



MAPS

NEWSLETTER OF THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

Research Agenda:

Sending Down Roots

THIS ISSUE OF THE MAPS newsletter describes MAPS' agenda for 1996. I've used the occasion of the New Year to take stock of where MAPS has been and where

it is going. The review of MAPS' main projects helped me to place things in perspective; hopefully it will do the same for you. By laying out an organizational road map, MAPS members can now get a sense of the big picture. This enumeration of goals also provides a checklist with which to evaluate MAPS' progress over the course of the upcoming year. If you think any of the goals should be modified in any way, please don't hesitate to contact us to express your opinion. Sylvia and I appreciate your input and will give it serious thought.

■ MAPS' overall goal remains to demonstrate scientifically the value of psychedelics and marijuana and to clarify accurately the risks to be avoided, minimized or taken when necessary. As always, rational fact-based arguments play only a small role in national drug policy and are frequently overwhelmed by emotional and symbolic issues. Still, like a rudder on a boat in high seas, scientific data does help to determine somewhat the direction of the ship of state. ■ Since many of you have asked, I'd like to clarify a somewhat embarrassing but humorous mistake I made in the last issue. As you may recall, I included a picture of Eden, my new baby boy, on page 1. In the picture he had a round thing on his nose. I've lost count of how many people didn't know what it was and were scared to ask me in case it was a birth defect, perhaps resulting from some damage I had done to my chromosomes through my past use of LSD. (Note: the supposed link between LSD and chromosome damage was disproven years ago.) ■ What I failed to mention in the article or include as a caption for the photo was the information that the circle was a Cheerio™. Even some people who had seen Eden in person without the Cheerio weren't sure what it was! Since being a first-time dad is so consuming, I lost a bit of perspective. I thought that somehow everyone else would know what it was. At first, only a small percentage of the Cheerios that Eden picked up managed to make it into his mouth. The one in the photo stayed on his nose undisturbed for several minutes, a feat I found exceedingly cute. ■ Speaking of parenthood, my wife Lynne and I are going to have another baby due June 3, a girl. We're elated and very grateful for our many blessings. We're both late bloomers but once we started our family, we've moved along rather directly. We're even getting ready to purchase a station wagon. Before too long, teenagers will think I'm totally square. ■ Perhaps this fragile psychedelic renaissance is another late-blooming phenomenon, decades in coming and slow to develop but possessing of solid roots that can support new growth. Let's hope so. Best wishes to all for the New Year. Rick Doblin, MAPS President, January 1996. ■

MDMA.....2

Ibogaine.....4

Marijuana.....7

Ketamine.....11

Psilocybin.....12

LSD.....14

4-Methyl Aminorex.....14

Educational Agenda:

Publishing.....15

Conferences.....16

Internet.....17

In the Next Issue.....19

Milestones.....20

mdma research: phases 1 and 2

The top priority
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The Phase 1 Safety Study

On May 18, 1994, Charles Grob, M.D. administered MDMA to the first subject in his Food and Drug Administration (FDA)-approved dose-escalating double-blind safety study. This marked the first time that MDMA had been legally administered in the United States since it was criminalized by the Drug Enforcement Administration (DEA) in 1985.

On November 27, 1995, Dr. Grob administered MDMA to the eighteenth and final subject in the study. This groundbreaking research has now been completed. During the first several months of 1996, Dr. Grob will focus on analyzing the wealth of information he gathered about many of the physiological and psychological effects of an escalating series of doses of MDMA. The study began with the administration of a barely perceptible dose of .25 mg/kg and rose to 2.5 mg/kg, an amount somewhat larger than the standard therapeutic (or recreational) dose. Upon completion of the data analysis, Dr. Grob will submit his findings to the FDA for review.

Though Dr. Grob's data analysis is not complete, the most significant side effect was blood pressure instability in two subjects. Another subject dropped out of the study because of panic anxiety but his adverse psychological reaction occurred during his placebo session and was not related to the administration of MDMA. This surprising event is yet another demonstration of the wisdom of using placebos in clinical research. It also suggests that a hospital room may be a

THE TOP PRIORITY of MAPS in 1996 is to move beyond the study of the safety of MDMA and to begin to

study MDMA's therapeutic potential. If this goal can be obtained in 1996, it will have taken eleven years from the time that the recreational use of MDMA was made illegal to the resumption of the scientific investigation of its therapeutic potential.

less than ideal setting for psychedelic research, a conclusion that Rick Strassman, M.D. also drew from his psilocybin research project.

The Phase 2 Cancer Patient Study

After the FDA completes its review of the Phase 1 safety data, Dr. Grob plans to submit a Phase 2 protocol for FDA review. This Phase 2 study will gather preliminary data on the safety and efficacy of MDMA and guided imagery when used as an analgesic in cancer pain and as a psychotherapeutic adjunct for the treatment of anxiety and depression related to terminal illness. The study will also seek to determine the physiological effect of MDMA on the immune system as well as whether the combination of MDMA and guided imagery could be used as an effective tool to facilitate psychoneuroimmunological (mind/body) stimulation of the immune system.

The population of end-stage cancer patients was selected because of the desperate life circumstance they encounter, for which conventional psychotherapeutic and pain reduction treatments often offer limited relief. This patient population was also chosen because people not normally sympathetic with the medical use of psychedelics might be more open-minded if it can be demonstrated that MDMA can be of use if they or their loved ones were to find themselves in the unfortunate situation of having cancer, a disease that touches most people's lives directly or indirectly.

The Phase 2 pilot study will involve twelve subjects and should take approximately

one year to complete. MAPS has agreed to raise the entire cost of the Phase 2 study, estimated to be \$70,000. MAPS has submitted several grant applications seeking funding for the study to foundations. Though several previous grant applications for this study have been rejected by other foundations, hope springs eternal. If foundations are not supportive, the study will be funded out of donations from MAPS members and the bequest of Eric Bass.

The Phase 2 PTSD Study

MAPS is also seeking to catalyze a pilot study into the use of MDMA in the treatment of post-traumatic stress disorder (PTSD). As has been noted, MDMA "helps reduce the fear-response to a perceived emotional threat," making it a very effective element in the treatment of people suffering the residual effects of past emotional trauma.

