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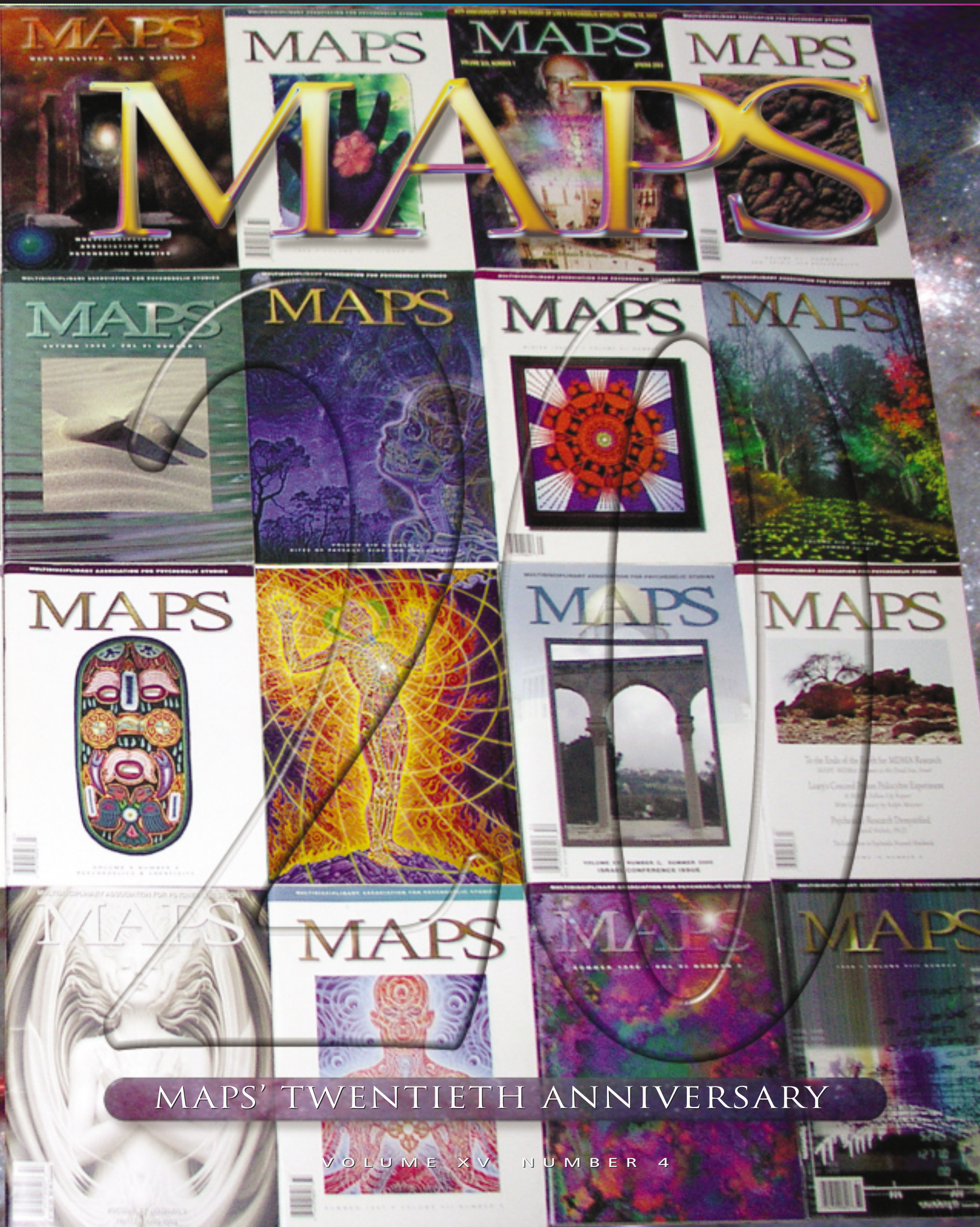


# MAPS' TWENTIETH ANNIVERSARY

VOLUME XV NUMBER 4

**MAPS** (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization working to assist researchers worldwide to design, fund, conduct, obtain governmental approval for, 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.** MAPS is 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 government approval for their medical uses.** Interested parties wishing to copy any portion of this publication are encouraged to do so and are kindly requested to credit MAPS and include our address. The *MAPS Bulletin* is produced by a small group of dedicated staff and volunteers. **Your participation,** financial or otherwise, **is welcome.**


