibogaine research in secret and not sharing study designs? Why has NIDA avoided evaluating the clinical application of ibogaine, as it is done in Holland?[2] Why do American addicts have to go to Europe to receive this life-saving medicine? Why is NIDA dawdling while addicts are dying?

In the past, NIDA has expressed concerns relative to the safety and efficacy of ibogaine. In response, I would like to quote from two recent papers, both published this year. The first was written by Dr. Robert Goutarel, honorary research director of the Natural Substances Division of the National Center for Scientific Research (CNRS) of France, who is considered to be the world's leading expert on ibogaine. Dr.Gouterel states "The toxicity of ibogaine is very low, lower than that of aspirin."[3] Regarding ibogaine's efficacy, Charles Kaplan reported his findings from focus group study conducted in the Netherlands with heroin addicts who had been treated with ibogaine by "lay healers". The results were impressive, Kaplan states "All [the addicts] reported an interruption of heroin-seeking behavior for relatively long periods of time, a state they never thought they would reach given their former nihilistic, depressed view of life."[4]

We believe that community based clinical trials would be appropriate given the gravity and dimension of the problem. I urge NIDA to forge an alliance with all the concerned parties and form a working group incorporating addict self-help networks, community based treatment programs, medical and treatment specialists, and NDA, the company which developed the ibogaine procedure. In this way, the goal of community based trials can be accomplished.

Footnotes

1. Pickens, Roy W, letter to B. Sisko, November 12, 1992.

2. Sisko, B.,(1993), The First International Ibogaine Treament Symposium, MAPS Newsletter, vol. 4, No. 1.

3. Goutarel, Robert; Gollnhofer, O; Sillans, R (1993) Pharmacodynamics and the Therapeutic Applications of the Iboga and Ibogaine. Psychedelic Monographs and Essays, Vol. 6, p. 103.

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A Retrospective Study of Alterations in Consciousness During Shamanistic Journeying and MDMA Use

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IN RECENT YEARS, two of the most visible new methods of altering consciousness have been neo-shamanic drumming/journeying, and the drug MDMA. Interest in these altered states can be found in articles in transpersonal publications such as *Common Boundary, Shaman's Drum, Yoga Journal, Magical Blend,* and *ReVision,* as well as numerous texts. The following is a report on the results of a dissertation study that empirically researched these experiences to determine how people thought that these methods had altered their consciousness.

THE PURPOSE of this study was to compare how MDMA and shamanistic journeying were experienced by two groups of participants. Phenomenological scales and case studies were employed to assess and describe the two experiences.

Metzner's (1989) revised generalized set, setting, trigger model states that for all altered states and the ordinary reality state, the contents of consciousness that we experience are determined primarily by the set (internal factors, i.e., expectation, intention, personality, mood, values, attitudes, beliefs), the setting (external factors, i.e., context, physical and social environment, expectations and behavior of others present), and the trigger (in this case MDMA and the Harner Method of shamanistic drumming/journeying).

In the present study 40 volunteers between the ages of 33 and 67 were divided into two groups. Twenty members (10 males, 10 females) were practitioners of the Harner Method of Shamanistic Journeying. The other 20 members (10 males, 10 females) obtained and self-administered doses of MDMA to themselves. Members of both groups anonymously completed the Phenomenology of Consciousness Inventory (PCI), the Mysticism Scale (M-Scale), the Experience Questionnaire (EQ) within 30 days of their last experiences. Two subjects from each group were chosen for case study interviews.

An overview of the findings underscore the importance of the set, setting, trigger model. The participants in this study were "serious" practitioners. That is, the subjects engaged the experiences of MDMA use or shamanistic journeying with intentionality. For the most part, subjects reported being well educated (advanced degrees), had previously experienced altered states induced through other means, and had a transpersonal quest of divination, spiritual emergence, and personal growth. Setting was also very important as subjects in both groups reported environments and rituals that were critical to maximizing and fully appreciating the benefits of their experiences. Finally, the MDMA or shamanistic drumming/journeying triggers were the catalysts that subjects preferred and had been using a minimum of six times in the past year. The findings showed that subjects had actually had many more experiences spanning a much greater period. Polydrug users and practitioners of other transpersonal methods were excluded from this study.

While there were many statistically significant differences between the two groups, the overall finding was that on almost all variables the means of both groups were very high, suggesting that while the two experiences may have been different in kind, they were similar in degree. Both groups showed high mean scores on variables of set (i.e., clarity of →

THE PURPOSE OF THIS STUDY WAS TO COMPARE HOW MDMA AND SHAMANISTIC JOURNEYING WERE EXPERIENCED BY TWO GROUPS OF PARTICIPANTS.

intent, premeditation, seeking an answer to a question), and setting/intention (creating an environment for healing, problem solving, and self-exploration).

MDMA subjects indicated that having a good time, and using MDMA for creative purposes were important elements of their experience. This both supports and extends the Watson and Beck (1991) finding that, "MDMA users are attracted to MDMA for two fairly distinct reasons: its alleged therapeutic/spiritual benefits and its reputed euphoric/sensual properties" (p. 263). It appears that the MDMA subjects in this research project have serious therapeutic/spiritual intentions, enjoy its euphoric/sensual properties, and use it for creative purposes.

MDMA subjects reported having high expectations and an experience that was in their volitional control. Shamanistic journeyers reported lower expectations than the MDMA subjects as well as significantly less volitional control and perceived creativity.

BOTH GROUPS reported voluntarily entering the altered state to develop intimate relationships either with humans (MDMA) or spirits (journeyers) in order to solve problems. Nevertheless, both groups reported positive changes in their intimate human relationships.

Interestingly, while it was expected that the shamanistic journeying subjects would report perceiving themselves as related to *shamans*, the MDMA subjects also made mention of shamanism with terms such as *warrior woman, medicine-man/woman,* and *shaman spiritual warrior.*

Subjects in both groups self-administered the MDMA or practiced shamanistic journeying in a lay setting suggesting that these serious practitioners do not need, or are not inclined to use a "guide" or "facilitator" to conduct the experience, although they may have guided others or were themselves guided on previous occasions.

High mean scores for mystical experience and religious experience were reported for MDMA subjects and shamanistic journeyers. Interestingly, religious experience scores were higher than mystical experience scores in each group. This was an unexpected finding and there may be some evidence that would support cosmological mysticism.

The data showed that MDMA users did not meet the DSM III-R criteria for abuse and dependence. However, given that this was self-report data, caution should be exercised before weighting this finding too heavily.

WITH REGARD to side effects, MDMA users reported after-effects of high emotional well being and low physical energy in the 24-hour period following the MDMA session. The results suggest that there is a physical recovery period following MDMA use that often lasts as long as 1 - 2 days in duration. However, the vast majority of research subjects perceived that the after-effects and recovery period from MDMA use were never or rarely a problem.

In conclusion, it appears that when used with a mindset and setting of "serious" purpose, MDMA use and shamanistic journeying are potent triggers facilitating self-transformation. The practices may be precursors of what Needleman (1975) referred to as "new religions" (p. 220). Harlow and Beck (1991) call these MDMA practitioners "New Age Seekers," while Doore (1989) referred to shamanistic journeyers as the "New Shamans." In examining the role of psychoactive substances in shamanic transformations of consciousness, Metzner (1988) states, "The individual seeks a vision to understand his or her place, or destiny, as a member of the community." It seems that both the MDMA users and the shamanistic journeyers in this study are examples of Metzner's statement. This also bespeaks the notion of personal mythology and its importance in shaping a personal and collective vision. The MDMA users' and shamanistic journeyers' experiences suggest spiritual emergence and the development and maintenance of a personal mythology that is integral to their ongoing lives. •••

WHEN USED WITH A MINDSET AND SETTING OF "SERIOUS" PURPOSE, MDMA USE AND SHAMANISTIC JOURNEYING ARE POTENT TRIGGERS FACILITATING SELF-TRANSFORMATION.

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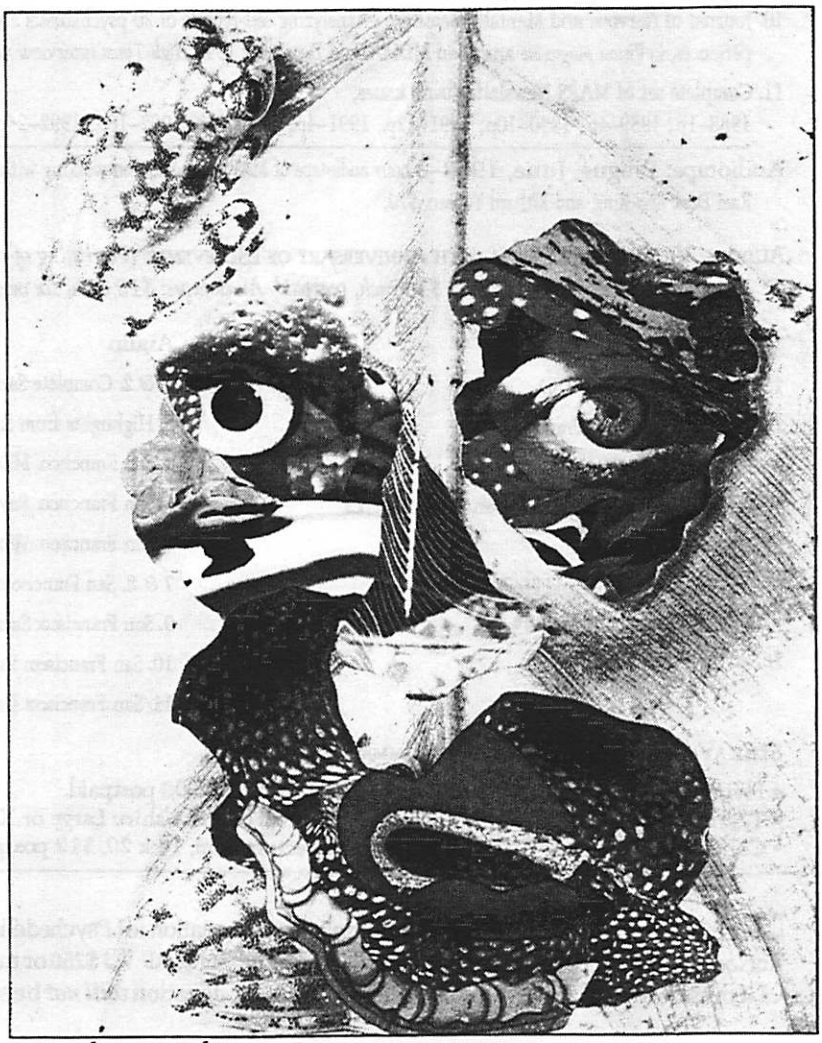
A Multinational, Interdisciplinary Biomedical Investigation of Hoasca, A Plant Hallucinogen used in Brazil

Dennis J. McKenna, Ph.D.
Aveda Corporation, 4000 Pheasant Ridge Drive, Minneapolis, Minnesota, 55449

IN A PREVIOUS ISSUE of the MAPS newsletter (Vol. III, No. 3, Summer, 1992), a summary description of a proposed biomedical investigation of Hoasca, a hallucinogenic beverage prepared from indigenous Amazonian plants, was published in order to solicit financial support for the study. Hoasca, also known as ayahuasca, is used as a ritual sacrament in a religious context by a number of syncretic religious movements in Brasil, as well as by indigenous peoples throughout the Amazon basin. Its legitimate use for religious purposes in Brasil has recently been sanctioned by CONFEN, the Brazilian Federal Drug Council. The proposed study was conceived as a collaborative research effort between Botanical Dimensions, a non-profit research organization dedicated to the preservation and investigation of plants of ethnomedical importance, and several Brasilian and U.S. organizations. We are pleased to report that, thanks to the generous contributions of several individuals, Botanical Dimensions has obtained sufficient funds to initiate a pilot biomedical study of the acute and long-term effects of hoasca tea among members of the Uniao do vegetal, one of the larger Brasilian religions which have incorporated Hoasca tea into their religious rituals.



"Vegetalista," © Robyn Sean Peterson

The research team went to Brasil in late June and early July, 1993 to conduct the first phase of the study. Principle co-investigators on the study will include Dennis J. McKenna, Ph.D., Research Director of Botanical Dimensions, and Dr. Charles Grob, M.D., of the Department of Psychiatry, UCLA. Collaborating investigators will include Kym Faull, Ph.D., of the UCLA School of Medicine; Jace Callaway, Ph.D. currently of the Department of Pharmacology, University of Kupio, Finland (see his article on pages 30-32); and Edison Saraiva Neves, M.D., and Glaucus de Souza Brito, M.D., both of the Centro de Estudos Medicos, UDV. Additional Brasilian and U.S. collaborating investigators may also participate.