As long-term readers of the MAPS newsletter may recall, MAPS has been trying for several years to conduct an MDMA/ PTSD study at the Military Hospital in Managua, Nicaragua. Doctors at the hospital conducted a 20-patient pilot study in 1988 with promising results. In 1992, shortly after the FDA approved the first human study with MDMA in the United States, the Nicaraguan doctors contacted MAPS seeking protocol assistance and funding support for a follow-up study. MAPS obtained a grant of \$28,000 for the Nicaraguan study from a foundation in England (our first and only foundation grant to date) and proceeded with high hopes for the project. Among other things, MAPS sent several experts in PTSD research to Managua to assist the Nicaraguan doctors in designing, implementing, and seeking approval for a more rigorously designed study. Unfortunately, little progress was made.

Meanwhile, in March 1995, Dr. Grob reached a point where he needed additional funding for his Phase I safety study. Rather than let Dr. Grob's research languish when MAPS had funds in the bank that weren't

being used, MAPS obtained permission from the donor foundation to redirect \$10,000 reserved for the Nicaraguan study to Dr. Grob's study. This redirection of resources left sufficient funding for a scaled-back but still important study in Nicaragua.

Despite a substantial amount of time and effort, it has still not proven possible to design an MDMA/PTSD study that could be implemented in Nicaragua and that would generate data that the FDA would consider reliable. The many crises that the country is undergoing and the overly stretched resources at the Military Hospital make it very difficult to conduct rigorous research. I must regretfully report that the Nicaraguan project has been cancelled, leaving slightly in excess of \$12,000 still available for MDMA research.

MAPS is now trying to catalyze a PTSD study either in the United States or Israel where it will be much easier to design and implement a study that will be considered valid by the FDA. MAPS is budgeting \$25,000 for this study, combining \$12,000 remaining from the Nicaraguan project with an additional \$13,000 from the bequest of Eric Bass. The crucial missing element is a physician willing to be the principle investigator on the study. I've put out some inquiries and have also been in contact with a company that specializes in conducting clinical trials under contract to pharmaceutical companies. I'm working to ensure that a MAPS-sponsored MDMA/PTSD study will begin before the year is out. •

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ibogaine research

in

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being conducted by Juan Sanchez-Ramos, M.D. and Deborah Mash, Ph.D. at the University of Miami. This represents the single largest donation to date that MAPS has ever made to a specific research project. (MAPS' donations to MDMA research have exceeded that amount in total but have been disbursed to several different projects.) Funds for this donation came from two sources, \$21,000 from the bequest of Eric Bass and \$4,000 from a person in the music business in Seattle who has seen the detrimental effects on musicians of heroin and cocaine addiction and wanted to support MAPS' efforts to find a treatment.

MAPS' \$25,000 donation covered the costs to analyze the effects of ibogaine on six subjects administered a dose of 2 mg/kg, the second dose level in the dose-response study. The information gathered as a result of MAPS' donation will be used as pilot data to support a grant application to the National Institute on Drug Abuse (NIDA) for the approximately \$200,000 that is needed to complete the Phase 1 study. This safety study is a prerequisite to the crucial Phase 2 study into the use of ibogaine in the treatment of heroin and cocaine addiction. The Phase 2 study will address whether or not ibogaine has efficacy in the treatment of substance abuse disorders.

In 1996, MAPS will work to find additional resources for the Phase 1 ibogaine safety study if the NIDA grant application is not successful. It would be a tragic shame if all the necessary regulatory approvals to conduct ibogaine research were obtained yet the research came to an end due to a lack of funds.

What is Ibogaine?

Ibogaine is derived from the *Tabernanthe iboga* plant which is used for religious purposes in western Africa, principally Gabon. Iboga is used in a manner somewhat similar to the religious and traditional medical use of peyote by the Native American Church in the United States and the use of ayahuasca tea by the União do Vegetal and the Santo Daime

churches in Brazil. Ibogaine is, however, generally administered only a few times during a person's lifetime.

Interest in ibogaine's therapeutic use as a treatment of heroin and cocaine addiction is primarily the result of the efforts of several ex-addicts who were able to break their patterns of addiction after some fortuitous experiences with ibogaine. In some cases, they formed addict self-help groups to administer ibogaine to other addicts and in one case established a corporation, NDA International Inc., to pursue formal development of ibogaine within the context of FDA regulations. Ibogaine is somewhat similar to LSD and the other classic psychedelics but has unique effects. The two preeminent therapists who worked with ibogaine, Dr. Claudia Naranjo and "Jacob" (see p.15), treated about 700 patients between them and considered it to have exceptional therapeutic potential.

The Phase 1 Safety Study

The FDA-approved Phase 1 ibogaine safety study is proceeding very cautiously. The therapeutic dose of ibogaine is in the range of 15 to 20 mg/kg, yet the FDA has only given permission for the researchers to administer ibogaine to three subjects at the 1 mg/kg dose level and to six subjects at each of the four following dose levels; 2 mg/kg, 4 mg/kg, 6 mg/kg, and 8 mg/kg. After the current 2 mg/kg

dose level has been administered to six subjects, the data must be analyzed and submitted to an external committee for review. After evaluation of all the available data to assess safety is completed and reviewed by a team of experts, then the researchers may proceed to the next higher dose. Once all the data has been gathered from the 1 mg/kg, 2 mg/kg, 4 mg/kg, 6 mg/kg, and 8 mg/kg dose levels, a more comprehensive review will take place to determine if the research can proceed into the testing of doses that will approach the therapeutic dose range. All of these data will be presented to the FDA for the next evaluation prior to protocol revision.

Only male subjects are being permitted to volunteer for this initial safety study because of the reported deaths of two women that were associated with, but perhaps not solely caused by, the administration of ibogaine outside of hospital settings. While a matter of the utmost concern, these deaths have not stopped all research with ibogaine because their causes are uncertain, thousands of people have taken ibogaine without incident, drug addiction itself is often fatal and the available treatments for addiction have a relatively low success rate. The acceptable level of risk for potentially fatal diseases such as addiction and cancer is higher than that for treatments of diseases with less severe consequences or more effective treatments. For example, drugs used for the treatment of cancer can sometimes themselves be fatal, a situation which occasionally does occur without causing physicians to abandon the therapeutic uses of these medications.

According to Howard Lotsof, President of NDA International, both screening for possible ibogaine sensitivity and an antidote for idiosyncratic toxicity will most likely be available within six months. These developments will allow the treatment of female subjects at full therapeutic doses outside of the United States in NDA's ongoing ibogaine treatment program in the Republic of Panama.