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20 YEARS AGO, on April 8, 1986, I filed the necessary papers with the Florida Secretary of State to create the Multidisciplinary Association for Psychedelic Studies (MAPS). MAPS was initially created in response to DEA's 1985 action making both the therapeutic and non-medical uses of MDMA illegal. I intended to use the non-profit structure primarily to build a membership-based research and educational organization that would develop MDMA into an FDA-approved prescription medicine. Through the sponsorship of scientific research, I planned for MAPS to serve as a scout into consciousness and culture, seeking to bring the psychedelic experiences and explorations that had been so beneficial to me and many others into wider, legal contexts.

## Letter from Rick Doblin, MAPS President

I stumbled upon the underground MDMA psychotherapy community in 1982, when MDMA was still legal, and enthusiastically participated in a movement that felt profoundly healing, wonderfully freeing, and doomed. I was inspired to join hands with others to struggle against the slow, inexorable criminalization and demonization of MDMA. In 1984, we initiated a lawsuit against DEA seeking to protect MDMA's therapeutic use. Despite our best efforts, we observed history repeat itself as hope was swallowed by fear, mirroring the prohibition of psychedelics in the 1960s. Yet even by 1986, I had benefited so much from my experiences with MDMA and other psychedelics that I felt I could work for these last twenty years, and for the next twenty as well, and still end up giving back to our culture just a fraction of what I had gained.

Twenty years after its founding, MAPS is where I thought it would take about five years to reach. However, considering the obstacles that we have overcome and our recent breakthroughs, I'm deeply satisfied. MAPS' MDMA psychotherapy research studies in subjects with posttraumatic stress disorder (PTSD) have been approved in the US (p.7), Israel (p.10) and Switzerland (p.9). In addition, we've obtained final approval for MDMA research at Harvard in advanced-stage cancer patients with anxiety, though MAPS has withdrawn from formal sponsorship of that study (p. 11). MAPS is also involved in suing the DEA for obstruction of our medical marijuana production facility (p. 3), bringing MAPS full circle.

MAPS' work requires a successful balancing act that is as difficult as it is exciting. I'm frequently reminded of one of Timothy Leary's wiser sayings, "If you want to be a bridge, you have to get used to being stepped on." I recently attended a conference in Israel that illustrates the different worlds that MAPS is trying to bridge. The conference was sponsored by the Israeli Anti-Drug Authority and included a talk by Acting Prime Minister Ehud Olmert. The rhetoric was of the sort that would delight US Drug Czar John Walters. Haim Messing, the Director of the Anti-Drug Authority, reported that about 20 million doses of MDMA are smuggled into Israel each year, and "every one is a hand grenade." In contrast, Mr. Messing had previously written and sent a formal letter of support for MAPS' MDMA/PTSD pilot study to the Israeli Ministry of Health, at its request. Over the past seven years, MAPS has built relationships and offered educational seminars about MDMA research to members of the Israeli Ministry of Health and the Anti-Drug Authority, and this work bore fruit in the letter of support from Messing. Similarly, a letter of support for the MDMA/cancer anxiety pilot study to senior administrators at Harvard Medical School's McLean Hospital, from a former senior official at the US White House Office of National Drug Control Policy with whom I've built a dialogue for over fifteen years, was instrumental in obtaining the final approval for that study.

Perhaps it will take the next twenty years for MAPS to complete it's five-year, $5 million plan to obtain FDA approval for the prescription use MDMA. Perhaps it will just take five years. Either way, it's a worthy struggle. It's my privilege to thank everyone who has supported MAPS since its inception, especially the MAPS staff members who have worked with us in our quixotic quest. I'm thrilled to contemplate what we can accomplish together over the next twenty years!...

**– Rick Doblin, Ph.D., MAPS President**



# Lyle Craker's DEA Lawsuit for a MAPS-Sponsored **Medical Marijuana** Production Facility: An Update

Jag Davies and Rick Doblin, Ph.D.
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THE COURTROOM DRAMA IS OVER. The political wrangling is in temporary respite. And, the possibility of MAPS-sponsored FDA-approved clinical trials with marijuana is now hinging on a recommendation to DEA Administrator Karen Tandy from DEA Administrative Law Judge Mary Ellen Bittner, expected by summer or fall of 2006.