As described in the previous MAPS newsletter, the objectives of the initial studies will include assessments of the psychiatric profiles and platelet receptor binding characteristics in long-term users of hoasca tea; determination of the acute effects of hoasca on physiological and neuroendocrine functions; quantitative analysis of DMT and harmine in plasma following acute administration of hoasca tea; and quantitative analysis of various kinds of hoasca tea and their associated source-plants. The results of the study will eventually be submitted for publication in peer-reviewed journals, but will also be made available to readers of the MAPS newsletter. Continue to watch this space.•••

PUBLICATIONS AVAILABLE FROM MAPS

(Simply circle the ones you want and enclose payment)

1. Exploring Ecstasy: A Description of MDMA Users. Final Report to the National Institute on Drug Abuse. Marsha Rosenbaum, & Patricia Morgan, Co-Principle Investigators, Jerome Beck, Project Director. 253 pages. Cost - $30.
2. The MDMA Controversy: Contexts of Use and Social Control, Jerry Beck's Ph.D thesis for a Doctor of Public Health from the U. of Cal., Berkeley. 271 pages. Cost - $30.
3. E for Ecstasy, by Nicholas Saunders, — $16 postpaid.
4. Through the Gateway of the Heart, signed by Ralph Metzner, $11.50 postpaid.
5. Marijuana – The Forbidden Medicine, by Lester Grinspoon and James Bakalar – $25.75 postpaid
6. LSD in the Treatment of Substance Abuse Protocol, by Kurland, Yensen and Dryer, 20 pages, & Smoked Marijuana vs Oral THC in the Treatment of the HIV-related Wasting Syndrome Protocol, by Abrams, 8 pages; both $8.
7. MDMA Psychotherapy in End-Stage Cancer Patients–The Protocol - 49 pages, $10.
8. The Good Friday Experiment Follow-Up, the article on psychedelics and experimental mysticism by Rick Doblin, published in the August, 1991 *Journal of Transpersonal Psychology*, $8.
9. Against Excess: Drug Policy for Results, Mark A. R. Kleiman - $26.
10. Journal of Nervous and Mental Disease paper analyzing self-reports of 20 psychiatrists about their own MDMA experiences, *ReVision Magazine* article on MDMA, and December 1992 *High Times* interview with Rick Doblin, 23 pages, $8.
11. Complete set of MAPS Newsletter back issues, 1988–1p., 1989–4p., 1990–10p., 1991–12p., 1991–4p., 1991–12p., 1992–16p., 1992–24p., 1992–36p., 1993-48p; $30.

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3. San Francisco: MDMA
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7. San Francisco: Drug Policy

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5. San Francisco: Raves
6. San Francisco: Women & Psychedelics
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❑ YES! I would like to join the Multidisciplinary Association for Psychedelic Studies.
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PATRONS: CHECK THE MEMBERSHIP BENEFIT YOU PREFER...

❑ Santa Cruz: LSD Video
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❑ San Francisco: Drug Policy Video
❑ San Francisco: Sacred and Healing Plants and Psychedelics and Culture Video

MAPS is a membership-based organization working to assist psychedelic researchers around the world design, obtain governmental approval, fund, conduct and report on psychedelic research in humans. Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax deductible donations from about 700 members. MAPS' founder and current president, Rick Doblin, is on leave of absence from the Ph.D. program in Public Policy at Harvard's Kennedy School of Government and has previously graduated from Stan and Christina Grof's Holotropic Breathwork 3 year training program.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (methylenedioxymethamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psycho-therapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses.

Albert Einstein wrote that *"Imagination is more important than knowledge."* If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please consider joining MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of individuals who care enough to take individual and collective action. In addition to supporting research, your contributions will return to you the following benefits:

The MAPS Newsletter:
Each quarterly newsletter will report on MAPS research in progress. In addition to reporting on our own studies, the newsletter will focus on psychedelic research both in the US and abroad and on conferences, books and articles of interest. Issues raised in letters and calls from members will be addressed, as will political developments that effect psychedelic research and usage.

General Membership: $30.
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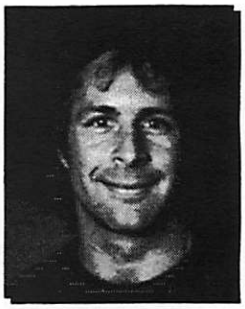

Rick Doblin, MAPS President

"WE MUST FREE SCIENCE AND MEDICINE FROM THE GRASP OF POLITICS AND GIVE ALL AMERICANS ACCESS TO THE VERY LATEST AND BEST MEDICAL TREATMENTS."

PRESIDENT W. J. CLINTON, JANUARY 22, 1993

TRYPTAMINES, ß-CARBOLINES AND YOU

J.C. Callaway
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University of Kuopio, POB 1627, SF-70211 Kuopio, Finland

TRYPTAMINES and ß(beta)-carbolines are two classes of psychoactive indoles found in plants and animals[1]. They have been implicated in a host of neurological functions and display a wide range of neurological activity, which is dependent on their molecular configurations[2]. A subgroup of ß-carbolines found in some plants are known as the harmala alkaloids; e.g. harmaline in *Peganum harmala* or *Banisteriopsis caapi*. Some ß-carbolines have been detected in the tissues and fluids of mammals, including humans, where they are thought to be produced from endogenous tryptamines such as serotonin, 5-methoxy-tryptamine and tryptamine itself. Psychoactive methylated tryptamines such as dimethyltryptamine (DMT), 5-methoxy-dimethyltryptamine (5-MeO-DMT) and 5-hydroxy-dimethyltryptamine (bufotenine) and have been detected in normal human beings as well[3,4,5], though their biological purpose remains a mystery.

THE PSYCHOACTIVE INDOLES ARE INTERESTING NOT ONLY FOR THEIR EXOGENOUSLY INDUCED EFFECTS ON THE HUMAN MIND, BUT ALSO FOR THEIR NATURAL OCCURRENCE IN HUMANS.

THE PSYCHOACTIVE indoles are interesting not only for their exogenously induced effects on the human mind, but also for their natural occurrence in humans. In the early 1950's Osmond and Smythies, in their transmethylation hypothesis, proposed endogenous 'schizotoxins' to be responsible for the symptoms characteristic of hallucinatory psychoses, and initiated a era of search for the chemical basis of undesirable states of mind[6]. This search was later confounded by the fact that these substances were also found in otherwise normal humans, in addition to many of the other animals in the scientific barnyard. At that time, the psychedelics were referred commonly referred to as 'psychotomimetics' and 'models for psychosis', and it was difficult to rationalize a normal function for an endogenous psychedelic. Unfortunately, the idea of normal dreaming did not occur to these early pioneers as a possible function for the natural occurrence of endogenous psychedelic substances[7,8].

The Tryptamines

Serotonin, melatonin, bufotenine, DMT, 5-MeO-DMT, and tryptamine are well known examples of this group. They primarily originate from tryptophan, an essential amino acid obtained through the diet. All of these tryptamines interact within the central nervous system. DMT is a very potent psychedelic chemical when smoked or injected, but is orally inactive. The onset of its effects are known to be extremely fast, brief and intense. One could say that DMT evokes a transient psychedelic test pattern, exploding with color imagery. 5-MeO-DMT shares similar properties, but is often devoid of visual imagery at effective doses. Its effects have been described as primarily emotive. Bufotenine shares similar properties with these two, especially in terms of a fast onset and short duration of intense action. However, at effective doses, any psychoactivity of interest is essentially lost in the physiological noise it elicits through the serotonergic system. Early reports on the effects of bufotenine in humans clearly

indicate its psychoactivity[9], though its polar quality apparently hinders significant passage into the brain. Perhaps the psychoactivity of bufotenine is actually due to its enzymatic conversion to 5-MeO-DMT.

Their Activity

The concurrent use of methylated tryptamines with ß-carbolines has been employed by indigenous peoples of the Amazon since prehistoric times. The psychoactivity of these indole alkaloids can be attributed to their similarity to biogenic amines produced in the brain on a regular basis.

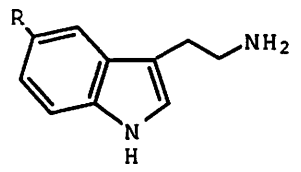
Monoamine oxidase type A (MAO-A) is an enzyme which normally inactivates tryptamines, though it can be chemically blocked to prevent their destruction and thus facilitate their activity. Some of the older antidepressant drugs work this way. In general, though with some reservations, ß-carbolines will inhibit this enzyme.

Another mechanism of tryptamine inactivation, particularly for serotonin, is by reuptake into pre-synaptic vesicles. Newer classes of antidepressants act by blocking this uptake and neuronal activity is facilitated by preventing the retreat of excess serotonin, and probably other tryptamines, into the pre-synaptic neuron for storage and recycling. Certain endogenous ß-carbolines can also inhibit this (re)uptake of the serotonin[10].

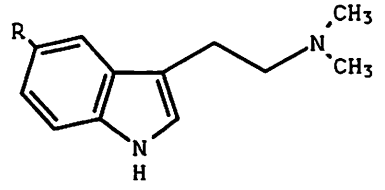
These two routes, MAO metabolism or (re)uptake into pre-synaptic vesicles, account for most of the inactivation of endogenous tryptamines, and some endogenous ß-carbolines can inhibit both pathways. Pinoline (6-methoxytetrahydro-ß-carboline) and tetrahydro-ß-carboline are good examples of this, and both have been shown to possess specific binding sites in the pineal, adrenals and specific areas of the brain[11].

Applications

The ß-carbolines can also facilitate the neuronal transmission of exogenous tryptamines. In Ayahuasca, for example, harmaline and other ß-carbolines are extracted from species of *Banisteriopsis* to promote the activity of DMT (obtained from other plant sources). Harmaline chemically blocks MAO for several hours and thereby allows DMT to become orally active.

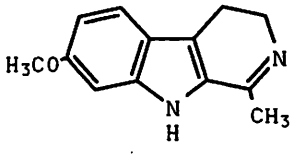


R = H_3CO; 5-MeOT
= HO; Serotonin
= H; Tryptamine



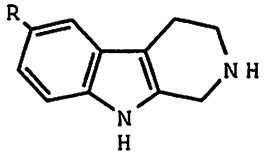
R = H_3CO; 5-Methoxytryptamine
= HO; bufotenine
= H, dimethyltryptamine

Endogenous tryptamine derivatives found in humans



Harmaline

An MAO inhibitor and ß-carboline found in some plants



R = H_3CO; Pinoline
= H; THβC

Two endogenous ß-carbolines found in humans

SUCH AN EXPERIENCE OFFERS A UNIQUE GLIMPSE OF THE SOUL AS A TEMPORARY DREAM-LIKE STATE.

Harmaline, like other harmala alkaloids, does not seem to possess classical psychedelic activity (that activity similar to LSD, psilocybin/psilocin or mescaline). Even at high doses (5 mg/kg), the best one can expect from harmaline would be intense nausea, diarrhea, nystagmus and perhaps the sound of rushing water. A 0.5-1.0 mg/kg dose of harmaline (orally) is sufficient to block MAO for 4-6 hours without much of the physiological noise encountered at the higher doses. During this time, one can take DMT (0.5 mg/kg) or 5-MeO-DMT (0.1 mg/kg) orally to induce an interesting psychedelic state which is similar, but qualitatively different, from smoking either of the two tryptamines alone. Smoking DMT or 5-MeO-DMT after ingesting only harmaline yields a similar, yet distinctly different, state which lasts a little longer and provides more volitional control within the smoking experience.

CONCLUSIONS

Since these same psychoactive tryptamines occur in humans, it is possible that their activity may be promoted by the actions of endogenous ß-carbolines for normal psychological processes; e.g. the production of visual/emotive imagery in sleep. The periodic altering of consciousness in sleep may even be necessary for the maintenance of normal mental health, since only a few days of sleep deprivation will result in a seepage of hallucinatory phenomena into the waking state. On a similar line of reasoning, an offset dreaming mechanism may explain some aspects of hallucinatory psychoses. The willful induction of a psychedelic state presents us with another option which is probably an extension of an intrinsic desire, at least in some, to know. Such an experience offers a unique glimpse of the soul as a temporary dream-like state. Thus it seems quite normal that some choose to induce such a state for the purpose of examining the psyche within the frame work of a waking state of mind.

A NOTE OF CAUTION

It is not the intent of this author to encourage others to ingest psychoactive substances, but to provide accurate information for those who may. The combination of MAO inhibitors with psychoactive substances other than tryptamines should be avoided. Tryptamines have other routes of metabolism, though many phenethylamines (e.g. MDMA) are highly dependant on MAO for their metabolism, and its inhibition may result in life threatening situations. Also foods containing tyramine should also be avoided in conjunction with MAO inhibitors. Be aware!