NIDA and Ibogaine Research

Over the course of the last five years, NIDA's Medications Development Division (MDD) has taken an interest in ibogaine's therapeutic potential and has invested several million dollars into ibogaine-related preclinical animal research. These studies have demonstrated that ibogaine can reduce the self-administration of addictive substances as well as the symptoms of withdrawal. Some evidence of neurotoxicity has been discovered

in animal models at doses well in excess of the human therapeutic dose range but not at therapeutic dose levels. The clinical significance of these findings to the use of therapeutic doses in humans is unclear.

Since October 1993, MDD has explored the possibility of funding human trials with ibogaine in a series of protocol development meetings that involved the convening of many experts in the fields of ibogaine pre-clinical research, basic human clinical research, and human psychedelic research. These meetings alone probably cost in excess of \$100,000.

In late 1994, MAPS helped arrange a direct donation of \$25,000 to Drs. Sanchez-Ramos and Mash's ibogaine research from an anonymous philanthropist. This funding paid for the costs of administering 1 mg/kg to several subjects and for gathering some data about neurotoxicity. Drs. Sanchez-Ramos and Mash reported on these findings at NIDA's protocol development meetings and used the data to support their request for NIDA funding for the human testing of ibogaine.

By the end of 1995, it was clear that MDD was not convinced of ibogaine's potential and was not imminently planning to fund human research. Although the FDA had approved research on the safety of ibogaine, Drs. Sanchez-Ramos and Mash were left without a source of private or federal funding. As a result, all human research with ibogaine was in danger of ending. Rather than see all the preliminary work go to waste and lose the chance to evaluate the therapeutic potential of ibogaine in the treatment of addiction, MAPS allocated \$25,000 to the ibogaine safety study. The pilot data gathered will keep the project alive and will be used as the basis for a NIDA RO1 peer reviewed grant application to fully fund the Phase 1 safety study. The application is due February 21, 1996, with a decision expected several months later.

MAPS' \$25,000 Investment

The decision to invest \$25,000 in the ibogaine study was not made lightly. It is quite possible that NIDA's peer review process will decide not to support the remainder of the safety study and that alternative sources of funding will not be found. If the ibogaine research is halted for lack of funds, perhaps the \$25,000 could have done more good if it had been invested elsewhere.

The donation was made after consultations with Howard Lotsof, who felt that a donation to the Miami project was the most

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important support that could be offered to ibogaine research, and with the members of the Heffter Research Institute's Board of Directors, who felt that the donation compared favorably with alternative investments in psychedelic research.

The decision to make the investment was based on several factors. Foremost among them was that the ibogaine project provides an excellent opportunity to demonstrate that the psychedelic community cares about the problem of addiction and indeed may have something very valuable to offer. MAPS' donation of a substantial portion of its precious resources to the ibogaine project was the best way I could see to try to build common cause with the larger community of people involved in the prevention and treatment of drug abuse. By focusing such a substantial portion of MAPS' resources on the ibogaine project, it will perhaps become evident that while strategies toward reducing the costs of drug abuse may differ, concern over the pain of drug abuse is shared equally by those who support the therapeutic uses of psychedelics and those who fear that possibility. When supporters of the view that drugs are not good or bad in themselves but have good and bad uses depending on a variety of factors are no longer characterized as "the enemy within," perhaps then we can begin to heal the modern day civil war over drug use.

One Door Closes, One Door Opens

Another factor that contributed to MAPS' \$25,000 donation to ibogaine research is that MAPS had pledged \$25,000 out of the bequest

of Eric Bass to Dr. Rick Strassman for his proposed pilot study of the use of psilocybin in the psychotherapeutic treatment of AIDS and cancer patients. This Phase 2 efficacy study is exactly the kind of experiment that MAPS seeks to support in that it stood an excellent chance of generating promising results that could have attracted larger amounts of funding from more traditional sources. The psilocybin project would also have complemented Dr. Grob's proposed study into the use of MDMA in the treatment of cancer patients. However, Dr. Strassman's decision to end the first phase of his career in psychedelic research and move to Canada for personal and family reasons meant that his proposed study would not take place. In addition to freeing \$25,000 for other purposes, the ending of Dr. Strassman's psilocybin and DMT research made it even more important for the field of psychedelic research that MAPS try to keep the ibogaine project from prematurely closing down as well.

Time will tell if NIDA or some other funding source will support the ibogaine research that MAPS has enabled to continue for a few more months. In any case, all of MAPS' projects are just small steps on a path for which all the required resources are not in hand or even within sight. As the saying goes, while we are not required to complete the task of making the world a better place, neither are we permitted to do nothing. •

marijuana & AIDS wasting syndrome study

MAPS' TOP PRIORITY REGARDING MEDICAL MARIJUANA RESEARCH is to continue to support the efforts of Dr. Donald Abrams of UC San Francisco to obtain permission for a study comparing the use of smoked marijuana with that of the FDA-approved orally-administered THC capsule (Marinol) in the treatment of weight loss associated with the AIDS wasting syndrome. We have been working for the last three and a half years to initiate this research. Our effort is the first attempt in over a decade to obtain permission to evaluate scientifically some of the medical risks and benefits of marijuana. We don't intend to give up until all the necessary regulatory approvals for the study have been granted.

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Dr. Donald Abrams of
UC San Francisco.

Background

After a two year protocol design and review process, Dr. Abrams obtained approval for his study from the FDA, the UC San Francisco Institutional Review Board, the California Research Advisory Panel and the Scientific Advisory Committee of the San Francisco Community Consortium. Nevertheless, he was unable to obtain a legal supply of marijuana. The National Institute on Drug Abuse (NIDA), which has a monopoly on the supply of marijuana that can legally be used in research studies, refused to provide any for his study. (Incidentally, all the psychedelic research studies that have been conducted in the US over the last five years have used drugs from sources other than NIDA, which does not have a monopoly on the supply of those drugs.)

Regardless of its conclusions, the results of Dr. Abrams' study could benefit a substantial number of AIDS patients. Thousands of people with AIDS are already using marijuana because they believe that smoked marijuana is more effective and has fewer side effects than Marinol. Perhaps the study will verify these anecdotal reports. It is also possible the study will demonstrate that marijuana is harmful to the immune systems of the AIDS patients and does not make a positive contribution to their health and longevity. Either way the study turns out, it should be conducted.

Incidentally, if the medical use of marijuana is proven safe and effective, patients and the health care system could save a substantial

amount of money over the sums spent on Marinol. Dose for dose, marijuana would be substantially less expensive than Marinol.