Following two rounds of hearings and an aborted hearing in January, lawyers for the DEA and lawyers from the ACLU and the two Washington, DC, law firms working largely pro bono for Prof. Lyle Craker, Ph.D., are now preparing final legal briefings. The legal briefings, due April 27, will build legal arguments based on the evidence presented in court during oral arguments, but cannot introduce new evidence.

If Judge Bittner recommends that the DEA issue a Schedule I manufacturing license to Prof. Craker, it will be just that-a recommendation. The DEA could still reject the Judge's ruling, leaving us with the unenviable option of suing the DEA in the Washington, DC, Circuit Court of Appeals on the grounds that their rationale for rejecting a favorable recommendation was flawed, a process that could delay the case for several more years. Therefore, if Judge Bittner makes a favorable recommendation, we will need to place political pressure on the DEA to follow it, even though we already have letters to the DEA urging it to issue the license from 38 members of the House of Representatives (36 Democrats and 2 Republicans), both US Senators from Massachusetts (Kennedy and Kerry), Republican strategist Grover Norquist, and organizations such as the California Medical Association, the Lymphoma Foundation of America, the United Methodist Church (UMC), and several state nurses' associations.

### The Background

Although Federal law requires adequate competition in the production of Schedule I drugs [21 U.S.C. § 823(a)(1); 21 C.F.R. § 1301.33(b)], at present, the federal government's National Institute on Drug Abuse (NIDA) has a monopoly on the supply of marijuana, but no other Schedule I drug, that can be legally used in federally-approved research. This monopoly has been used to obstruct privately-funded research aimed at developing marijuana into an FDA-approved prescription medicine.

For example, NIDA has refused to

supply marijuana to two FDA-approved protocols sponsored by MAPS, preventing these studies from taking place. In addition, for the last two and a half years, NIDA has refused to sell 10 grams of marijuana to a MAPS-sponsored laboratory study evaluating the effectiveness of a marijuana vaporizer, a non-smoking drug delivery device that eliminates the products of combustion that patients would inhale after burning marijuana. As NIDA well knows, sponsors will not invest millions of dollars into research studies until there is reliable access to a supply of high quality research material that can be used both in research and–if the research should prove successful– as an FDA-approved prescription medicine.

In June 2001, with support from MAPS, Prof. Craker, Director of the Medicinal Plant Program at the UMass-Amherst Department of Plant, Soil and Insect Sciences, applied to the DEA for a license to manufacture marijuana exclusively for use in federally-approved research. Prof. Craker's facility would have been funded by a grant from MAPS. Yet the DEA has refused to issue a Schedule I manufacturing license to Prof. Craker for over four and a half years. DEA licensing is the final regulatory hurdle in MAPS' quest to create a privately-funded federally-approved medical marijuana production facility, which would pave the way for a serious drug development effort aimed at developing marijuana into an FDA-approved prescription medicine.

One of the DEA's key legal arguments is that Prof. Craker's facility is not "in the public interest". During the first weeklong trial that took place in August 2005, Prof. Craker's lawyers established through the testimony of long-time California State Senator John Vasconcellos and former ONDCP senior policy analyst Barbara Roberts that there is an unmet demand for research that investigates the safety and efficacy of marijuana's potential therapeutic uses (see Allen Hopper's update in the Fall 2005 Bulletin at http://www.maps.org/news-letters/v15n3-html/dea.html).

During the second weeklong proceeding in December 2005, DEA lawyers called their witnesses to the stand. Amazingly, their testimony seemed to support MAPS' case more than their own.

**The December DEA Hearing**

The DEA first called on Prof. Mahmoud El Sohly, Ph.D., NIDA's marijuana grower at the University of Mississippi. During cross examination, Prof. El Sohly was asked to explain his personal commercial interests in marijuana-based products. This includes both his THC suppository and his new DEA license permitting him to grow marijuana to extract THC for sale to the pharmaceutical company, Mallinckrodt, to manufacture generic Marinol. We established that Prof. El Sohly would have a major conflict of interest if he were the sole supplier of marijuana to MAPS for prescription use, since marijuana would compete with products in which he has a personal financial interest.