ACKNOWLEDGEMENTS

The experimental data and subjective information reported in this article was obtained through informal interviews. Thanks to these individuals who provided this information of their private experiences. No funding was requested or required for this type of study. •••

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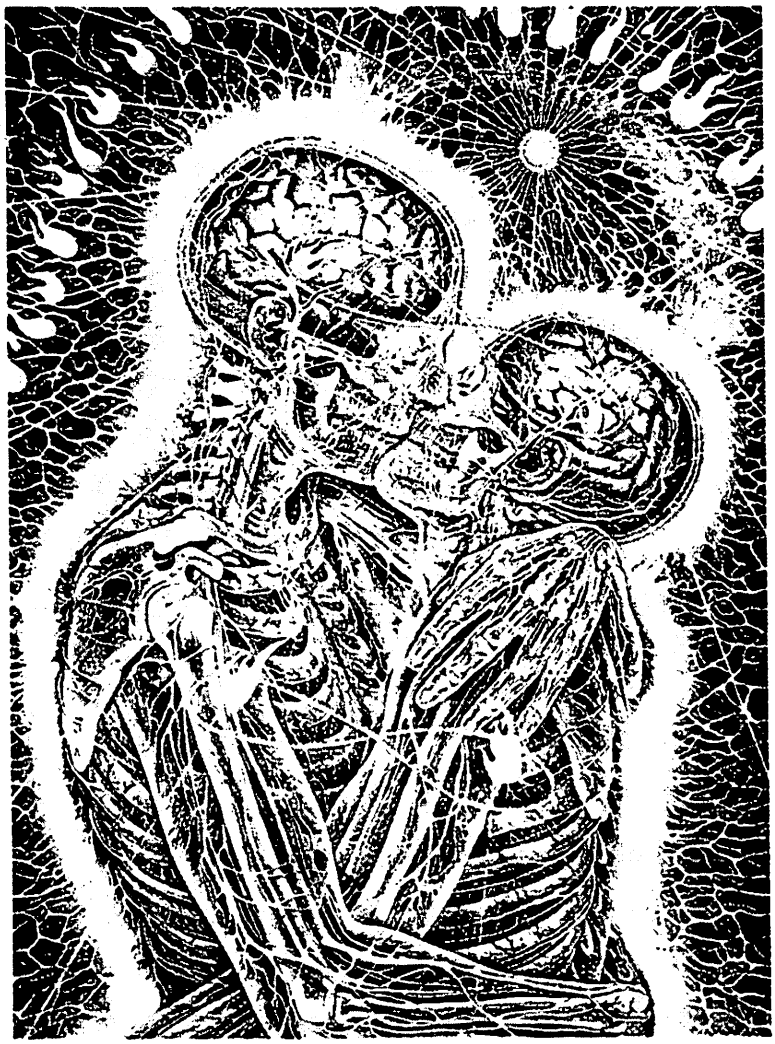
Altered States: An Exhibition of Psychedelically Informed Fine Art

Earl Davis, 400 Allaire Avenue, Leonia, NJ 07605

VISUAL EVIDENCE OF THE RICH FRONTIERS OF INNER EXPLORATION



"Kissing"– Alex Grey, 1983

IN THE MONTHS preceding the April 17th, 1993 MAPS Benefit Celebration for the 50th Anniversary of the Discovery of LSD, I became involved in putting together an exhibition and silent auction of art works that would be appropriate for the occasion. From the outset, however, I was startled to learn how generally fragmented, undefined and unappreciated the genre of psychedelically informed fine art actually is. Instead of being held forth by our culture, like Aztec gold, as visual evidence of the rich frontiers of inner exploration, psychedelically inspired art making seems to languish in a peculiar obscurity not only within the "art world" at large but, rather incredibly, even within the already self-selected psychedelic community as well.

SOMEHOW, the seething internally-lit spectacle of significance that is encountered in psychedelic dimensions has been safely relegated within the pop psyche to simple characterized expressions on souped-up sixties style posters, comic-books, tee-shirts and cd/album covers which are found for sale at Grateful Dead concerts and in head shops throughout the land. A viable economic sub-culture supports and thrives upon this milieu, and in this context, the rampant psychedelic Genie has been successfully enslaved to the universal laws of supply and demand. It is remarkable that, beyond this forum, psychedelic art attracts little serious consideration.

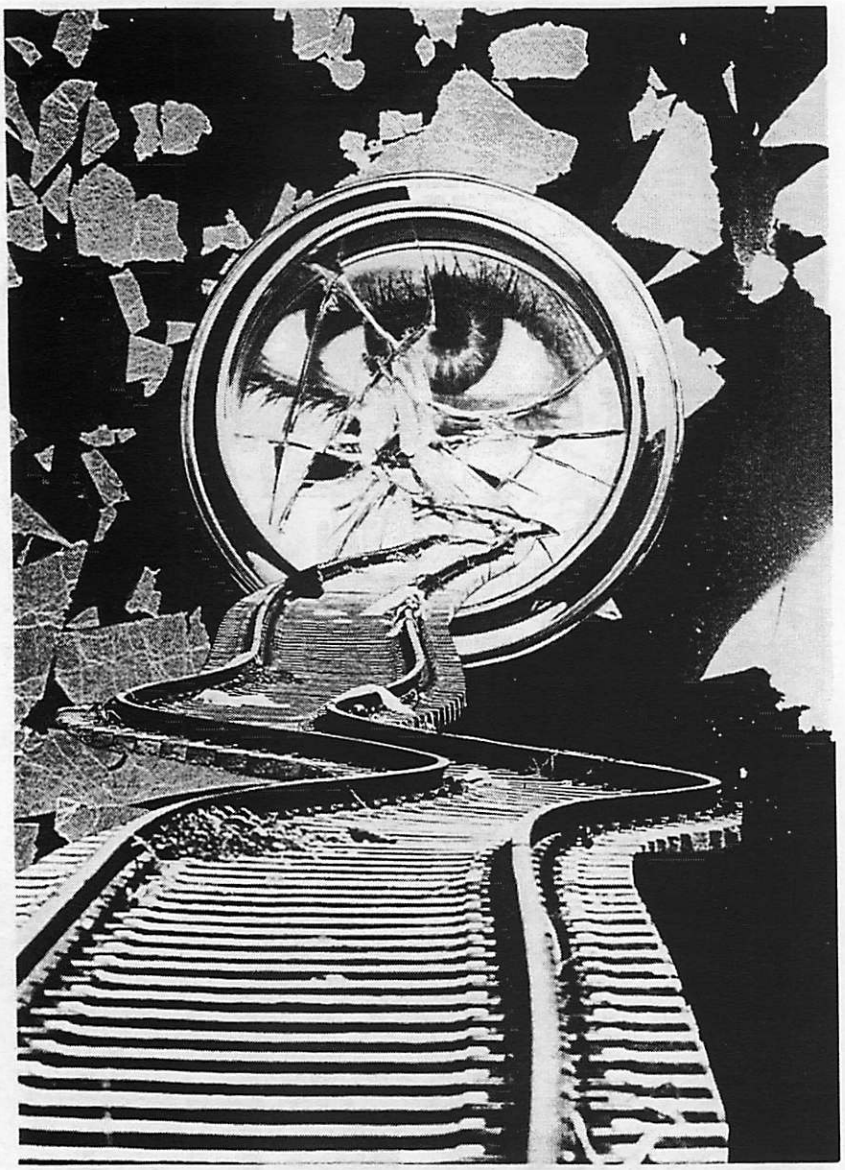
How is it possible, we have to wonder, that the profoundly powerful mind-manifesting molecules which have been made available over the last fifty years have not had more of an impact in the field of fine art? As windows into the sheer creativity of the natural psyche there simply is no parallel. Is there a conspiracy by the established art world to keep novelty at bay? I think not, since the current art scene essentially thrives on the continual production and consumption of the New. Rather, it seems that, while countless artists have experimented with and have been irreversibly modified by their experiences in altered states, very few have successfully chosen to make it the actual focus of their aesthetic aspirations. The reasons for this are individual and complex and, as well, cannot be considered outside the context of the rapidly evolving issues of modern art. But the fact remains, those who have devoted themselves to this path are few indeed.

It was quite rewarding therefore to have an opportunity to become acquainted with a small number of people who have grappled with the personal and artistic implications of the psychedelic state through various expressive mediums. While the exhibition made no pretense to be definitive, an attempt was made to choose the most evocative and as challenging works as possible. Once embarked upon, however, this noble curatorial aspiration immediately collapsed into the real-world role of having to make decisions concerning quality, style and craft. Before I knew it, I was aswim in the imagery of

→

"Eye Pie"–Nick Hyde

BEFORE I KNEW IT, I WAS ASWIM IN THE IMAGERY OF OTHER PEOPLE'S PSYCHES, TRYING TO DETERMINE WHAT QUALIFIED AS PSYCHEDELIC ART



"The Derailment of Habitual Perception",
© Robyn Sean Peterson

THE EXTENT TO WHICH THE INTEGRITY AND POWER OF THE PSYCHEDELIC ECSTASY IS CONVEYED SEEMS VERY MUCH TO BE DEPENDENT UPON THE ARTIST'S ABILITY TO EXPRESS THIS ELEMENT OF UNANTICIPATED AND OFTEN ASTONISHINGLY POIGNANT SURPRISE.

other people's psyches, trying to determine what qualified as psychedelic art and what did not, and what of it was any "good". It was fast apparent, therefore, that some sort of working definition of "psychedelic art" was required.

Because the styles of many of the artists who were recommended to be considered for the show often seemed to easily fit into more established existing categories such as Surrealism, Fantastic Realism, New Age, Abstract, or Visionary art, it became clear that any clarification of the psychedelic genre would have to distinguish itself in some manner from those. That the artist had a history of ingesting sacramental chemicals was unfortunately simply not enough to qualify the work as particularly "psychedelic".

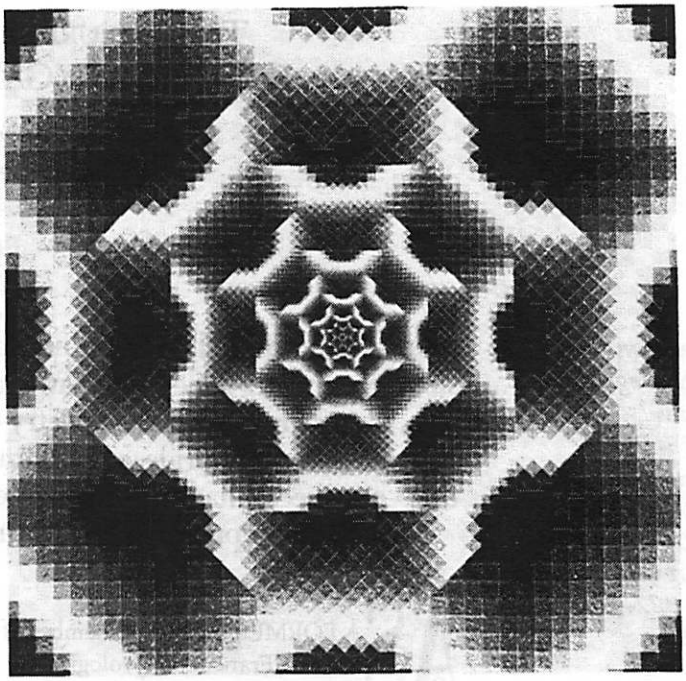
While most of the artists who were contacted had obviously had their doors of perception pried open, more often than not the psychedelic content of their work was ambiguous. It seemed that, in the same way that each excursion into an altered state is an unpredictably unique experience, so the psychedelic quality of a work of art is a rogue factor that gets modified to varying degrees by each artist as they filter it through their pre-existing psychological and aesthetic structures. The extent to which the integrity and power of the psychedelic ecstasy is conveyed seems very much to be dependent upon the artist's ability to express this element of unanticipated and often astonishingly poignant surprise. Something intrudes into their otherwise established artistic temperament.

WHAT I also soon came to appreciate was that good art is not something that can be chemically induced. In fact, it seems that the very choice of psychedelic subject matter requires a self-imposed rigor and vision for which only the truly chosen need apply. The profound attention that it takes to concretize a throbbing transformational internal vista in any coherent fashion is a process that quickly weeds out the timid. Like a dream, it is composed of elusive primordial meanings that tear through the morphological matrix of the self at alarming speed.

In retrospect, therefore, the final selection of 59 works for the exhibition was based as much upon a response to what did NOT feel psychedelic as upon any coherent notion of what they should look like. In fact, the works chosen spanned such a wide spectrum of style that it was only when they were all finally together in the room for the show that one could consider what in fact they might have in common. Walking through the exhibition gave a distinct impression of it all as an early aesthetic expedition into an unknown living dimension that is filled with agendas which far transcend our own. Here, as in a jungle, beauty seemed co-present with hidden danger. Spirit co-mingled with Shadow. There was a visual intuition of the non-human nature of reality and of a potentially cannibalistic alien lover with whom the psychedelic allows one to dance. The unique creativity of the work revealed a hint of a visual proto-language with which nature may speak and think.

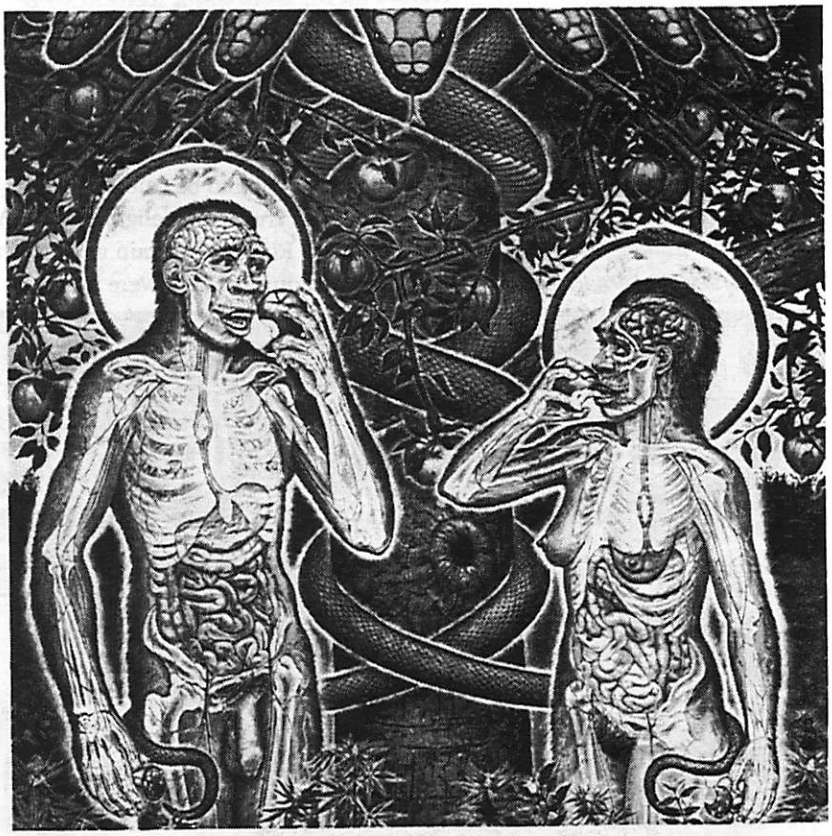
Unlike much of the contemporary art now displayed in galleries, these works dripped with internal significance. Like ancient cave-paintings, they captured experience. There was a numinous feeling that many of these images had never been represented before and one could taste the artist's vulnerability, discovery and wonderment. A steady crowd of upwards of 1,000 visitors who passed through the exhibition had an alternately enthusiastic and hushed respect.