A New Grant Application

At a meeting with medical marijuana activists in July 1995, Dr. Alan Leshner, the Director of NIDA, indicated that he would reconsider his refusal to supply marijuana to Dr. Abrams' study if the study were redesigned, submitted to the National Institutes of Health (NIH) as part of a grant application, and approved by the NIH's peer review process. In the fall of 1995, MAPS donated \$5,000 (\$1,000 of which was a grant from the Drug Policy Foundation) to the San Francisco Community Consortium in order to cover some of the costs incurred in the preparation of the NIH grant application.

Dr. Abrams and his associates are planning to submit their grant application to NIH before the next grant cycle deadline of May 1, 1996. NIH will announce the results of its review of the grant application around October 1996, right in the midst of a heated Presidential election campaign.

The study is being redesigned to take into account the concerns expressed by NIDA and the DEA. The new proposal will be more comprehensive than the initial pilot study that was approved by the FDA and substantially more expensive to conduct. We had hoped to submit the proposal to NIH by its January 1 deadline but the redesign of the study has proven more complicated and comprehensive

than anticipated. While none of the final details of the new proposal are finalized, the proposal is taking shape.

NIDA criticized the previous design because it was only a pilot study and not a full-scale clinical trial, despite the fact that the results of a pilot study are needed to determine the appropriate size of a full-scale clinical trial. To respond to NIDA's criticism, the NIH proposal will include both an inpatient and an outpatient study. The inpatient study will be designed to gather pilot data and the outpatient study will be designed as a full-scale clinical trial.

The Inpatient Study

The first part of the NIH grant proposal is the inpatient study. The experimental subjects will spend a yet to be determined time living on a hospital ward being fed a standardized diet and being administered measured amounts of their medications on a fixed schedule. The total numbers of subjects are still to be determined as are the number of different experimental groups. The previous design that involved the use of three different doses of marijuana (high, medium or low potency) may be retained.

By using an inpatient study design, all the experimental variables such as diet, amount of marijuana used, exercise, etc. can be controlled. In addition, the DEA's concerns about drug diversion will be resolved because the patients will not be given supplies on a take-home basis. Most importantly, the inpatient study will gather the data required to design a full-scale clinical trial.

The subjects who agree to live in the hospital for the inpatient study are making an enormous sacrifice in the quality of their lives, especially considering that their life span has already been limited by their illness. All attempts will be made to make the hospital ward as warm and enjoyable a place to live as possible.

The Outpatient Study

The second part of the grant application involves an outpatient study in which the subjects will be administered the experimental

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drugs on a take-home basis. This part of the grant application will study the effects of the test drugs in the manner in which they will actually be used — by people who are not confined to a hospital ward. The outpatient study will involve sufficient subjects to count as a full-scale clinical trial.

The inpatient study will begin before the outpatient study. Once the data from the inpatient study has been analyzed, it will be possible to calculate with precision the number of subjects needed in the outpatient study. The number of subjects to be enrolled in the outpatient study will be adjusted, either up or down, depending on the data of the inpatient study.

The NIH Review

There are three possible outcomes of the NIH peer review process. The scientific design of the study could be rejected as flawed, the scientific design of the study could be approved but not funded, or the study could be approved and funded.

If the study design is rejected, NIDA would definitely not provide marijuana for the study. If the study is approved but not funded, it is not clear what NIDA will do. If the study is approved and funded, NIDA would probably provide the marijuana so that the study could proceed.

In order to build support for a decision by NIDA to provide the required marijuana, MAPS and the Marijuana Policy Project, led by Rob Kampia and Chuck Thomas, have conducted an educational campaign directed at the members of NIDA's Drug Abuse Advisory Council and the NIH's Office of AIDS Research's Program Evaluation Working Group. We feel that most of the members of these oversight committees are sympathetic with the need for scientific research to resolve the controversy over the medical use of marijuana. We are asking them to recommend that NIDA provide marijuana to Dr. Abrams' study if it is approved by the NIH peer-review process, whether or not funding is provided. •

nonprofit medical **marijuana** pharmaceutical company

For several years, I've thought that the medical marijuana movement needs to create a nonprofit medical marijuana pharmaceutical company. The company would be designed initially to become the independent, non-governmental source of marijuana for FDA-approved research and eventually to become a licensed supplier of medical marijuana by prescription. The development of this company is not a project for MAPS but should be an independent organization with a sole focus on medical marijuana. I mention the project here so that the idea can be further developed with readers' input.

It is possible that the medical research needed to convince the FDA to make marijuana into an approved pharmaceutical drug will not ever be conducted unless a non-governmental source of marijuana is established. Even if the NIH approves Dr. Abrams' study and NIDA provides him with marijuana, this inordinately lengthy and politically vulnerable approval process would need to be repeated with each new study. Furthermore, NIDA is empowered to provide marijuana for

research but cannot provide it for commercial purposes if the FDA finally does approve the prescription use of marijuana. If marijuana is ever to become a prescription medicine, a non-governmental source of supply will eventually be needed.

I've already begun to explore the feasibility of this project. I've been in contact with two very qualified people, one located in Hawaii and the other in Florida, who are interested in applying to the DEA for a permit to manage an operational marijuana production facility under contract to a nonprofit medical marijuana pharmaceutical company. The next tasks are to find people who are interested in establishing the nonprofit organization, prepare an application for a DEA permit and develop a more precise budget for establishing a marijuana production facility. I currently estimate that it will cost about \$250,000 to develop the production facility, grow the first crop, open an FDA Drug Master File for the marijuana, and prepare the marijuana into a standardized dosage form. •

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water pipe / vaporizer study

IN 1996, MAPS will try to develop a proposal, find a capable lab and raise funds to continue to refine vaporizer technology. However, the research and development costs for the production of a sophisticated, efficient and inexpensive vaporizer are likely to be in excess of \$50,000 and could reach as high as \$200,000. These sums are not currently available.

In late 1995, the initial study by MAPS and California NORML into the effectiveness of water pipes and vaporizers in filtering tars from marijuana smoke was completed. This project was initiated in order to respond to the FDA's concerns about the stress that marijuana may place on the immune systems of patients with already compromised immune systems. It is important to demonstrate that MAPS takes seriously the necessity to study both the benefits and the risks of marijuana. MAPS therefore initiated the study to determine if

any drug delivery systems could selectively reduce the amount of tars that are inhaled and thereby reduce any stress on the immune system.