Prof. El Sohly also claimed that he could provide marijuana of any potency and cannabinoid (CBD) content. When he later referred to a document that contained information on the marijuana in NIDA's inventory, Prof. Craker's lawyers asked to see it, and it was introduced into evidence. As it turned out, there was nothing in the inventory that matched the THC and CBD content that the Dutch government is offering for sale for medical use. When pressed about the poor quality of his marijuana, Prof. El Sohly made a mistake that undermined the DEA's case by defensively questioning the accuracy of a photo published in an article by Ethan Russo, M.D., depicting seeds and stems from marijuana Prof. El Sohly produced for NIDA. Prof. El Sohly even stated that the photo couldn't have been from NIDA's cigarettes, but could have been from the raw material, prior to the removal of seeds and stems. He then said that the seeds looked larger than they should have compared to the size of the stems, and came close to claiming the photo was fraudulently doctored.

After Prof. El Sohly 's testimony, we contacted Al Byrne, who was present when Russo's photograph was taken, to ask if he would testify to the unaltered nature of the photo. Byrne agreed to submit a signed affidavit, which we introduced into evidence on Friday, the last scheduled hearing. The affidavit was submitted to DEA lawyer Brian Bayly and Judge Bittner. The Judge then asked Bayly whether he had any objections to introducing the affidavit as rebuttal evidence.

This was one of the most telling moments in the entire hearing-the classic pregnant pause. Bayly was silent and stared at the letter for an extended period of time.

The possibility of MAPS-sponsored FDA-approved clinical trials with marijuana is now hinging on a recommendation to DEA Administrator Karen Tandy from DEA Administrative Law Judge Mary Ellen Bittner, expected by summer or fall of 2006.



Nobody in the courtroom said a word for more than a minute. It was clear that Bayly was struggling to figure out how to object to this affidavit. He remained still for so long that Judge Bittner was compelled to speak again, asking him once more if he had any objections. Bayly shook off his paralysis and pored over the letter, paragraph for paragraph, line for line, trying to exclude any background information that wasn't directly about the photograph itself. MAPS' attorney, Julie Carpenter, skillfully argued that the background information was helpful to provide context. The Judge then ruled to admit the letter in its entirety. We now had Prof. El Sohly on record claiming that NIDA marijuana can't possibly be as bad as it really is, and we had photos and witnesses to prove that it is indeed that bad.

Then, in what seemed like an attempt to intimidate Byrne into withdrawing his affidavit, Mr. Bayly said that he wanted to cross-examine him under oath. All of the other testimony had been completed at that point, but the Judge scheduled another hearing for January 17 just to place Byrne under oath on the witness stand. What the DEA didn't realize at that time was that Byrne was eager to have his day in court to tell the Judge about the low quality of NIDA's marijuana. Predictably, a few weeks later, after it became clear that Byrne would not withdraw his affidavit, the DEA cancelled Byrne's cross-examination.

Prof. El Sohly also claimed that if NIDA-produced marijuana is approved by the FDA as a prescription medicine, researchers would have no trouble switching to another marijuana product with similar THC levels. This erroneous claim later hurt the DEA's case once it was contradicted by the DEA's other witnesses.

During the third day, the DEA called on Steve Gust, Assistant Director of NIDA, and our lawyers obtained several very important admissions from him under oath. First, he said that after the FDA has approved a protocol, the PHS/NIDA review takes an additional three to six months. This point strengthened our case that the NIDA monopoly is obstructing the development of marijuana into a prescription medicine, since time delays in pharmaceutical drug development are expensive and substantially impede the process. In contrast, the FDA has just 30 days to respond to protocol submissions.

DEA licensing is the final regulatory hurdle in MAPS' quest to create a privately-funded federally-approved medical marijuana production facility, which would pave the way for a serious drug development effort aimed at developing marijuana into an FDA-approved prescription medicine.