THE SHOW was therefore a sampling of a relatively little known area of art making today and it was a testament to each of the twenty-four artists represented who have managed to bring something back from the frontiers to show the rest of us. Their work demonstrates the existential challenge that transpersonal states present to the human psyche and, in this sense, this art is vital for our culture. It embodies the heroic curiosity of human consciousness as it probes its own potential. While global culture is being gently ravaged by the homogenizing forces of consumerism and decoration, the psychedelic experience offers a direct personal encounter with the often forgotten meaningful miracle of it all. •••



"Square Root",
Allyson Grey, 1987,
Oil on wood, 48" x 48"

"Adam and Eve",
Alex Grey, 1988,
Oil on linen, 60" x 60"



The Telluride Mushroom Festival: Hunting and Gathering with the Clan

Art Goodtimes, Cloud Acre, Norwood, CO 81423-0160

MOVING TO TELLURIDE in the winter of 1980-81, I was extremely pleased to find a community that offered an inordinate amount of cultural activity for its limited size. As a fourth-generation San Franciscan, I'd been accustomed to theater, film, dance, music, lectures, poetry — the full panoply of the arts and humanities. And Telluride, a revitalized mining camp turned ski resort and drop-out mecca, had it all in energetic, if homeopathic, doses.

But I wasn't prepared for Emanuel and Joanne Salzman's Fungophile, Inc.

For information about attending this year's festival, August 26–29, write Fungophile, PO Box 480503, Denver, CO 80248. Or call Art Goodtimes at (303) 327-4767. Cost: $185.

AS A FORMER MEMBER member of the San Francisco Mycological Society, I'd supposed that I'd have to forego the pleasure of groups forays and the delightfully humorous if always instructive lectures of Dr. Harry Thiers, the Bay Area's foremost mycologist.

But lo and behold that summer of '81 a bevy of experts converged on Telluride to foray into the surrounding mountains and lecture on the fascinating world of fungi.

And as the newly-hired executive director of the Telluride Council on the Arts and Humanities, I was dumbfounded when they wrote asking for assistance in organizing the conference in Telluride.

It was too good to be true.

But it was true. And delightfully so. As a neophyte to Rocky Mountain mushrooming, I learned quick. There were forays up into the rich Lizard Head mushroom fields and workshops with the likes of Dr. Andrew Weil, the Sixties psychedelic guru whose *Natural Mind* was de rigeur in Haight-Ashbury living rooms of my generation, and Gary Lincoff, the New York Botanical Garden mycologist whose wry humor made every slide show session a repaste of bellylaughs and brainfood.

And as the local organizer, securing halls, taking tickets, making sure no one got arrested for flying fungal fights on the Elks Park lawn, I came to find a familial camaraderie with these curious folk who came to town once a year for an intense round of neo-Paleolithic hunting and gathering. Yes, it's a conference, a festival, but it's also a gathering of the wild branch of the mycophilic tribe, and few Telluride events involve such rooted if ephemeral friendships and rituals — from the rigorous hunts in the woods, to the lively leap of sizzling 'shrooms at the cook and feast party, to the slide shows and wild lectures themselves.

Art Goodtimes in his Amanita muscaria truck leading the annual mushroom parade, 1990.

OVER THE YEARS I've come to find my own favorite patches, from the Chanterelle fields a Telluride old-timer first showed me, swearing me to secrecy, to the spectacular meadows I found myself, drenched to the bone, lightning drilling strikes in the spruce-fir nearby, the forest alive with Hydnums, Deliciosa, and the fabled Fly Agaric.

And the fields hunted at the festival are only a fraction of the richness the area holds. I've harvested dozens of Calvatia booniana in Slaughterhouse Gulch near Placerville, clumps of morels on Oak Hill near Norwood, and whole fields of 'shrooms on Lone Cone. The legendary Navajo Sam, the backwoods "bandit" who roamed the Woods Lake slopes in the mid-'80s, trading revolutionary yarns for sandwiches while waving pistols and toting gun belts, took me up to vast fields of Chanterelles in the Dolores Peaks region.

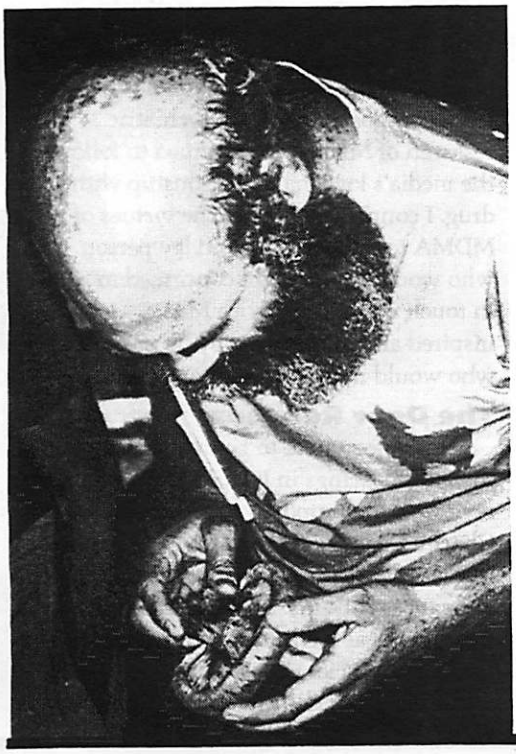
But it's more than mushrooms that makes Wild Mushrooms Telluride notable. In the face of illogical drug laws and superstitious taboos, while most professional and political voices have jumped on the scapegoating bandwagon, blaming all manner of social and personal ill on select mind-altering substances, this conference has been a beacon of sanity, insisting on telling the drug czars of the nation they're walking naked in the streets. From the psychological perceptions of Dr. Thomas Szasz to the legalization arguments of Dr. Ethan Nadelmann, from the Haitian voodoo research of Wade Davis to the alchemical wizardry of Dr. Alexander Shulgin, from the ecophilosophy of Dolores LaChapelle to the bear magic of Doug Peacock, from the hallucinogenic mysticism of Terence McKenna to the perennial straight talk on the full spectrum of drug use in this country *(Chocolate to Morphine)* of Dr. Andrew Weil, the Telluride Mushroom Festival dares to explore the furthest reaches of the social, psychological and spiritual implications of mushrooms.

As the noted American poet Gary Snyder has written: "We set out in the forest To seek the wild mushroom In shapes diverse and colorful Shining through the woodland gloom... Some make you mighty sick they say Or bring you close to God So here's to the mushroom family A far-flung friendly clan For food, for fun, for poison they are a help to man."

In the Telluride Mushroom Festival all aspects of the fungi come under scrutiny — food, fun and poison. It's the most eclectic celebration of science and savagery that I've ever experienced. A cyclic amalgam of baskets, wax paper, merlot, bagpipes, muddy boots, boiled straw and basidiae. And as a poet, bioregionalist, and deep ecologist, I can think of no better way to reconnect to this place I call home than once a year to explore the buried native secrets of mycelia with my friends of the mushroom clan.

Long live this celebration of the below ground powers, this festival of search, identification and ingestion that teaches us the value of the natural and the wisdom of the plant kingdom... of which we are all kin.•

...THE TELLURIDE MUSHROOM FESTIVAL DARES TO EXPLORE THE FURTHEST REACHES OF THE SOCIAL, PSYCHOLOGICAL AND SPIRITUAL IMPLICATIONS OF MUSHROOMS.



Visitors admire 'shrooms at Free Fungus Fair in Elk's Park, 1983.

Left: Dr. Andrew Weil examines specimen at 1982 festival.

Raves for Research or Psychedelic Researchers: The Next Generation

Julie Holland, M.D., 175 East 96th Street, New York, New York 10128

Julie Holland, M.D.

IN THE SUMMER of 1985, while fulfilling some pre-med prerequisites at the University of Pennsylvania, I came across an interesting magazine article. There was a new drug on the scene! Originally used in psychotherapeutic sessions, it had "leaked out" onto the club scene, and was especially popular in Texas. I was majoring in psychopharmacology and biological psychiatry at Penn and was immersed in the club scene in Philadelphia, so needless to say, my curiosity was piqued.

I began to read everything I could get my hands on about MDMA, and then called the authors of the articles to speak directly to their sources: other authors, psychiatrists and basic researchers. It was during this flurry of phone calls that I was fortunate to come across Rick Doblin, now my comrade for the past 8 years in the quest to promote MDMA research.

I WAS PLANNING ON A CAREER IN PSYCHOPHARMACOLOGICAL RESEARCH AND I HAD FOUND MY AREA OF INTEREST. BUT IT WASN'T GOING TO BE THAT EASY.

By the end of the summer, I had created a forty-page paper containing everything I had learned about the "new" drug (originally concocted in 1912), and I had been on two television shows following the first media bandwagon hyping "Ecstasy". As a college sophomore being introduced as the "regional expert", it was evident to me that there were few people who know much about MDMA, and there were countless questions that needed to be answered. It was obvious to me that the research opportunities and possibilities were wide open. The potential of this powerful, promising, psychotropic seemed limitless: MDMA could be used during any sort of therapy; single, couples, family; as an anti-depressant; an analgesic; to facilitate creative visualization, stress reduction, possibly immune system enhancement; to assist in cognitive restructuring. Who could benefit from a few treatment sessions using MDMA as a chemotherapeutic adjunct? Who couldn't! What about use in psychosis? In autism? Addiction counseling? As an adjunct to hypnotherapy? I felt like I had just found an "untapped market". I was planning on a career in psychopharmacological research and I had found my area of interest. But it wasn't going to be that easy.

The Door Closes

On July 1, 1985, when the DEA saw fit to place MDMA on an emergency basis into Schedule 1 (reserved for drugs with a high potential for abuse and no currently accepted medical uses) a cry went up from hundreds of therapists. They were not alone; I was included in that cry. Clinical research with a Schedule 1 drug is practically unheard of. But I had found my "calling". Throughout my pre-med and medical school years, I remained committed to my goal of clinical psychiatric research of MDMA. I continued to follow the media's love/hate relationship with the drug. I continued to extol the virtues of MDMA to any scientist and lay person who would listen, and I continued to stay in touch and in tune with MAPS, and to be inspired and encouraged by its president who would not take no for an answer.

The Door Reopens

I was fortunate to be in attendance at the FDA hearings in July, 1992 for the review of the proposed protocol by Dr. Charles Grob of UC Irvine for the study of MDMA-assisted psychotherapy in pancreatic cancer patients. Rick Doblin and I sat side by side as we listened to "testimony" from several scientists who recommended to the FDA that the human studies be

conducted. As the hearings progressed, Rick and I began to realize that the FDA was actually going to give the green light. When the official "OK" was spoken, I actually had tears in my eyes.

I rushed back to my psychiatric residency in New York City and met with the chairman to discuss my many research ideas. I was so encouraged and excited by the FDA's approval. Unfortunately, my enthusiasm was not mirrored by my chairman, who basically dismissed my eight year interest in MDMA as a fad, and hype. My request to pursue my own human studies was denied. However, surveying MDMA users was a different story...

The Rave Survey

I have been involved in the rave scene since the late 1980's and my recent move from Philadelphia to Manhattan has intensified this pastime. I began frequenting a club called The Shelter, run by an organization called NASA. Hundreds of people were taking MDMA recreationally and showing up at NASA week after week. A ready made group of research participants! Rick had the idea to create "Raves for Research" as part of the events commemorating LSD's 50th anniversary this last April, and he introduced me to Dave McDowell, M.D., another New York City Psychiatry Resident interested in MDMA research. Over the course of a few months, we developed a questionnaire to be administered to people attending a rave, a previously unstudied group of MDMA users. This questionnaire was intended to form the basis of a simple pilot study, testing our research instrument and methodology while also trying to get some idea of the role that MDMA played in the rave scene.

Together, Dave and I administered the survey to over 700 people on two consecutive nights (April 16 and 17), at two raves. A high percentage of ravers took time to fill out the survey, in fact virtually every person we asked to fill out the survey did so. Most of the people were extremely enthusiastic about the prospect of MDMA research, and they were eager to help out. While we cannot say that we have a scientifically determined random sample of the participants at the rave, we feel that our sample is at least a close approximation of the total population those nights. Of course, those people who dropped out of the rave scene due to problems or boredom or any other reason would not be represented in our survey.

At one point during the first night of the survey, at NASA, I looked over at the bar and there were at least a dozen ravers, in a row, in their hats and goggles and backpacks, filling out our survey. It was a beautiful sight to see. I had often thought of surveying the people of the rave scene and my dream was finally coming true. Dave and I slapped each other a "high five;" it was a highly successful night.

The second night we handed out surveys at a larger venue with live music. I was approached by several people from magazines and one person from the ABC News Day One show, all interested in the survey and our results. It seems that the second wave of media hype/coverage surrounding MDMA is in full swing. The connection of MDMA to raves and rave culture is a new angle.

The survey itself started out by asking some basic demographic questions, then went on to quantify and qualify drug use-what drugs, how often, in what setting. There were also more open-ended questions where people were asked to describe their best and worst experiences at raves, with MDMA, and what they did to maximize benefits and minimize side effects. The results are still being analyzed but some preliminary results are obvious at this time (complete results will be reported in the next MAPS newsletter).

Survey Results

Demographically, as was our initial impression, raves attract a remarkably heterogeneous population that reflects a diversity of race, class, sex, and sexual orientation so rarely seen in other club settings. Age was the only characteristic that was fairly uniform, with most participants being in their late teens to mid-twenties.