The results of the study will be described in detail in the next MAPS Bulletin. In short, the water pipes proved counterproductive compared to an unfiltered marijuana cigarette. The water pipes removed proportionately more of the cannabinoids than the particulate matter (tars) from the smoke. This result was not expected and was very disappointing.

Another disappointment is that the lab did not conduct the additional analyses, specified in our contract, into the effectiveness of the water pipes and vaporizers in filtering harmful gases in the smoke. The lab informed MAPS that technical difficulties prevented it from conducting the gas analysis portion of the study. While we agreed to reduce the amount of the contract accordingly, we would rather

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have obtained the data. Though water pipes are likely to have been helpful in reducing gases, we have no direct evidence to support that possibility nor do we know if the magnitude of any positive effect would counterbalance the increase in particulate matter. The one bright spot in the study was the finding that vaporizers were indeed a cleaner method of smoking than an unfiltered marijuana cigarette.

If water pipes would have been proven effective in reducing tars, this study would have identified a very simple and useful harm reduction technique to minimize what is arguably the most important risk associated with marijuana smoking, namely the effects of

smoke inhalation on the mouth, throat and lungs. We could persuasively have argued that some paraphernalia laws had harmful consequences, much like laws against access to clean syringes. We could have claimed that two small organizations, MAPS and California NORML, had contracted for a \$25,000 study that had done more to develop information about how to reduce the harm of marijuana smoking than the tens of millions of dollars spent by the Federal government. Ah, what might have been if only the data had cooperated! The only thing we can console ourselves with is the thought that perhaps our credibility will be solidified by making the results public instead of keeping them quiet and trying to sweep them under the rug. •

The **Cannabis** Patient Registry

We plan to finalize the questionnaire in the first few months of 1996 so that we can begin the more active outreach phase of this project in the Spring.

THE CANNABIS PATIENT REGISTRY (CPR) is a MAPS project being directed by Sylvia Thyssen, MAPS' Networks Coordinator. The aim of the CPR is the creation of a data base listing as many of the patients who use marijuana for medical purposes as we can reach.

In 1996, MAPS will work diligently to build upon the careful collaborative work that has gone into designing the CPR questionnaire. We plan to finalize the questionnaire in the first few months of 1996 so that we can begin the more active outreach phase of this project in the Spring. The questionnaire itself will be included as part of the next MAPS Bulletin.

The CPR is designed to put a human face, indeed hundreds and eventually thousands of human faces, on the medical marijuana issue. The CPR will be useful to help organize the medical marijuana community so it can act more effectively to obtain the right for patients to use the most appropriate medications that their physicians think they need. The CPR will also be useful for epidemiological and scientific purposes.

The CPR is structured to gather enough information about each patient's condition to permit the determination of whether it was likely that the patient would be able to assert a

medical necessity defense in a court of law should such a sad eventuality arise. The CPR would act as a diagnostic to help patients come to understand what criteria for medical necessity, if any, they were missing and what was required to come into compliance.

The CPR is also designed to be a resource for patients in their efforts to communicate with their physicians. The CPR offers patients information packages that can be given to their physicians so that dialogue between patient and care givers can be more open despite the hostility of the criminal justice system to the medical needs of some patients.

In 1996, we also plan to put part of the CPR up on the Internet on the MAPS World Wide Web page. As a rule, all communication with the CPR is kept confidential. However, we would like to help the wider public realize that medical marijuana patients are seriously ill people who deserve compassion. We plan to ask those patients who are comfortable with the idea to write a brief personal account of their medical use of marijuana for posting on the MAPS web page, perhaps even with their photograph for those willing to be so public. The accounts, which may be anonymous, will be categorized by clinical conditions so that people can easily find the personal stories they'd like to read. •

ketamine psychedelic therapy research

AT THE BEGINNING OF 1996, the only scientific researcher in the world who is directly investigating the therapeutic potential of a psychedelic drug is Dr. Evgeny Krupitsky, the chief researcher at the Leningrad Regional Dispensary of Narcology. Dr. Krupitsky has been researching the use of ketamine in the treatment of alcoholism for ten years!

Dr. Krupitsky has expressed an interest in expanding his research to study the use of ketamine in the treatment of post-traumatic stress disorder (PTSD) or drug addiction. MAPS will seek to obtain funding for Dr. Krupitsky to conduct a pilot study into one of these new areas of research. The estimated cost of such a pilot study is about \$5,000.

Recent Life Values Study

Dr. Krupitsky's latest study, which was funded by MAPS, was designed to measure changes in alcoholic patients' life values, purpose and sense of meaning as catalyzed by Ketamine Psychedelic Therapy (KPT). Dr. Krupitsky also measured changes in the locus of control of the personality of his patients, a factor which is closely associated with the actualization of life values and the attainment of a sober life-style. A detailed report of Dr. Krupitsky's research findings will be published in the next issue of the MAPS Bulletin.

Dr. Krupitsky has applied for a grant to the National Institute on Alcoholism and Alcohol Abuse (NIAAA) for funding for a ketamine study to be conducted in collaboration with Dr. John Krystal at Yale Medical School. The study would seek to determine ketamine's mechanism of action at the neurotransmitter level. If Dr. Krupitsky receives a NIAAA grant, he will move to the United States for a year or so and will postpone his pilot study into the use of ketamine in a new patient population.

Replication of the Russian research

In Tampa, Florida, Dr. Eli Kolp is still working to obtain permission to replicate Dr. Krupitsky's research into the use of ketamine in the treatment of alcoholics. When Dr. Kolp obtains permission for his study, MAPS will work to help him raise the resources he needs for his project. •

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psilocybin: concord prison follow-up

MAPS budgeted roughly \$2,500 to support the long-term follow-up study to the Concord Prison experiment.

a UNIQUE PSILOCYBIN experiment was conducted in the early 1960's under the direction of Timothy Leary, Ph.D. Dr. Leary had obtained permission from the Massachusetts Department of Corrections to administer psilocybin to volunteers in Concord Prison who were nearing the time of their release. The experimental hypothesis was that psilocybin could catalyze a peak experience that would help the prisoner to break out of the cycle of antisocial behavior, thereby reducing recidivism. This behavior change was supposed to take place as a result of the action of psilocybin to open the prisoners' eyes to the consequences of their past behavior and to connect them to an inner source of spiritual strength that would empower them to rewrite the scripts of their lives and resist the temptations to commit additional crimes.