Then, Gust said that there is no formal appeal process, but that if an appeal is made, it could take another three to six months. He couldn't explain why the PHS/NIDA review of Chemic's vaporizer protocol and request for 10 grams took more than two years. Furthermore, he admitted that, unlike normal peer-review processes, the PHS/NIDA peer review process is composed entirely of government employees, with no outside experts. These sorts of delays, on top of the arbitrary nature of the review process, are more than enough to persuade potential funders of marijuana research that it isn't worth investing millions of dollars in a serious drug development effort.

Gust said that the purpose of NIDA's review is to ensure that the protocols are scientifically meritorious, and that the FDA merely reviews them for safety. Unfortunately for him, the official Health and Human Services (HHS) statement of policy about the provision of marijuana to privately funded studies says that the FDA reviews Phase I studies primarily for safety, but reviews Phase II and Phase III protocols for scientific merit. We directed Steve Gust to that portion of the guidelines and forced him to reluctantly admit that the FDA doesn't just review for safety but also for scientific merit. This clearly demonstrated that the NIDA review is duplicative and unnecessary.

During the forth and final day, the first DEA witness was Eric Voth, M.D., a prominent and long-time prohibitionist. Even though he was supposed to talk specifically about the risks of diversion, he couldn't help but talk about the risks of marijuana smoke compared to tobacco smoke. This gave us an opportunity to submit Dr. Donald Tashkin's new study showing no link between marijuana and lung cancer, in which he found that marijuana actually has a slight protective effect. We asked Voth about the comparison he made between marijuana and tobacco smoke, and he discussed Tashkin's results in a rather accurate manner, stating on the record that there is no scientific evidence linking marijuana to lung cancer. He also explained that cannabinoids have anti-tumor properties while nicotine does not.

Voth then made claims about the dangers of high-potency marijuana and stated that there is no evidence that people self-titrate high-potency marijuana in a way that enables them to inhale less smoke. He made several

other inaccurate claims about the addictive nature of marijuana and its link with mental illness. This enabled us to request that a chapter from Lester Grinspoon's *Marijuana: The Forbidden Medicine,* "Measuring the Risks," be entered into evidence as a rebuttal. Even though Judge Bittner had previously upheld a DEA request to block the text since the risks and benefits of marijuana weren't at issue in this case, in this instance she agreed to our request. Thus, Grinspoon's chapter was officially entered as evidence, contradicting Voth's testimony in numerous ways.

The primary thrust of Voth's testimony was that marijuana has so many ingredients that it can't possibly be made into a medicine. He said that it is difficult to standardize marijuana because various strains have significantly different chemical compositions, implying that blocking us from doing marijuana research doesn't matter since there is no way that the FDA would accept the marijuana plant as a prescription medicine. This argument was more persuasive until about 10 years ago, when the FDA developed guidelines for investigation of botanical medicines. This argument also fundamentally contradicted Prof. El Sohly 's testimony-that research could be conducted with a strain of marijuana provided by NIDA and then the sponsor of research could easily obtain FDA permission to market a different strain-since NIDA can't legally provide marijuana for prescription use.

Later in the day, over strenuous DEA objections, we entered into evidence FDA statements saying that the FDA welcomes research protocols evaluating whether the marijuana plant deserves to be available as a legal prescription drug. Once again, the FDA's willingness to place science over politics was a major assistance to our efforts.

The DEA's final witness was David E. Auslander, M.D., an expert in pharmaceutical drug development. His entire testimony substantially helped our case by reinforcing Dr. Voth's view that it is extremely difficult to standardize a plant because different strains have significantly different chemical "fingerprints".

Most importantly, at the end of Auslander's testimony, we asked him if the FDA would be concerned about the variation in chemical "fingerprints" of different marijuana strains. He said yes, definitely. We then asked him if it would be problematic for a pharmaceutical company if it did research with one strain of a plant, got FDA approval to market it, but then tried to market a different strain with a different fingerprint. He said this would matter quite a bit to the FDA and could require replication of some clinical studies, which are very expensive. This was the exact opposite of Prof. El Sohly 's testimony, in which he said we could conduct research with NIDA marijuana and then just switch to another plant. Prof. El Sohly was not presented to the Court as an expert in pharmaceutical drug development, so Auslander's testimony therefore had more authority on these points.