As for drug use, a very large percentage of regular ravers (about 75%) have taken LSD at raves. About the same number have taken MDMA at raves. Marijuana was used less frequently (about 60%), alcohol was much less frequent (about 20%). There was very infrequent use of cocaine (about 10 to 15%), and

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David McDowell, M.D.

WE DEVELOPED A QUESTIONNAIRE TO BE ADMINISTERED TO PEOPLE ATTENDING A RAVE, A PREVIOUSLY UNSTUDIED GROUP OF MDMA USERS.

almonst no use of heroin, or amphetamine. However, while drugs are often used at raves, not everyone does so. Many of the ravers reported that they completely abstained (about 15%). Of those people who do use drugs, many do not do so at every rave they attend. There were very few problems reported as a result of drug use and those problems that were reported were minor; typical problems reported were losing track of friends at a large rave. There were a wide variety of reported benefits ranging from simple recreation to profoundly moving and insightful experiences. There was a disturbing amount of misinformation concerning MDMA, including the amazingly resilient myth that MDMA drains spinal fluid.

THE RAVE SCENE ITSELF IS NOT LIKELY TO BURN OUT IN THE NEAR FUTURE BECAUSE PERCEIVED BENEFITS GREATLY OUTWEIGH PERCEIVED HARMS.

The survey results suggest primarily that the rave scene itself is not likely to burn out in the near future because perceived benefits greatly outweigh perceived harms. Because of people's overwhelmingly positive experience at raves, people reported that they intended to continue to go to them, and that they were more likely to use drugs at raves than outside of raves. We found that there is a definite need for the distribution of accurate educational materials at raves both to clear up misinformation and to minimize potential problems such as have occurred in the British rave scene. To that end, I have started a column in a local monthly rave magazine addressing drug education and harm reduction.

The Media

A few weeks after the survey, I found myself on Jane Pratt's talk show on Lifetime Cable. The show's focus was "Raves and Ecstasy" and I was on to discuss the raves for research survey. NASA's founder/promoter was also on the show, explaining his motivation for promoting the rave scene and rave culture. Several ravers were also on the panel to communicate their experiences with MDMA, and the other panel member was a man from the West coast who was concerned for our nation's youth. He would have made Nancy Reagan proud.

The show went very well, I thought. The audience members were a mixture of ravers and talk show audience types, somewhat judgmental but open-minded. There was plenty of conflict, heated discussion, and some yelling - just what the producers want to keep the home audience tuned in. The bottom line of the show's message was that hundreds of thousands of people are taking MDMA worldwide and it is imperative that research be conducted to explore its potential and to have more definitive answers to the questions being brought up by the audience.

Future Research

So now that the survey data is being entered into the computer and analyzed, and the television producers and magazine writers have stopped calling, I have taken some time to regroup. I had another meeting last week within my department to discuss some more concrete ideas I have to perform SPECT studies (a newly developed brain imaging technique) with recreational MDMA users. The department continues to be wary of the more controversial nature of the research but I was certainly more encouraged and supported than at the last meeting. I am beginning to focus more on specific hypothesis-driven research. This entails asking just one question as the center of the study, which is very challenging to me. I have so many questions that I don't know what to ask first!

I have been advised to "distance myself emotionally" from my subject material, so that I may be taken seriously by other research scientists. Trying to focus myself and maintain objectivity could turn out to be my biggest project yet! I certainly have high hopes for the knowledge to be gained by MDMA research, and I am thankful for the role that MAPS plays to that end. •••

D2 Austin American-Statesman Thursday, June 3, 1993 This section is recyclable

Wanted: real-life LSD stories

Creators Syndicate

Ann Landers

DEAR ANN LANDERS: Recently, I read an article about how LSD is making a big comeback among the youth of America. I was a teen-ager in the '60s, and although I never was involved in the drug scene, I remember hearing a lot of horror stories about young people jumping in front of trains, off roofs and out of windows while under the influence of LSD.

I realize most teen-agers do not listen to their elders, but I do feel that a great many read your column and pay attention to what you say. Maybe if you would encourage readers who had some experiences with LSD in the '60s to write, you could publish some letters describing how this drug ruined their youth and possibly their adult years as well. Some families lost loved ones because of LSD, and perhaps they could tell today's teens how it affected their lives.

— K.A.S.

DEAR K.A.S.: I, too, have heard and read that LSD is becoming popular among young people again because it is cheap and easy to come by.

This mind-altering drug has been responsible for many deaths. Thank you for suggesting that individuals who have had experience with LSD write to me. I will be happy to share some of the letters with my readers.

DEAR ANN LANDERS: My wife is a very good cook, and she also bakes the best pies in the world. What I am writing about is the pies which caused a lot of trouble last Friday.

"Erma" baked two cherry pies and put them on the counter for cooling. About an hour later, I went back into the kitchen and noticed that two slices had been taken out of one of the pies. I went to get a plate and a knife to help myself to a slice when Erma walked in. "What do you think you're doing?" she asked. "I'm going to have a piece of pie," I replied. "No, you're not," she yelled. "That's for company."

"Who had the two pieces that are missing?" I asked. She said, "I put them aside for 'Ruth' (our daughter) and her husband."

That really burned me up, but I didn't say anything — just walked out of the house to cool off. I need to know from you if I am right to feel like a second-class citizen in our house.

— P.O.'d in Ga.

DEAR GA.: Second-class citizen? Undesirable alien is more like it. I hope the pie incident is a rarity and Erma doesn't treat you that way all the time. Make sure she sees this letter. The woman's lack of consideration is disgraceful.

DEAR ANN LANDERS: A friend told me that I should not use aluminum cookware or aluminum foil or drink beverages that come in aluminum cans because it could cause Alzheimer's. Is there any truth to this?

— Concerned in Kentucky

DEAR CONCERNED: Not a shred of truth in any of the above. Forget it.

DON'T JUST PREACH TO THE CONVERTED! SEND YOUR BEST LSD STORIES TO ANN LANDERS, AND PLEASE SEND A COPY TO MAPS.

I will print one or two of the stories in the next MAPS newsletter. Though Ann may not publish any of the positive stories, at least she will know that not everyone sees LSD as a demon drug poisoning the youth of America. She might even come to understand that some people have grown in socially responsible ways as a result of their LSD experiences. Perhaps she will even decide to try it (sorry, I got carried away). In any case, have fun writing down your favorite LSD experience and come out of the closet. It's time to speak out while we still have the luxury of the freedom of expression.

Ann's Address:

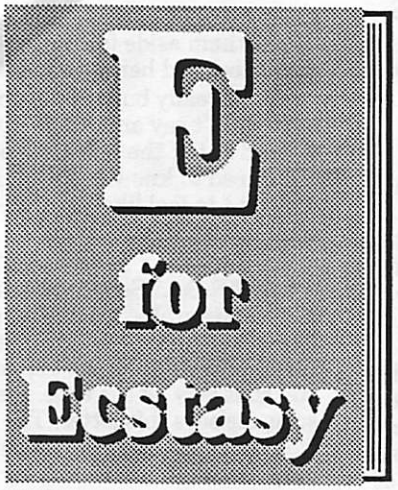
Ann Landers,
c/o Chicago Tribune,
435 North Michigan Avenue,
Chicago, IL 60611.

For a personal response, enclose a self-addressed stamped envelope. •••

E for Ecstasy

a new book by Nicholas Saunders

"The most important new book on MDMA available today, simply outstanding." — Rick Doblin



- **How does MDMA work?**
- **What are its benefits?**
- **Can you enhance benefits?**
- **What are its risks?**
- **Can you reduce risks?**

ECSTASY. Find out the facts about the dangers, myths and exotic uses of the drug MDMA (Ecstasy). Read how MDMA is used in rituals, for solving problems, improving relationships, facilitating meditation and even overcoming writer's block. Learn about the latest therapeutic use in Switzerland and the techniques used by licensed psychotherapists.

What are the social consequences of half the young people in England taking Ecstasy at raves? Studies indicate that the drug experience can alter personality and may be having a profound effect on people's values, and its use may have pacified a group of notorious football supporters. Personal accounts are included of people who believe the drug has altered the course of their lives, for better and for worse.

"The book is heavy with references (well over a hundred), plus a bibliography containing summaries of hundreds of scientific reports (written by Alexander Shulgin). Yet, for all that, it is easy reading with the academic papers pushed to the back of the book." — Human Potential

"An impartial, objective and unsensationalized examination of the "E" phenomenon which informs and advises anyone concerned with the substance." — 24-7

"Interesting new stuff... useful summary of available research on MDMA... Saunders should be congratulated." — The Face

E for Ecstasy is a 320-page book costing $12.95 in bookstores or $16.00 from MAPS via priority mail.
The first 24 people ordering E for Ecstasy from MAPS will receive a copy autographed by the author.
These copies have been donated to MAPS by the author to support MDMA research.
Distributed in the USA by Book People and Inland Books. For shop and library orders quote: ISBN 0 9501628 8 4.

DEVELOPMENTS IN EUROPE

THE 50TH ANNIVERSARY OF LSD CONFERENCE

This October 21-22, in Lugano-Agno, Switzerland, the Swiss Academy of Medical Sciences is sponsoring a very special international symposium commemorating the 50th anniversary of Albert Hofmann's discovery of LSD. The event is entitled "50 Years of LSD: State of the Art and Perspectives of Hallucinogens". The symposium will feature about twenty scientists from Switzerland, Germany and the United States presenting the lastest data on the pharmacology, psychopathology, and clincial aspects of LSD and other psychedelics. One of the highlights of the conference will be a talk by Albert Hofmann on the history of the discovery of LSD. A small audience of about seventy-five people has been invited to participate in the conference sessions.

The conference will be the most scientific of all the conferences and gatherings that are taking place during this year of LSD's 50th anniversary. To mark this event, and to provide data that will lay the groundwork for future research with LSD, the Swiss Academy of Medical Sciences will publish a book composed of papers by the conference presenters.

THE SWISS ACADEMY OF MEDICAL SCIENCES IS SPONSORING A VERY SPECIAL INTERNATIONAL SYMPOSIUM COMMEMORATING THE 50TH ANNIVERSARY OF ALBERT HOFMANN'S DISCOVERY OF LSD

LSD AND MDMA PSYCHOTHERAPY RESEARCH

Dr. Med. Juraj Styk, Birmannsgasse 39, 4055 Basel, Switzerland

In Switzerland, we (The Swiss Medical Society for Psycholytic Therapy) are working on two projects:

- We sent a questionnaire to patients to evaluate the psycholytic therapy that we conducted with LSD and MDMA between the years 1986-1990. The same questionnaire was sent to all my patients as well as to the patients of Dr. Widmer and Dr.Bloch. All together this is about 150 patients. We will complete the evaluation in time to present the results at the October 21-22 conference of the Swiss Academy of Medical Sciences, "50 Years of LSD: State of the Art and Perspectives on Hallucinogens". We will also use the results in our negotiations with the Swiss Health authorities concerning the continuation of our research.
- The second project in preparation is Ulrike Drew's prospective study of the therapeutic safety and effectiveness of our treatments. Ulrike still has to solve some methodological problems. I hope the study design will be finished this autumn.

MDMA PHYSIOLOGICAL RESEARCH

The foremost medical research in the world into the physiological effects of MDMA is taking place in Switzerland. Dr. Franz Vollenweider at the Psychiatric University Hospital in Zurich has conducted PET scan studies of the effects of MDMA. At the Institute of Pharmacy of the University of Bern, Dr. Hans Jorg Helmlin has completed MDMA pharmacokinetic studies. MAPS plans to submit the scientific articles reporting on this data to the FDA, and also hopes to present findings from these studies in the next MAPS newsletter.

PSILOCYBIN RESEARCH IN GERMANY

Leo Hermle, M.D., Department of Psychiatry, Christophsbad, Faurndauerstrasse 16, D-7320, Goppingen, Germany

In early July, Dr. Leo Hermle began a study to assess changes in facial expression and cognitive functions as a result of the administration of psilocybin. The study involves 10 volunteers and will use a double-blind with placebo methodology.

Dr. Hermle is currently seeking permission from the German Health Authorities to conduct a multi-site study comparing the effects of psilocybin, MDE, methamphetamine and placebo on a large number of both physiological and psychological parameters. Permission for the study is expected in the near future.

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UPDATE ON LSD CARRIER WEIGHT ISSUE

Rick Doblin, MAPS President

PAST ISSUES of the MAPS newsletter have reported on the U.S. Sentencing Commission's discussions concerning one of the main aspects of the criminalization of LSD, namely how the weight of any seized LSD is to be calculated. This issue is of critical importance in determining the length of jail sentences imposed on convicted LSD sellers. Since the current laws against LSD are tragically punitive, a good portion of many people's lives is at stake in this definitional question. Dennis Cauchon, a reporter for USA Today, estimates that there are about 500 people in Federal prisons for LSD offenses (5% for three years, 30% for 5 years, 50% for 10 years, 15% for 20 years), and about 1500 people in State systems, for an average of three years.

One of the sadder aspects of working for MAPS is reading the many letters from people in jail for LSD asking for help in mitigating what they see as their unduly harsh sentences. Unfortunately, there is little that can be done in the short run. MAPS' long-range strategy is to conduct scientific research into the beneficial uses of LSD (such as LSD's efficacy in treating drug abuse and in enhancing psychotherapy), in order to provide the public with accurate evidence about the actual (rather than mythological) benefits and risks of LSD. If the public can be provided with access to honest information, it is possible to hope that panic-generated penalties will be reconsidered, and reduced or eliminated. For now, however, people convicted of LSD offenses can only petition the Sen-tencing Commission for changes in the carrier weight.