Over the course of the last several years, Michael Forcier, Ph.D. and I have been conducting a long-term follow-up to that experiment. We obtained permission from the Massachusetts Department of Corrections and the Governor's Office to review the criminal history records of the original participants in the study. Our review of the records was completed in 1995. We learned that the experimental subjects had a long-term recidivism rate no better than the average base rate for recidivism for inmates at Concord Prison. This meant that the psilocybin experiences alone were not sufficient to reduce recidivism. We noted that Dr. Leary acknowledged the limitations of the psilocybin experience in an early paper he wrote about the experiment and recommended that the psilocybin experiences be supplemented with post-release group support meetings and halfway house living arrangements. After Dr. Leary was dismissed from Harvard, support for these arrangements dissipated.

Ex-Prisoners and the Ex-Professor

MAPS budgeted roughly \$2,500 to support the long-term follow-up study to the Concord Prison experiment. MAPS covered the expenses for a meeting that took place on January 20 at Dr. Leary's home in Beverly Hills. Present were Dr. Leary, Gunther Weil, Ph.D. (one of the primary researchers in the original study), myself, and two of the original subjects. The purpose of the meeting was to tape record the comments of the subjects concerning the impact of the psilocybin experiences on their lives along with the reflections of Dr. Leary and Dr. Weil on the lessons that can be learned from the experiment. These personal statements will be used to supplement the empirical data of the subjects' overall recidivism rates.

Good Friday Experiment

Longtime readers of the MAPS newsletter may recall that I conducted a twenty-five+ year follow-up study to the Good Friday experiment, a study conducted in 1962 by Walter Pahnke, M.D. under the direction of Dr. Leary. That study experimentally tested the hypothesis that psilocybin could catalyze genuine spiritual experiences in people who were religiously inclined and who took the psilocybin within a religious context.

The results of the Good Friday experiment confirmed its experimental hypothesis while the results of the Concord Prison experiment did not. This difference illustrates the distance between a religious experience, which can be catalyzed by a drug, and a religious (moral) life, which requires much more than just a drug experience.

Coincidentally, I was invited to participate in a panel discussion about the Good Friday experiment in Berkeley the night before the meeting of the subjects from the Concord Prison experiment. Also on the panel were Rev. Mike Young, one of the original subjects in the Good Friday experiment who contributed an article to the last issue of the MAPS Bulletin, Bob Jesse, founder of the Council on Spiritual Practices, and Rev. Karla Hansen, a Unitarian minister.

Need for New Research

As many of the MAPS readers may have heard, Dr. Leary is suffering from cancer and is quite close to the end of his life. I imagine it must be somewhat reassuring for him to know that two experiments that he conducted over 30 years ago are still of interest to people after all this time. What makes me sad is to realize that the two experiments he supervised, each a classic in its field, have never been replicated or refined despite the promising results of the Good Friday experiment and the suggestions about ways to improve the results of the Concord Prison experiment.

To the extent that it is able, MAPS will work in 1996 to expand the field of psychedelic research beyond the investigation of the medical uses of psychedelics to include studies that will focus on the role that psychedelics can play in religious experience and behavior change. •

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RESEARCH AGENDA

Lsd

In December 1995, Drs. Yensen and Dryer received permission from the DEA to import LSD from Switzerland for their FDA-approved study.

IN 1996, MAPS MAY FINALLY BE ABLE to allocate funds to LSD research for some of the direct expenses involved in a fully-approved LSD research project. This is more likely in 1996 than ever before. In the middle of 1995, Richard Yensen, Ph.D. and Dr. Donna Dryer's Orenda Institute received a license from the DEA permitting Schedule I drugs to be administered to patients within their FDA-approved study into the use of LSD in the treatment of substance abuse. In mid-December 1995, Drs. Yensen and Dryer received permission from the DEA to import LSD from Switzerland for their FDA-approved study. They anticipate that they will receive Institu-

tional Review Board (IRB) approval for their project in early 1996, thereby becoming fully approved to begin their research.

In 1995, Dr. Rick Strassman obtained all the required approvals for a Phase I placebo-controlled double-blind dose-escalation LSD research protocol. However, he moved to Canada before he was able to start the study.

MAPS has a sum of \$1,500 that is restricted for the support of efforts to conduct LSD research. MAPS will work to raise additional sums after an LSD research project has actually begun. •

4-methyl aminorex

It may be that 4-methyl aminorex is the single most important drug for which research is not currently being attempted.

IN 1996, MAPS HAS BUDGETED \$10,000 to sponsor the first human subject study with 4-methyl aminorex, a Schedule I drug that has sometimes been referred to as "Euphoria." This little-known substance is not a drug with substantial therapeutic potential, rather it could be called an intellectual performance-enhancing drug.

4-methyl aminorex produces a very long-lasting experience of about sixteen hours that is characterized by an increase in attention and an enhanced ability to recall, analyze and process information. What distinguishes 4-methyl aminorex from other substances like caffeine and nicotine, which also have these effects though to a lesser degree, is its effect on emotions. The 4-methyl aminorex experience

resembles a low dose of MDMA in that it helps alleviate anxiety. 4-methyl aminorex enhances that aspect of intellectual work that questions, probes and explores the unknown. Some users are reporting that it helps remove "writer's block."

By virtue of its unique combination of intellectual and emotional effects, 4-methyl aminorex could enable researchers to study the subtle interplay between cognition, memory and emotion. 4-methyl aminorex may be the single most important drug for which research is not currently being attempted. MAPS' goal in 1996 is to locate a researcher interested in seeking FDA approval to conduct a small pilot study into its risks and benefits to begin the effort to obtain approval for research. •

The Secret Chief

IN 1996, MAPS WILL PUBLISH and distribute its first book titled *The Secret Chief*. The book is a series of interviews between Myron Stoloroff, Ph.D., a pioneering psychedelic researcher and the author of *Thanatos to Eros*, and "Jacob," the secret chief of the underground psychedelic psychotherapy network in the United States.

"Jacob" is an actual person who passed away in 1988, after having changed the course of thousands of lives. During his career, he trained hundreds of therapists in the procedures of psychedelic psychotherapy and facilitated the psychedelic experiences of thousands of people. "Jacob" was the person who coined the code name "Adam" for MDMA. Eight years after his death, his family and friends are finally comfortable with letting Myron's conversations with "Jacob" be made publicly available.