Auslander supported one of our key arguments, that conducting research with NIDA marijuana from Prof. El Sohly isn't reasonable since NIDA's mission doesn't permit it to provide marijuana for prescription sales, just research. Therefore, if we use NIDA marijuana in research and the FDA approves prescription use, we would have to apply to NIDA to obtain the same strain from Prof. El Sohly again. But, as we established earlier, Prof. El Sohly has fundamental conflicts of interest, since he has other marijuana-based products that would compete, plus he could charge anything he wanted because there would be no competition. The only other option would be to apply for FDA approval to market a different strain from a new manufacturer, which would present additional difficulties because of the differing chemical fingerprints of marijuana strains. In any case, there is currently no alternative supplier with a DEA license, and starting a new facility could take a year or more, a costly delay if millions of dollars had already been invested in research. In response to our final questions, Auslander helpfully testified that pharmaceutical companies must be assured of a reliable and consistent supply of any drug that could be used in research and made available for prescription sales.

While we can't predict how Judge Bittner will interpret the evidence presented over the two weeklong trial proceedings, we are satisfied that our key arguments were presented thoroughly and accurately in this landmark struggle for scientific freedom.

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*To read transcripts of the court proceedings, media coverage, or background information on the case, see MAPS' DEA lawsuit page on the internet at: http://www.maps.org/mmj/DEAlawsuit.html*



# **MDMA-**Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder (PTSD): Seventh Update on Study Progress

Charleston, SC; USA

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SEVEN YEARS AGO I began formal efforts with MAPS to pursue research investigating MDMA-assisted psychotherapy as a treatment for posttraumatic stress disorder (PTSD). As of February 2006, our study has now been underway for two full years. We enrolled the first subject in March 2004, more than three years after receiving Food and Drug Administration (FDA) approval and less than three weeks after approval from the Drug Enforcement Agency (DEA). Here's where we are at the two-year mark:

- Eleven subjects have completed the study, and the twelfth subject is a month into the study.
- After receiving placebo in the first stage, two subjects have gone on to complete the open-label stage (which includes two MDMA-assisted psychotherapy sessions).
- A third subject who received placebo in Stage 1 is scheduled to return for the open-label stage in early March.
- We submitted our annual review report to the Institutional Review Board (IRB) in January 2006. The IRB subsequently granted approval for another year.
- On February 6, 2006 our Data Safety Monitoring Board (DSMB) met to review the records for all six subjects who have enrolled since their last meeting. The DSMB reported that they did not have any concerns about the safety of the study, and recommended that it continue without modification. The DSMB is comprised of an MD, a PsyD, and a PharmD who are not otherwise involved in the study.

The study is moving along smoothly and our results continue to be very promising... All the subjects who have received MDMA-assisted therapy thus far have experienced improvement in their PTSD symptoms.

It is our impression that several subjects might have benefited from a supplemental dose of MDMA

- We have completed telephone screening on 87 potential subjects.
- One potential new subject is scheduled for formal screening and two others are considering it.
- We have added newspaper advertising to our recruitment efforts. As required, the text of the newspaper ad was approved by the IRB. We don't know yet how many new subjects we will enroll as a result of this advertising, which is quite limited because of cost. There are other local, non-MDMA PTSD research studies taking place at the medical school and at private, for-profit, research companies. To some extent, we are competing with their much larger advertising budgets. While I'm sure this competition for subjects has slowed down our recruiting, I'm confident that we will be able to find the additional nine subjects we need.

The study is moving along smoothly and our results continue to be very promising. As we ponder the initial data we have decided to ask the FDA and the IRB for permission to make two protocol changes: 1) To add a supplemental dose of 62.5 mg of MDMA (or placebo) two to two- and-a-half hours after the initial dose of 125 mg. 2) To add a third MDMA-assisted psychotherapy session.

All the subjects who have received MDMA-assisted therapy thus far have experienced improvement in their PTSD symptoms. For some this improvement has been quite dramatic and for a few it has been less so. It is our impression that several subjects might have benefited from a supplemental dose of MDMA, and that several might have benefited from a third MDMA-assisted therapy session. Because this is a small pilot study, we don't expect to prove a statistical difference between doses or number of sessions, but we think these changes could yield useful information to guide future study design.