Currently, the weight of LSD is determined by combining the actual number of doses of LSD seized (each dose arbitrarily considered to weigh 50 micrograms) with the weight of whatever carrier medium is used to distribute the LSD. For example, one dose of LSD on blotter paper is considered for sentencing purposes to be less LSD than one dose of LSD on a sugar cube, which weighs considerably more.

The US Sentencing Commission has held hearings on this matter and found some merit in the argument that sentences were often disproportionate to the actual amount of LSD involved. The Commission recommended that Congress change the process by which LSD is weighed and proposed a compromise position between continuing to weigh the carrier or completely removing the carrier weight from the LSD. The Commission's recommendation was that each dose *arbitrarily* be considered to weigh 400 milligrams, combining 50 micrograms for the LSD and adding an additional 350 micrograms for the carrier weight (even though standard blotter paper actually weighs about 5 to 10 milligrams per dose). This recommendation will result in lower sentences for people convicted of selling LSD.

In addition to changing the way future LSD offenses will be calculated, the Sentencing Commission has proposed that the new way to calculate the amount of LSD be made retroactive to people previously convicted of selling LSD. Both of these recommendations will be voted on by Congress at the end of 1993. Both are very likely to pass.

To express your personal opinion on this matter to Attorney General Janet Reno, please call the Department of Justice at (202) 514-2001 and ask for their public comment line. You will be connected to a tape machine which will record your comments. You might also wish to comment on reducing or removing minimum mandatory sentences, prioritizing violent crimes rather than drug offenses, and treating drug problems as a public health issue rather than a criminal justice issue. •••

TO EXPRESS YOUR OPINION WRITE: THE HONORABLE JANET RENO, ATTORNEY GENERAL OF THE UNITED STATES, DEPARTMENT OF JUSTICE, TENTH & CONSTITUTION AVENUE NW, ROOM 4400, WASHINGTON, DC 20530 OR CALL (202) 514-2001 AND ASK FOR THE PUBLIC COMMENT LINE.

The Great Entactogen - Empathogen Debate

David Nichols, Richard Yensen, Ralph Metzner, William Shakespeare

Dear Rick,

I write to respond to the letter from Ralph Metzner regarding the name empathogen versus entactogen [for drugs such as MDMA]. I did tell Ralph that I believed that the pronunciation em-PATH'-o-gen would create a negative impression in the mind of a psychiatric patient, because of the distinct embodiment of the word 'pathogen' within the name. Indeed, this was not even my own observation. I was discussing possible names for a new drug class several years ago with individuals who were not familiar with the MDMA literature. It was they who pointed out this parallelism between empathogen and pathogen. This was thus not my speculation, but an actual observation.

However, there were two other important reasons to coin the term entactogen. First of all, within the medical profession, it seemed much more likely that some term other than empathogen would gain acceptance, since the later might be viewed by hard-line clinicians as being rather trite. Second, MDMA and related substances do more than simply increase empathy. In addition to their ability to produce, as Ralph states, "a feeling of connectedness... with others...," in the context of therapy they also produce a powerful anxiolytic state which is accompanied by what could be described as a sort of chemically-induced hypnosis. This latter, as in hypnosis itself, manifests as a state of increased suggestibility, with heightened powers of concentration and mental focus. As is also true with hypnosis, this state facilitates the recovery of repressed memories and allows age regression techniques to be used. Thus, empathogen is also a restrictive term because it fails to take into account these important properties of the drug class.

I would also argue that it was not the drug-evoked "empathic resonance" that made MDMA such as "outstandingly valuable therapeutic tool," but rather the actions I describe above. The "empathogenic" effects, if you will, were what made MDMA such an outstandingly popular drug. Perhaps a need may exist to draw a distinction between the properties of the drug that make it pleasurable and those that make it valuable for medical/therapeutic uses.

On a philosophical level, I object to the use of the term empathogen in a medical context, since the therapist should be able to develop feelings of empathy for the patient in the absence of taking the drug him/herself. To talk about MDMA in the context of helping the therapist develop "conscious attunement with another's emotional state, together with understanding," is to state, actually rather explicitly, that the therapist will self-medicate with the drug. To underscore this point, consider whether a patient generally has the need to "tune in" to the therapist's emotional state. I am well aware that a good deal of MDMA use has occurred when "therapist" and client both take the drug. I am sure that there are many who would even advocate this as the best paradigm. However, the main thrust of my efforts has been to make these drugs acceptable to the medical community at large, following generally-accepted standards of practice. In that context, MDMA would not be administered to the therapist, and any discussion of drug-induced enhancement of empathy in the therapist is completely irrelevant.

We spent a long time trying to develop a term that would be descriptive of what these drugs do; one is faced with the problem of a treatment in search of a disease. If MDMA were useful for treating a specific pathological condition, a name would have been easy to find; consider names such as antidepressant, antianxiety, or anti-psychotic. Based largely on a belief that the ability to access repressed or unconscious material would ultimately prove to be the effect of these drugs most widely exploited in medical practice, we tried to develop a term that would reflect the drug's ability to facilitate the retrieval of "inner" material and enhance introspective states. Hence, the term entactogen, meaning essentially "to produce a touching within." While this term may be no more precise than many others, I still feel that it is to be preferred over empathogen, at least when discussing it in a legitimate scientific or medical context.

Sincerely,

David E. Nichols,
Professor, Medicinal Chemistry
and Pharmacology,
Purdue University

Dear Rick,

Congratulations on the 50th Anniversary of LSD issue of the MAPS newsletter, I think it is the best ever! I would like to comment on Ralph Metzner's letter concerning entactogen & empathogen as possible names for a novel drug class to describe MDMA and related compounds.

My Ph.D. dissertation examined the use of another amphetamine/mescaline-like phenethylamine, MDA, in the treatment of neurosis. I believe that characterizing a psychedelic as having a specific emotional property as though it were a chemotherapeutic effect is a misunderstanding. For example, when MDA hit the streets it was immediately called a "love drug." MDMA seems to have replaced MDA to become the love drug of the 90's. These are lay descriptions and confusions, researchers need to be more precise.

I believe that clues to the unique properties of the phenethylamine family can be garnered from the structural

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CORRESPONDENCE

similarity between MDA/MDMA and amphetamine/methamphetamine as well as their similarity to mescaline in another aspect of their molecular structure. I see both drugs has having varying amounts of classical psychedelic, i.e. mescaline-like, activity. What is unique about this family is that unlike classical major psychedelics the mind-manifesting properties of these two compounds are colored by the euphoric properties of the stimulant/euphoriant side of their molecules. MDA seems to have a stronger classically psychedelic property which is modified by the moderate euphoria induced by the amphetamine-like side of its molecule. MDMA appears to have a quite modest psychedelic property and a very pronounced euphoric property due to the methamphetamine-like side of its molecular structure.

Many observers and commentators on MDMA appear to confuse its propensity to induce a profound sense of well-being with the complex experiences of love and empathy. What is most amazing is that even an experienced psychedelic raconteur like Ralph Metzner, who helped pioneer the set and setting hypothesis, is quite willing to discard his hard won insights about the pivotal role of set and setting by characterizing MDMA as an empathogen.

The research on MDA done at the Maryland Psychiatric Research Center in the early '70's characterized its effects in a preliminary way:

Dynamically, the drug seems to reduce the need to defend or aggrandize the ego. In this state of enhanced well-being, the subject seems more able to accept and integrate concepts emanating either from the unconscious or provided by the guide or therapist., In substance, many of the subjects indicated that MDA seemed to "invite" inner exploration in contrast to LSD which demands it.

The state of consciousness which MDA facilitates would seem to make the acquisition of new insights an easier process. This type of experience may be especially helpful in breaking through obsessive, anxious and depressive patterns of thought and feeling. Another possibility is its application in group therapy settings to facilitate interpersonal interaction, enhance sensitivity to feelings and promote emotional expression. (Turek et al. 1974)

A reduced need to aggrandize or defend the ego is another way of describing the amphetamine-like euphoric effect on the subject's self-esteem. I find that MDMA has at once a stronger euphoric and a milder psychedelic action than MDA. The feeling of well being becomes more pronounced and the preoccupation with emergent inner material is less absolutely compelling than either MDA or a classical psychedelic such as LSD. Thus the pharmacological properties of MDMA can lead to greater openness in the interpersonal sphere. Empathy and experiences of deep love and transcendence are possible with MDMA as with all psychedelics, but a specific drug action, i.e. that of methamphetamine, is a part of its pharmacology that is often confused with these deep experiences. A reduced need to defend or aggrandize one's self can lead to empathy and greater contact, but this depends on non-drug factors (set & setting) and is not a pharmacological property.

For these reasons David Nichols' term entactogen seems a more correctly conceptualized word. I wish I liked the way it sounds, I don't. It's too staccato for my tastes. Ahh, the joys of splitting hairs amongst friends!

Sincerely,
Richard Yensen

Dear Rick,

I don't know whether the debate over "empathogen" or "entactogen" has much significance in the larger scheme of things, or even for the future potentials of drugs such as MDMA. Was it the Mad Hatter or the Queen of Hearts who said to Alice: "When I use a word I use it to mean whatever I mean it to mean"? Nevertheless, since my remarks in your MAPS newsletter elicited comments from my esteemed friends and colleagues Richard Yensen and David Nichols, perhaps I can be permitted a brief response.

Richard Yensen refers to me as a "psychedelic raconteur", perhaps to contrast my opinions with his, presumably more scientific, based on his Ph.D. dissertation on MDA therapy. While I am happy to take on the role of a "storyteller" when requested, I would like to point out that my remarks about drug terminology are actually based on my more or less direct participation-and-observation of several thousand sessions, group and individual, with psychoactive and psychedelic drugs and plants, over the last thirty years. More specifically, my suggestions about MDMA resulted from my work on the book *Through the Gateway of the Heart*, for which I pored over several hundred detailed first-person accounts of MDMA, from the files of a dozen or more therapists.

Nor does calling MDMA an "empathogenic" means that I "discard... the role of set and setting." Quite the contrary: the role of set and setting is quite obvious to anyone who has worked with psychedelics or similar compounds. Who can doubt that the experience of the thousands who consume "XTC" at a "rave" are having a different kind of experience from those who take it in a therapeutic or meditative context? At the same time, even the ravers report feelings of emotional oneness and connectedness. Researchers and experiencers consistently report consistent differences between the MDMA-type drugs and the LSD-type drugs. The terminological problem is: how best to describe this difference?

Richard first castigates me for the "misunderstanding" of "characterizing a psychedelic as having a specific emotional property as though it were a chemotherapeutic effect". He then proceeds to write about the "euphoric properties of the amphetamine/euphoriant side of their molecules", and the "euphoric properties induced by the amphetamine-like side of its molecule". Molecules with euphoriant sides? Talk about confusing levels of reality. What happened to set and setting here? Amphetamines as "euphoriants"? — most people regard them as stimulants (not quite the same). I don't know who is confusing MDMA's propensity to induce a "profound sense of well-being with the complex experience of love and empathy." I do know that the most frequently reported characteristic that distinguishes MDMA from LSD-type experiences is the emotional communion, the oneness, relatedness, emotional openness — in short empathy or sympathy, or something to do with affect. LSD can produce it too, but it does a lot of other things as well, and MDMA does it consistently.

It seems to me that if you are trying to describe an experience most effectively, you should use the language that most people use when describing the experience; not draw on pharmacological theories about euphoriant molecules, or transitory psychological theories of "reduced need to defend the ego" etc. Of course, as David Nichols observes, the medical profession (like other academics) likes to have its own terminology for objects and processes known to the lay public as well, so it can discuss them in a "legitimate scientific or medical context" — and I certainly have no objections to doctors or anyone else using words in any way they want. But my question would be — what does this term really communicate and to whom? Is empathy really such a "trite" experience, that you have to disguise it as something else?

Like Richard, David too has a theory about MDMA, that the empathy is really some kind of secondary or derivative effect. His is that MDMA produces an "anxiolytic state... accompanied by chemically-induced hypnosis". As if we knew what hypnosis did or how it worked. And just because hypnosis, and MDMA, can be used to facilitate age-regression, this does not make age-regression a property of the drug, or of hypnosis. And anyway, why do all the

Photo: Psychedelic Illuminations/Vic Cook

possibilities of the drug experience have to be included in the descriptive label? And does "entactogenic" include references to age-regression, empathy, euphoria, "reduced ego defense" and all the other suggested "properties" of MDMA?

Of course not: and the reason is that it is a newly-coined technical term, which doesn't communicate anything to anyone unless you explain in detail what you mean. At least, "empathogenic" (or "sympathogenic" , which German therapist Constance Weigle uses in her recent book on MDMA therapy) has the virtue of using commonly understood terms. And how does "entactogenic" — "reflecting the drug's ability to facilitate the retrieval of inner material and enhance introspective states" in David Nichol's terms — distinguish this class of drugs from the LSD-type psychedelics? It doesn't — in fact "touching within" or accessing inner states is pretty much what "psychedelic" means; and LSD and the tryptamines could be considered highly effective entactogens, in that sense.

One last point: David's insertion of a diatribe about self-medicating therapists into this discussion is both irrelevant and unfair. I never suggested, nor do I support, the practice of therapists taking MDMA with their clients. I said that the kind of empathic response characteristic of MDMA experiences is the same as psychotherapy training institutes spend years trying to inculcate in their trainees. Empathy, conscious emotional attunement with another's feeling-state, is a complex response that can be learned; and of course it can practiced, and learned, without drugs of any kind. What I was (admittedly) implicitly suggesting in my comments was the often-discussed potential value of MDMA and similar drugs in the training of therapists. In my opinion, the three potentially most valuable applications of MDMA in psychotherapy are: one, for working with traumatic memories; two, for interpersonal communication and openness; and three, for the empathy training of the therapists.