In *The Secret Chief*, "Jacob" lets Dr. Stoloroff in on the methods he developed over the course of several decades practicing his unique labor of love. He talks about how he developed his procedures for individual and group sessions, what he thought were the different qualities of the drugs that were the tools of his trade, how he felt they could be put to the wisest use, and how he handled issues of security, fear, illegality, sexuality and emotional catharsis.

In a simple and direct manner, "Jacob" opens a window on the secret heart of kindness at the center of the psychedelic movement. It was my profound good fortune to have "Jacob" assist me on two of my inner voyages. It is with special pride that MAPS will publish this book in 1996. •

This book by **Myron Stoloroff** will be MAPS'

first book publishing project.

Dance, Trance, and Transformation

IN THE SPRING OF 1996, the US edition of Nicholas Saunders' second book about MDMA will be published. The book has been a phenomenon in England. It has been translated into Italian, German, and French with forthcoming editions in Russian and Hungarian. Mr. Saunders has donated the North American rights to his book to MAPS, with the profits from the proceeds to support MDMA research. MAPS negotiated a contract to publish and distribute the book in North America with Quick Trading Company, under the direction of Ed Rosenthal.

MAPS has been working with Mr. Saunders to revise the book for the North American audience. MAPS has found authors for new chapters of special relevance to US readers and has reviewed and commented on possible revisions throughout the entire book. If the book is even half as successful in the US as it is in England, many people will be educated and MAPS will receive several thousand dollars for MDMA research. •

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E D U C A T I O N A L A G E N D A

The Worlds of Consciousness Conference in Heidelberg, Germany

From February 22-25, 1996 the European College for the Study of Consciousness is sponsoring its second international conference. The conference will provide a "multidisciplinary forum for the advancement of research and for the exchange of experience in the field of altered states of consciousness, elicited by psychological triggers or psychoactive substances." This conference provides an important meeting ground for psychedelic researchers from the United States and Europe. Some of the speakers who may be known to readers of the MAPS newsletter include Albert Hofmann, Ph.D. (who turned 90 in January!), Dr. Charles Grob, Ralph Metzner, Ph.D., Drs. Juraj & Sonya Styk, Dr. Leo Hermle and Dr. Franz Vollenweider.

MAPS will be represented at the conference by myself, and Sylvia Thyssen. We will attend the conference to gain a better understanding of the research underway or planned in Europe and to foster collaborations between the US and European researchers. In addition, we will gather information for the next issue of the MAPS Bulletin so that its readers, MAPS members as well as the scientists and policy makers who receive complimentary copies can learn what European researchers are doing.

For information about attending the conference, contact Eurokongress GmbH, Rosental 3, D-80331, München, Germany, ph. +49 551 48 44 63, fax +49 551 48 74 87. •

The International Transpersonal Conference in Manaus, Brazil

From May 17-22, 1996, the International Transpersonal Association will convene its fifteenth international conference in Manaus, Brazil in the heart of the Amazon. The theme of the conference is *Technologies of the Sacred*. The conference is being coordinated by Dr. Stanislav Grof, the pioneering LSD researcher, and will focus on a "broad spectrum of ancient, aboriginal and modern techniques that can mediate access to the sacred dimensions of existence."

Dr. Grof asked MAPS to help coordinate and financially support the psychedelic research portion of the conference. Though MAPS reserves most of its resources for the support of clinical trials with psychedelics, education is also one of MAPS' priorities. As a result, MAPS is budgeting \$5,500 to help subsidize the travel expenses of Drs. Rick Strassman, Charles Grob, Donna Dryer, Richard Yensen and Dennis McKenna. Also in attendance will be Ann and Sasha Shulgin, Ram Dass, Ralph Metzner, and Michael Harner.

This conference will have substantial educational value for the researchers themselves. The few scientists willing to devote their careers to conducting psychedelic research are the psychedelic research community's greatest resource. By assisting many of these scientists to attend the conference, the researchers will have an opportunity to be in direct contact with the Brazilian priests/shamans/ therapists. By virtue of living in a country where the religious use of ayahuasca is legal, these Brazilians have been able to evolve a relationship with the use of a psychedelic that is fundamentally different (though not necessarily better) than what can occur within the context of an FDA-approved study. The scientific researchers and the Brazilians who use ayahuasca within a religious context have much to learn from each other.

MAPS' educational mission also involves reaching out to people who are not familiar or comfortable with the use of psychedelics as well as to MAPS members and others who are both familiar and sympathetic. The field of transpersonal psychology has a long history of valuing the use of psychedelics as tools for research and therapy. Numerous attendees at the conference have previously made generous donations to MAPS for the research that will be discussed in the psychedelic panels. Educational outreach will be taking place since an increasing percentage of the participants at the ITA conferences are substance abuse treatment professionals who understand the importance of spirituality but have little information about the value of psychedelics.

The educational value of MAPS' support for the psychedelic sessions at the ITA conference will be enhanced by the articles that each researcher who received support from MAPS will write about their talks and their impressions of the entire conference. These articles may intrigue those policy makers and scientists who receive complimentary issues of the newsletter as well as the many MAPS members who will not be able to attend the conference. This includes me. I'm foregoing traveling to the middle of the Amazon on the chance that my second child might arrive earlier than her June 3 due date, which I wouldn't want to miss. •

Dr. Stan Grof

asked MAPS to

help coordinate and

financially support the

psychedelic research

portion of the

conference.

the on-line psychedelic bibliography

1996 will see the actualization of the first collaboration between the Albert Hofmann Foundation, the Heffter Research Institute and MAPS. These three organizations will all contribute funding and technical expertise to compile a complete bibliography of the scientific papers that have been published about psychedelic research from the very early days to the present. The bibliography is being placed on the World Wide Web in stages as it develops. It will be accessible free of charge for the benefit of students, researchers and anyone else with a curiosity for this information. MAPS budgeted \$2,000 for this project.

Over the course of the last several months, Eric Katt has conducted the feasibility study, researched the various data sources, and designed the software architecture. David Goldstein will join this project in early 1996 when he begins to catalog electronically his extensive collection of psychedelic research papers. We foresee having many thousands of references in place before the summer, and to have them searchable by keyword for easy access. We hope that MAPS members will help in the creation of the database by letting us know if any references have been overlooked. •

MAPS budgeted

\$2,000 for this project.