Because ours was the first Phase II study we were very conservative in only asking for two MDMA-assisted therapy sessions and only a single dose of 125 mg of MDMA for each session. Since our initial protocol was approved, the FDA and relevant IRBs have approved an MDMA study at Harvard that will use a supplemental dose. The MAPS-sponsored MDMA/PTSD studies in Israel and Switzerland will use supplemental doses as well; the latter will also have three MDMA-assisted sessions.

It's gratifying to note that since my last Bulletin update the MDMA studies I refer to above have all received government approval or are on the verge of doing so. Thanks to MAPS' coordination, I have had the opportunity to meet with all these researchers, as well as other psychedelic researchers from the US and Europe, on a number of occasions. The Harvard and Swiss teams have both come to Charleston to visit us and become familiar with the protocol that we are using to conduct our study. My wife and co-therapist, Annie, and I are also looking forward to a visit from the Israeli team very soon. We greatly value this collaboration with other researchers so geographically separated, but so closely connected in our shared desire to explore the therapeutic potential of MDMA-assisted therapy. •



# **MDMA**-Assisted Psychotherapy Pilot Study in Switzerland

## MDMA/PTSD research marks resumption of psychedelic therapy in Switzerland

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Peter Oehen, Rick Doblin, and Valerie Mojeiko working during a data monitoring visit in January 2006

We hope that our research can be a contribution to helping psychedelic drugs get back to where they belong: in healing!

After the 1993 withdrawal of the licenses of five members of the Swiss Medical Association for Psycholytic Therapy (SAePT), who practiced MDMA- and LSD-assisted psychotherapy for 5 years with few restrictions, we had to accept that future applications for licenses would be limited to the context of scientific research. In 2003, the Ethics Committee rejected a protocol developed by SAePT members to investigate the efficacy of psilocybin-assisted psychotherapy in recurrent depression.

In April 2005, my wife Verena Widmer and I visited MAPS President Rick Doblin, Ph.D., and MAPS-funded researchers John Halpern, M.D., and Michael Mithoefer, M.D., to discuss strategies to resume research into the therapeutic application of psychedelics in Switzerland. This meeting soon resulted in close cooperation between MAPS and SAePT, and in a short time we were able to adapt the MAPS standard protocol for MDMA/PTSD research to our study.

The proposed pilot study will investigate the safety and efficacy of MDMA-assisted psychotherapy in 12 patients with treatment-resistant post-traumatic stress disorder (PTSD), as in the ongoing MAPS-sponsored study led by Mithoefer. Based on the preliminary results from Mithoefer's study, we modified the design to include three experimental MDMA-sessions with 125mg MDMA, followed by a supplemental dose of 62.5mg after 2.5 hours. We also adjusted MAPS' protocol to use an active placebo consisting of 25mg MDMA, followed by a supplemental dose of 12.5mg MDMA.

As in the U.S. study, patients who receive the placebo can choose to participate in a second stage of the study, in which they go through the whole process again with a full dose of MDMA. Outcome measures will be the CAPS (Clinician Administered PTSD Scale) and the PDS (Posttraumatic Stress Diagnostic Scale), a self-report scale. Due to new findings and the absence of neurocognitive deterioration in MAPS' U.S. study, we consider these neurocognitive measures sufficient.

The protocol was submitted to the Ethics Committee in October 2005 and was approved on December 23, 2005. The application is is now being reviewed by Swissmedic (the Swiss Drug Institute). Prior to the LSD conference in Basel, Switzerland, the first pre-study data monitoring visit took place at my psychiatric practice near Solothurn, Switzerland, where the study will be performed. During this meeting, we set up study procedures and Case Report Form protocol. At the time of this writing, another data monitoring visit is planned for early March. The last step will be to apply for a license from the BAG (Swiss Health Agency). We plan to begin recruiting subjects within a few months.

So far, the development of this study has proceeded rapidly, without major obstacles, thanks to the invaluable support of MAPS. Both MAPS and SAePT have pledged substantial contributions - together 2/3 of the $150,000 study budget - but further efforts will now have to be undertaken to fund the study through donations. The LSD conference in Basel in honor of Albert Hofmann has helped to bring the subject of psychedelic drugs to a wider public audience and into the consciousness of the medical community. We hope that our research can be a contribution to helping psychedelic drugs get back to where they belong: in healing!