In the end, perhaps it all comes back to the Mad Hatter; — or is it the Queen of Hearts? We can use words to mean what we want them to mean. My esteemed friends Richard and David will use "entactogenic" as they wish; I now have a better idea what they mean by that term. For my part, I shall continue to use "empathogenic" — it doesn't take as long to explain for one thing. On the other hand, I really like "Adam", the term coined by our revered master Leo Zeff. This means something like "primordial being", "original nature", "primal parent", "great ancestor"...

Thanks for allowing me to comment.

Ralph Metzner

"... a rose by any other name..."

– William Shakespeare
Romeo and Juliet

CORRESPONDENCE

To Whom it May Concern:

I'm writing this in hopes that my experiences may be significant in the lives of others who also suffer from fibromyalgia; or other CFIDS type disorders.

I am twenty-two years old, thin, white, female, the typical scenario for most of us with fibromyalgia. I have been sick for about seven years now. Each day is a test of mind over matter,. I've got to forget the pain, the fatigue, and work beyond my limitations. In short, life is an ordeal.

I am very persistent and have made it a point to put my intelligence to use in understanding what I am suffering from. My psychological profile is what I would consider a very positive one given my circumstances. I am not a depressive person, but I do get frustrated. I'd consider that normal. I remember what life was like being a normal, healthy young person. Up until this disease surfaced I was healthy, and very athletic. This is primarily the most frustrating part of all this for me.

On top of my severe fibromyalgia I suffer chronic daily headaches and almost daily migraines. I suffer deep pain in my joints and biting pain in all the typical tender points. On top of all this is extreme fatigue. I am barely able to function and when I do I pay the price, and it is dear.

Over the years I have been prescribed many different drugs in varying dosages and combinations. There never has been anything I've taken that works to make life comfortable. As it seems after all is said and done, there still lies the exact same problem and nothing has changed it in any noticeable way. Life is still very painful and exhausting.

In my pursuit of personal enlightenment I have experimented with some psychedelics and used those experiences as spiritual and intellectual aides. I have taken LSD, psilocybin, and smoked marijuana. I know what is meant in terms of sensations and feelings produced; such as " euphoria, tripping, high." These vague terms are often totally ambiguous to those who have never experienced these psychoactive chemicals.

In the spring of 1992, I tried ecstasy (MDMA). There were four other people besides myself on this drug, their experiences were much different than my own. When the drug took effect the others that I was accompanied by were experiencing euphoric feelings and being mentally and physically high. My experience was different, I felt "normal" (normal being as I was before my fibromyalgia surfaced). I could keep up with my healthy active companions, something I could not have done without this chemical effect. I was energetic and could keep up with them on a hike up to the very top of a mountain, something that normally was a monumental struggle with pain and fatigue. I felt like I did when I was active in sports, just a little winded but I could make that ascent like the other people I was with.

The difference between myself and the rest of this group was I was not experiencing the "tripping" type of mind set, I just felt "normal". It was just like being given my body back. I no longer was trapped by fatigue and pain. This effect lasted for about three days. Where the others felt nothing after the first day, I was full of energy.

There was another very interesting effect. I usually need 10 to 12 hours of sleep to function at any level but on this drug I only slept a normal eight hour night and woke up refreshed and renewed and proceeded to have another day of the same caliber.

I have had only five experiences with this drug but they all had an effect on me even after the 12 or so hours that it effected the other takers. I felt energized for about one to three days after taking it.

I don't understand why it worked or how it worked but I know I felt a profound change from the extreme fatigue and inhibiting pain I suffer due to this disease. I said at the time I felt normal, and actually it felt more like a miracle. Each experience did prove the same. It had little effect on me psychologically, but on my physical energy and ability I felt like I'd been freed from a painful suit of armor.

My experiences impressed on me the idea that there can be something for me other than pain, fatigue. I want to find out if this effect can be recaptured and harnessed into working for me and others like me, making life less restricting and exhausting.

I am asking that someone may take an interest in my suffering and at least try to find out whether this may be a new and effective treatment for the fibromyalgia/CFIDS sufferers. I am willing to work with anyone who would like to take me on as a case for experimental testing.

Anyone is welcome to communicate with me further about my experience and my medical history. I hope that I may be considered a good case for further research and offer myself to any interested researcher.

Sincerely yours,
Jill M.G. Chapleau-Canavan
106 Church Street, No. 3
Rutland, VT 05701
(802) 747-4741

Editors Note: After receiving Jill's letter, I contacted her physician to see if he was interested in trying to secure FDA permission to conduct research with Jill with MDMA. Fortunately, he was willing to go through the various time-consuming procedures that trying to secure FDA approval involves. I then contacted an official at the FDA to see if he would be willing to review an application to conduct research with Jill under what is called an N=1 methodology. Fortunately, the FDA is willing to entertain such an application.

The N=1 methodology involves a specific sort of research design in which Jill would be the one and only subject in the study. She would be given repeated administrations of MDMA or placebo in a double-blind methodology where neither she nor her physician would know which drug she was receiving at any specific time. After three or four administrations each of MDMA and placebo, her medical records would be reviewed to see when, if ever, she felt relief from her crippling symptoms. If she felt relief with the MDMA and not with the placebo, then further studies would try to explore what the MDMA did that was helpful to her. Depending on the results, a larger study with other similar patients might be undertaken. For now, Jill and her physician are preparing the application to the FDA for the N=1 study. At this time, I am hopeful that the study will be approved. Any progress will be reported in subsequent MAPS newsletters.

CORRESPONDENCE

Dear Rick,

My family has a high incidence of cancer. In fact, almost every member that has died, died of cancer. The youngest so far has been my first cousin who died of cancer at about age 50. My father died after 6 months of terrible illness when I was 16; I stayed home from school a half day every day to take care of him and give him his morphine shots. My mother and her family died from various forms of cancer at home. I consider myself an expert on terminally ill cancer patients after holding the hands of many people dying from this painful crippling disease at home for six months at a time.

The medications for pain seem to have remained the same for the past twenty years. Radiation seems to cause as much pain as it does relieve. Codeine, Percocet, and other pain-relieving pills help until the final stages, then morphine shots seem to be the final solace to a dying human.

I had the fortune of knowing and assisting a very close friend dying of cancer who was open to non-traditional approaches. She first tried pot but did not like it because she had never smoked it or anything else before and she was afraid of what other people would think. I had some organic mescaline [from peyote cactus] that a friend had given me and offered it to her. She said she was in terrible pain and the Percocet pills were not helping. So we took some together, a small amount to be careful. The effects were astounding as she relaxed and became a little euphoric and forgot about the pain. This we continued once daily or every few days when she complained of pain. I continued this until she died four months later and everyone around said it was remarkable that this person took so few painkillers. The amount I used was barely 1/10 to 1/4 of what a teenager would take before going to a rock and roll concert. The amount of standard pain pill requests were 1/10 of normal and hardly any morphine was used at the end.

I know this can be blown out of proportion as most drug use is. But the fact is, it was better than any traditional cancer death that I have seen. I have seen several traditional treatments since this person's death, which is why I am writing this letter. To this day, nobody else knows anything other than this person had a very relaxed and peaceful death.

I remember an old leather-bound American home medicine book from 1850 that we had around the house when I was growing up. At least 10 remedies from pain relief to treatments for madness and cancer included marijuana. It is well known that the Incas, Aztecs,and Mayans made extensive use of marijuana, coca leaves, peyote, mushrooms, and countless other naturally occurring drugs. Why are we trying so hard to destroy the knowledge of these drugs that were revered by these ancient civilizations? This can only hurt our society by reducing our data base of information to draw from. Is it possible that the terminally ill patients in these ancient cultures received better treatment and better drugs than we are giving our terminally ill today?

It is nice to have a forum where positive experience with drugs can be recorded. The government is effectively blockading the media. Keep up the good work, MAPS.

Best wishes,

An Interested Party

Dear Mr. Doblin,

May 6 was the 50th anniversary of the genesis of Aldous Huxley's *"The Doors of Perception."* I have naturally been pondering that May morning in Hollywood. Fifty years is a long time in a human lifetime, but in this history of human experience it is quite brief, and in terms of human evolution it is miniscule. It is fortunate that, at least so far, psychedelics have not had much military appeal, in spite of a brief period during which the war men of several nations hoped to misuse them. The automobile, the aeroplane, nuclear energy and much else owe their rapid evolution to their potential for harm, and that evolution was enormously expensive both in lives and treasure. Nearly all the early aviators died in the first few decades of flight. It was World War I that made the rise of the automobile and the plane possible.

I am glad that in spite of the sluggish and often timid way in which the establishment has approached or failed to approach psychedelics that there are still many who believe, as I do, that they have much to contribute to our well being and survival, as they and the experiences associated with them have done in the past. As Aldous Huxley, Albert Hofmann, and many others have stated repeatedly, these are instruments, sharp instruments, which we have to study so that we can use them for the benefit of all of us.

As it is easy to see, all human artifacts are in much the same category. They can help or harm us depending whether we use or misuse them. In earlier human societies hundreds, thousands, tens of thousands of years went by, in the course of which we learnt the social skills necessary to prevent new discoveries from becoming lethal for the discoverers and their descendents. In the last few hundred years, the tempo of discovery has become much quicker and has outstripped our ability to evolve socially and psychologically and especially spiritually to accommodate ourselves to our own inventions. So far our performance looks as if we are bent more on suicide than allowing ourselves to lead a better life and develop what Julian Huxley called "the fulfillment society" and what John Winthrop, possibly prematurely, urged upon his fellow colonists in the Arbella, before they reached Massachusetts Bay, that they would be a "city upon a hill." He told them in his sermon, at sea in 1630, that the "eyes of the world are upon us." Of course they weren't in 1630. The 'world' had no interest in John Winthrop and his little band of Pilgrims.

So all good wishes to you and yours,

Humphrey Osmond
1 Princeton Place
Tuscaloosa, Alabama, 35405

The Summit Meetings Commemorating the 50th Anniversary of Albert Hofmann's Discovery of LSD: April 16 and 17, 1993

Rick Doblin

SOMETIMES, an event is so filled to overflowing with people, emotion, and content that there is virtually no way to summarize it and do it any justice. That is the way I feel about the events that MAPS helped to coordinate commemorating the 50th anniversary of Albert Hofmann's discovery of LSD. Over the course of a lengthy evening in Santa Cruz on April 16 and a twelve-hour marathon summit meeting the next day in San Francisco, April 17, over 50 distinguished speakers spoke to over 1000 remarkable people.

SOMETIMES, AN EVENT IS SO FILLED TO OVERFLOWING WITH PEOPLE, EMOTION, AND CONTENT THAT THERE IS VIRTUALLY NO WAY TO SUMMARIZE IT AND DO IT ANY JUSTICE.

Many millions more heard about the event via the media coverage we received from CNN, NBC National News, several San Francisco TV stations, BBC World News, NPR, local radio stations around the US, lengthy articles in San Francisco and Los Angeles newspapers, and shorter articles and mentions in USA Today, New York Times, and newspapers all across the country and even in China! To our surprise and pleasure, a nuanced message was communicated more or less faithfully, namely that we felt that psychedelics and marijuana had numerous beneficial uses that could help virtually all members of society and not just "aging hippies." I think this message got through because the events were, in part, fund-raising benefits for FDA-approved research, a fact which the media took special note to mention. (The events raised $5,000 for LSD research, $2,000 for MDMA research, and $2,000 for marijuana law reform—see page 2.) Of course, we benefited greatly from the media hook of LSD's 50th anniversary and the relative rarity of such an organized show of support for psychedelics and marijuana in the midst of the Drug War. And I think that President Clinton's still fairly recent electoral victory provided a backdrop of hope that positive change might be in the offing, further contributing to the media's willingness to take a look at what we had to say.

The evening in Santa Cruz focused just on LSD and was especially moving. I highly recommend the tapes (see opposite page for information about ordering tapes, posters, t-shirts, and flying disks). The UC Santa Cruz Performing Arts Theatre was an excellent setting for the event and fostered a precious sense of intimacy and openness which prevailed despite a late start and problems with tickets. The twelve-hour event at the Unitarian Center in San Francisco was a cornucopia of people, information, music, food, and inspiration. The predominant impression I was left with was the incredible warmth, diversity, expertise and potential contained within the community of people interested in psychedelics and marijuana. If we can just find the proper ways to work together, and to present our case to the American people, significant, dramatic and positive change will certainly result. Rather than try to summarize the talks, I can only suggest that you listen to the tapes that most appeal to you, and share them with friends (see page 28).

To give you just a little feel of what took place, this issue of the newsletter is publishing transcripts of the three special videotaped messages from Albert Hofmann, Ken Kesey and Ken Babbs, and Humphrey Osmond (these appear on the Santa Cruz tape). Also, Earl Davis has contributed an article about his experiences curating the psychedelic art show at the San Francisco event (see pages 34-37).

I would personally like to express my deepest appreciation for the contribution

made to these events by Dale Gieringer of California NORML; Debby Goldsberry and John Hunt, of Cannabis Action Network; and Matthew Brenner and Kevin Kough and their friends from the US Santa Cruz student group, Millbrook West; all of these people labored long and hard and unselfishly to co-sponsor the event. I think the wisdom of the psychedelic, marijuana, and student groups joining together for the first time was evidenced by the grand success of an event that none of us could have organized on our own.