MEMBERSHIP DRIVE

MAPS STILL NEEDS TO GROW. I'd like to see MAPS reach a membership level of 1,500 by the end of 1996. With that level of membership, the cost of operating MAPS will be fully covered by standard membership contributions. Special donations would not be required to make ends meet and could be used entirely for research projects.

In order to work toward this goal, MAPS has approached the Drug Policy Foundation (DPF) seeking permission to enclose a membership solicitation with the DPF's mailing of its newsletter to its 20,000 members. Final approval waits upon the completion of the brochure and its review by DPF staff.

While attending a recent Board meeting of the Heffter Research Institute (HRI), I learned

that HRI was interested in sending its own brochure to the DPF members and had also contacted DPF. As a result, MAPS and HRI decided to try to collaborate on the design of a brochure that would be about both organizations. The brochure will emphasize our common interest in supporting psychedelic research and will highlight our differing strategies. MAPS seeks to support psychedelic researchers wherever they happen to work while HRI seeks to establish an independent institution devoted to all aspects of psychedelic research. I'm hopeful that 1996 will bring about the design and distribution of a combined MAPS/ HRI membership solicitation. •

If MAPS

is to continue

to earn your

financial support,

it needs to set

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and work

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in conclusion

about it all. Still, I'd be disappointed if most of MAPS' goals were not reached. Perhaps it is best to think of these goals as a menu of options. At the end of the year, we can all look back and determine how well MAPS performed. If MAPS is to continue to earn your financial support, it needs to set ambitious goals and work towards them. Best wishes for a challenging and satisfying New Year. Rick Doblin, MAPS President. •

THIS NEWSLETTER presents an ambitious agenda for MAPS in 1996. I'm rather exhausted just thinking

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AVAILABLE FROM MAPS

1. PURSUIT OF ECSTASY, Jerome Beck & Marsha Rosenbaum - 240 pages, autographed.....\$18
2. ECSTASY AND THE DANCE CULTURE, Nicholas Saunders - 320 pages.....\$18
3. LSD IN THE TREATMENT OF SUBSTANCE ABUSE PROTOCOL, Kurland, Yensen & Dryer.....\$6
4. SMOKED MARIJUANA VS ORAL THC IN THE TREATMENT OF THE AIDS WASTING SYNDROME PROTOCOL, Dr. Donald Abrams.....\$4
5. MDMA PSYCHOTHERAPY IN END-STAGE CANCER PATIENTS PROTOCOL - 42 pages.....\$10
6. THE GOOD FRIDAY EXPERIMENT FOLLOW-UP, *article on psychedelics and experimental mysticism* by Rick Doblin, originally published in the August 1991 Journal of Transpersonal Psychology...\$8
7. JOURNAL OF NERVOUS & MENTAL DISEASE PAPER: 20 PSYCHIATRISTS ABOUT THEIR OWN MDMA EXPERIENCES & REVISION MAGAZINE ARTICLE ON MDMA.....\$8
8. COMPLETE SET OF MAPS NEWSLETTER BACK ISSUES, 1988-1995\$50
9. 1995 ESALEN CONFERENCE AUDIO TAPE, *Presentations by Charlie Grob, Rick Strassman, Richard Yensen, Rick Doblin, Jerry Beck, Mark Kleiman, Kit Bonson, Louis Seiden.....\$10*
10. THANATOS TO EROS, Myron Stolaroff - 191 pages.....\$25.95 for U.S. orders / \$31.95 Non-U.S. (price for THANATOS TO EROS already includes shipping)
11. MARIJUANA - THE FORBIDDEN MEDICINE, Grinspoon & Bakalar - 175 pages.....\$26

**A Complete Set of
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MAPS MEMBERSHIP INFORMATION

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 1,000 members.

MAPS' founder and current president, Rick Doblin, is currently in 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.

Sylvia Thyssen is responsible for member services and coordinates MAPS' outreach efforts. She is a Phi Beta Kappa graduate of the University of North Carolina at Chapel Hill, where she majored in Art History and French.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (3,4-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 psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses.

Albert Einstein wrote: "**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 Publications:

Each publication will report on MAPS research in progress. In addition to reporting on MAPS studies, the publications may focus on psychedelic research both in the U.S. and abroad and on conferences, books and articles of interest. Issues raised in letters and calls from members may be addressed, as may political developments that affect psychedelic research and usage.

General Members: \$35.

(If outside U.S. add \$15 postage.)

General members will receive MAPS publications, which appear on a quarterly basis, plus a copy of the article entitled, "Careful Research of Psychedelics Resumes" from the May 1995 *Journal of Alternative Therapies*.

Supporting Members: \$100.

(If outside U.S. add \$15 postage.)

Supporting members will receive MAPS publications, plus the audio tape from the public session of the *January 1995 Esalen Pacific Symposium on Psychedelics*.

Patron: \$250 or more.

Patrons members will receive MAPS publications, plus a complete set of MAPS back issues or the available MAPS-offered book of their choice. Patrons may also request research updates on matters of personal interest.



Rick Doblin,
MAPS President



Sylvia Thyssen,
Networks Coordinator

IN THE UPCOMING ISSUE...

- Dr. Grob's Phase 1 **MDMA** safety study
- Dr. Grob's Phase 2 **MDMA**/cancer patient study
- MAPS/CA NORML **marijuana** water pipe/vaporizer study
- Dr. Krupitsky's MAPS-sponsored research into psychological mechanisms of action of **ketamine** in the treatment of alcoholics
- União Do Vegetal's scientific conference on **ayahuasca** in Rio de Janeiro, Brazil, November, 1995
- Dr. Mash's MAPS-supported **ayahuasca** pharmacokinetics study
- Dr. Mash's MAPS-supported **ibogaine** safety study
- **Highlights** of the European College for the Study of **Consciousness** second international conference in Heidelberg, Germany, February 1995
- and **more...**

M I L E S T O N E S

• October 1995 •

Dr. Krupitsky completes an investigation of the underlying psychological mechanisms of **ketamine** psychedelic therapy (KPT) in the treatment of alcohol dependence. See page 11.

• November 27, 1995 •

Dr. Grob administers **MDMA** to the last subject in the Phase I **MDMA** safety study. See page 2.

• December 1995 •

MAPS donates \$25,000 to the Phase I **ibogaine** research of Drs. Sanchez-Ramos and Deborah Mash. See page 4.

• January 1996 •

MAPS donates \$6,000 for the pharmacokinetics portion of the Phase I **MDMA** Safety Study. This represents the final expenditure needed for this study.

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