My lasting impression of the events are that they empowered speakers and audience alike, both at the event and afterwards, to give voice to their honest assessment of the dangers and opportunities associated with various drugs. This courage to speak out more clearly to family, friends, associates, strangers and "opponents," when combined with the ability to listen and respond to the fears, both justified and exaggerated, that people harbor about drugs, is the most important tool that we possess in going about our work to create a healthier society.

Who's Who on the Audio & Video Tapes

Speakers and Introducers at the UC Santa Cruz Performing Arts Theatre: *(Recorded by Psychedelic Illuminations)*

Matthew Brenner, USCS Millbrook West; Bruce Eisner, Island Group; Rick Doblin, MAPS; Oscar Janiger, Albert Hofmann Foundation; Tape from Albert Hofmann; Tape from Ken Kesey and Ken Babbs; Tape from Humphrey Osmond; John Beresford, physician; Laura Huxley, author; Francis Huxley, anthropologist; Lester Grinspoon, psychiatrist; Donna Dryer, LSD Researcher; Richard Yensen, LSD Researcher; Will Penna; Island Group; John Robbins, author; Myron Stoloroff, pioneer psychedelic researcher; Willis Harman, Institute for Noetic Sciences; R.U.Sirius, Mondo 2000; Robert Anton Wilson, author; Nina Graboi, author; Ralph Abraham, mathematician; Elizabeth Gibbs, radio host; Stephen Gaskin, teacher; Sasha Shulgin, alchemist; Claudio Naranjo, pioneer psychedelic researcher. Music by Giest.

Speakers at the San Francisco Unitarian Center: *(Recorded by Sound Photosynthesis)*

Welcome—Dale Gieringer, California NORML; Rev. Karla Hansen; Unitarian Minister; Rick Doblin, MAPS; Robert Zanger, Albert Hofmann Foundation.

MDMA—Claudio Naranjo, psychiatrist; George Greer, psychiatrist; Requa Tolbert, nurse; Gary Bravo, psychiatrist.

Raves—Jerry Beck, sociologist; David Presti, psychologist; Ganti Galloway, pharmacologist; Nicholas Saunders, author.

Women and Psychedelics—Nina Graboi, author; Laura Huxley, author; Kat Harrison, Botanical Dimensions; Caroline Garcia, Merry Prankster.

Marijuana—Dennis Peron, political activist; Mary Rathbun (Brownie Mary, patient advocate; Valerie Corral, medical marijuana patient; Lester Grinspoon, psychiatrist; Donald Abrams, physician; Tod Mikuriya, physician; Ed Rosenthal, author; Judy Osburn, hemp activist.

Sacred and Healing Plants—Ralph Metzner, psychologist; Tom Pinkson, psychologist; Kat Harrison, Botanical Dimensions; Dennis McKenna, ethnopharmacologist.

Psychedelic Drugs in the Treatment of Substance Abuse—Richard Yensen, psychologist; Donna Dryer, psychiatrist; Howard Lotsof, NDA Inc. (ibogaine research); David Lukoff, psychologist.

Psychedelic Foundation Proposal—David Nichols, medicinal chemist.

Psychedelics and Society—Stephen Gaskin, teacher; R.U.Sirius, Mondo 2000; John Barlow, Grateful Dead lyricist; Caroline Garcia, Merry Prankster; Bruce Eisner, Island Group.

Drug Policy—Rick Doblin, MAPS; Dale Gieringer, California NORML; John Beresford, psychiatrist; Shari Himel, Families Against Minimum Mandatories; Stuart Reges, National Libertarian Party; Erik Fromberg, Dutch drug researcher; Marsha Rosenbaum, sociologist; Dick Cowan, NORML; John Morgan, physician; Mark Kleiman, Kennedy School of Government; Ethan Nadelmann, drug legalization theoretician; Kevin Zeese, Drug Policy Foundation.

To order tapes see page 28. •••

MY LASTING IMPRESSION OF THE EVENTS ARE THAT THEY EMPOWERED SPEAKERS AND AUDIENCE ALIKE

TRANSCRIPT OF THE SPECIAL VIDEOTAPED MESSAGE FROM HUMPHREY OSMOND

Editors Note: In the 1950's, Dr. Humphrey Osmond helped pioneer the use of LSD in the treatment of alcoholics. He also introduced Aldous Huxley to mescaline, an experience which Aldous wrote about in DOORS OF PERCEPTION. *Among his many other accomplishments, Dr. Osmond is the proud father of the word "psychedelic".*

WELCOME to the 50th anniversary of Albert Hofmann's miraculous bicycle ride which led to his discovery of the extraordinary properties of LSD. It was almost equally miraculous that this should have occurred to someone like Albert who was sufficiently intelligent and sufficiently detached, sufficiently courageous and imaginative to realize what he had found. Because many people having had this extraordinary experience would have undoubtedly gone away and tried to forget it as quickly as possible. Albert didn't do that. So this is a special day for you all to contemplate because unfortunately over the years people have in fact tried to forget it, and it isn't really very forgettable.

Aldous Huxley and I some years later were starting what we hoped to become studies with mescaline and we had to find some suitable words for this. He suggested a very beautiful word "phanerothyme." He sent me a little note – "To make this mundane world sublime, take half a gram of phanerothyme." I thought that phanerothyme was beautiful but probably an incomprehensible word and I tried to find an easier one. I came up with this – "To fall in hell or soar angelic, you'll need a pinch of psychedelic." And this was how that psychedelic, "mind manifesting", a very neutral word, how it came up.

Now psychedelics we found fairly quickly had great benefits to people in certain conditions, particularly those suffering from alcohol addiction, who require, as most of us probably do but they need it all the more, that is an opportunity to consider what has been happening to them and to see its many possibilities. Now, obviously, how to use this becomes a major issue. Aldous Huxley particularly tried to get hold of funds to do this and unfortunately we failed. This led him to say that he would never buy a Ford again but would in the future only buy Chevys. I don't think he stuck to this but he felt that the Foundation involved could have, it wasn't expensive, we could get people to do it, and unfortunately it failed.

So, fifty years later you are in a sense still confronting the difficulties that arose from trying to storm the heights without finding out what one was doing, in other words undertaking badly planned mountainous expeditions. As usually happens with badly planned expeditions, they fail. So I hope that in your (bicycle) rides, which I believe that you are going to be taking around San Francisco, that you will think about this and find some way to not, as I am afraid has happened in the past, to snatch defeat from the jaws from victory, but to snatch victory from the jaws of defeat.

Good wishes to you in your meeting. Do all you can to forward the cause that Albert took up so bravely and which he has always fully understood its many implications. And there are many more still to be understood. So good luck to you all... How's that?•••

Dear Rick,

I so much feel that the gatherings on April 16 and 17 are my family reunion. I'll be on tour in Seattle at that time but I plan to get on a bicycle then just to symbolize my alliance with all of you.

There will be many wonderful words at the gatherings all pointing to the essence of what draws us together - which is so far beyond words. Each of us that have been catapulted beyond concept by precious psychedelic sacrament meet and know one another in the point where time and space turn liquid. True Grace!

I smoke to your joy on this day.

In love,

Ram Dass

Hanuman Foundation, 524 San Anselmo Ave., San Anselmo, CA 94960

Transcript of the Special Videotaped Message from Ken Kesey and Ken Babbs

Ken Kesey: Happy Birthday, Happy Birthday to you...

Ken Babbs: *Was quite an event aboard ship, I do remember it, it was right after that first leak was felt and the bilge pumps were kicked in and they said to me, they said...*

Kesey: You have to stop kicking those bilge pumps, you got to quit kicking them.

Babbs: *I know they aren't working right, sir. I asked myself, always dropping them droppings and then what about the fog.*

Kesey: The Neon pigeons, 24 in every cube we were promised, 24 in every cube.

Babbs: *That's right, we demand our rights.*

Kesey: We demand our rights, our left and our colored pigeons.

Babbs: *Yes, we do, or else we won't, by Scott, sir, man the pumps at all, no... We will woman the pumps, ha ha. No, we won't even do that. No humor allowed on this trip, sir. I mean do you have any of that substance, sir that sacral, that sacral...*

Kesey: This is the birthday of one of our great benefactors, I mean. Do you think that old what's his name Koresh down there in Waco Texas, would have come up with something that someone else wouldn't have thought of two hundred, two thousand years ago?

Babbs: *Same old, same old, same old.*

Kesey: Were you there? Were you there? They got the people high.

Babbs: *Yes, I remember it well, that bicycle ride down through the Lucerne valley.*

Kesey: They got the people high.

Babbs: *He said, son, you take this over to America, it will contain enough to get that tree that takes its sap up to the top as high as it could ever want to go.*

Kesey: The sap is back.

Babbs: *The sap is back.*

Kesey: Without the sap what chance do we have? All we have is wise people like Kissinger.

Babbs: *Kissinger! Ah, kiss my ger, by gosh, not his.*

Kesey: Anyway, where were we?

Babbs: *We were singing our happy birthday song to that fine man who in 1943 took that famous bicycle ride through the Lucerne valley and came up with... New cheese.*

Both: New cheese, celestial cheese, climb to the top with the top of the bees, get your cheese through all the doors you came in town there's going to be more, yea hit the cheese, cheese, cheese, got to find my cheese, cheeso, cheeso, got to find my cheese, cheeso, in the old... never again.

Babbs: *Balm of the Beeades, said book of the bread was bread, that you would get to your cooper dead head, mast head. The mast head, sir, is shaking in the breeze.*

Both: Happy birthday to you , happy birthday to you. Happy birthday dear LSD, happy birthday to you!

Babbs: *I wish we could get some of that substance today!...*

(Editor's Note: This message needs to be seen, again and again, to be fully appreciated. The dialogue is sometimes sung and sometimes spoken while the visual image is of Ken Kesey and Ken Babbs reciting their dialogue superimposed over, or replaced by, some of the Prankster's archival footage from the 1960's. The transcript is missing some words that were difficult to decipher, and some words may be incorrect.)

Transcript of a special videotaped message from Albert Hofmann to the Participants at the April 16 & 17, 1993 Symposiums on the 50th Anniversary of his discovery of LSD.

The Summit Meetings Commemorating LSD's 50th Anniversary were a grand success, and were covered by CNN, NBC National News, San Francisco TV stations, BBC World News, NPR, local radio stations around the US, newspaper articles in the San Francisco Chronicle, LA Times, USA Today, New York Times, and newspapers across the country and even in China!

FIFTY YEARS is a very young age for a child like LSD which as a pharmaceutical substance, as a substance, will never die. How it will develop in the next fifty, next hundred, next thousand years when mankind is in permanent change, we do not know. We can only, based on what happened in the first fifty years, make some speculative, hopeful extrapolations for the future.

I am only the father of LSD. The questions arises, who is the mother? The mother is a fungus named ergot. Ergot is called in German "mutterkorn", mother corn. Here we have the mother, the mother ergot. She gave birth to several of my pharmaceutical children. The first was methergine which is a medicament used in obstetrics as an aid in childbirth. The second offspring from my relation with mother ergot was LSD. Whereas methergine helps in the birth of the body child, LSD can be helpful in the birth of the spiritual child hidden in every human being.

Whereas methergine is effective in the material world, LSD is effective in the spiritual world. And such a connection cannot be accidental. Some higher authority must be behind this who thought that our time needed help not only on the material but also on the spiritual level and therefore ordered LSD to be born. It must have been this higher authority who, after I had synthesized lysergic acid diethylamide already in 1938, spoke to my inner ear to repeat the synthesis in 1943 with the end result being the discovery of the fantastic effects of LSD on the human psyche.

It was then some years later in the 1950's that LSD itself attracted the sacred, the magic plant of Mexico, into my laboratory for chemical investigation. It must have been the wish of LSD to show its close relationship to this magic plant, this sacred plant of Mexico, to *teonanacatl* (psilocybin mushrooms), and to *ololiuqui* (morning glory seeds), in order to demonstrate its own character as a sacred drug. And also to show by these ancient Mexican Indian cults, to give us examples how to make wise sacramental use of LSD and similar psychedelics.

There are peoples, and as you know not a few, who think that a psychic experience which is evoked by a drug, by a substance, cannot be a spiritual one, cannot be a true mystical experience. These people are not yet conscious of the unity of the spiritual and the material world. And these people are those who treat nature as dead matter existing only to be exploited. They do not yet comprehend that the material universe is the big transmitter by which the Creator sends his message to his creatures, to human beings who can receive and conceive it. All those who have ever been spiritually awakened do know that the Creation is the firsthand relation, the manifestation of the spiritual world. Dogmas, texts written by human beings, can in our time no more be the basis, the source of our faith. We must see with our own eyes, feel with all our senses with open doors of perception, the world as it really is, infinite, miraculous in its eternal here and now. Only if we have experienced ourselves the divine mystery of existence, only then can we understand the truth of the message which the prophets, the saints, the mystics have transmitted to us. Therefore, every means, any path which helps us to evoke our own personal mystic experience is of highest spiritual value and should be available legally to everybody.

You, my dear friends, and millions all over the world who now commemorate the 50th birthday of ergot's child, we all testify gratefully that we got valuable help on the way to what Aldous Huxley said is the end and the ultimate purpose of human life - enlightenment, beatific vision, love. I think all these joyful testimonies of invaluable help by LSD should be enough to convince the health authorities, finally, of the nonsense of the prohibition of LSD and of similar psychedelics.

Dear friends, I am happy to be with you at this wonderful celebration of the birthday of my problem child. I am happy to be with you not only on the screen but with my thoughts, with my heart, and with all my love. •••