# MAPS-Sponsored **MDMA/PTSD Research** in Israel: An Update

Valerie Mojeiko,
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The MAPS clinical research monitoring team, consisting of me and MAPS Clinical Program Manager Amy Emerson, along with MAPS President Rick Doblin, met with researchers at Beer Yaakov Mental Health Center on March 7, 2006 and again on March 12. We conducted an initial prestudy site visit to prepare for the MAPS-sponsored MDMA study that will take place in Israel with survivors of war- and terrorism-related PTSD. Moshe Kotler, M.D., Chair of the Department of Psychiatry at the Sackler School of Medicine at Tel Aviv University and former chief psychiatrist of the Israeli Defense Forces, will be the principal investigator for this study. Rael Strous, M.D., and Rakefet Rodrigez, M.D., will act as co-therapists.

This study was approved by the ethics committee at Beer Yaakov Mental Health Center and has also been approved by the Israel Ministry of Health. Later this spring, Dr. Strous and Dr. Rodrigez will observe an experimental session conducted by the Mithoefer's at the site of the MAPS-sponsored MDMA/PTSD study in Charleston, SC, and will participate in an accompanying training session on the specifics of conducting MAPS' MDMA-assisted psychotherapy research. This is a necessary step of preparing the therapists to conduct this type of therapy, and a useful practice as MAPS begins to develop a formal training program for psychedelic therapists. Once this training session has been completed and after MAPS clinical research monitoring team has launched the MDMA/PTSD study in Switzerland, we will begin the logistical preparations for this study. We aim to begin treating patients in Israel later this year.

We are now working to submit supplementary documents to the Israel Ministry of Health and to the US Food and Drug Administration (FDA). This study, although conducted in Israel, will be submitted to FDA under MAPS' Investigational New Drug (IND) application for MDMA in the treatment of PTSD and therefore fits into MAPS' mission of developing MDMA as a prescription medicine approved by both the FDA and the European Medicines Agency.

There are three phases in investigating a drug as a prescription medicine. Phase I involves collecting safety data in animals and humans. Phase II involves several pilot studies administering the drug to human subjects to treat a common indication under slightly different treatment protocols. The current MAPS study in Charleston, SC, the approved studies in Switzerland and Israel, and a proposed study in Spain fall under Phase II. When these Phase II studies are completed, MAPS will submit the data to the FDA and the regulatory agencies in the other countries. We will then apply to begin Phase III, where we will expand to multi-site studies under a shared protocol to test MDMA therapy in the treatment of PTSD on a large sample of subjects. These Phase III multi-site studies, one protocol conducted throughout multiple sites in the US and one protocol conducted throughout multiple sites in Europe and Israel, will each involve about 280 total subjects, cost in the range of $2.5 million, and take two to three years.

The Israeli study differs from MAPS' original MDMA/PTSD study conducted by Dr. Michael Mithoefer in the US in that it has supplemental dosing halfway through each of the sessions. The Israel study also uses an active placebo of low dose MDMA, rather than an inactive placebo. This will make it more difficult for the therapist and subject to be able to tell whether the subject received an active dose of MDMA or not, increasing the success of the double-blind. In this study we will also collect long-term follow-up data for one year after the second experimental session. The study in Israel also tests the efficacy of using slightly less staff time, since only one therapist is present during some of the non-drug therapy sessions, rather than both therapists. Both therapists are present during all of the experimental sessions where MDMA is administered, and at some of the non-drug therapy sessions.

MAPS Clinical Program Manager Amy Emerson has been of tremendous help in volunteering her time to implement the rigorous standards required by the US FDA and the European Medicines Agency in conducting these clinical trials with MDMA. MAPS Patron Donor Ami Shinitzky has also been very generous in donating $10,000 to this study and raising an additional $25,000 of the total of $100,000 needed to conduct this research. We are now seeking an additional $65,000 for this study. Please contact the MAPS office if you are interested in making a donation. •



# MAPS-Sponsored Cancer Anxiety Research

## Dr. John Halpern's Study of **MDMA-Assisted Psychotherapy** in Subjects with Anxiety Associated with Advanced-Stage Cancer

Rick Doblin, Ph.D.

OVER the last five years, MAPS has donated over $94,000 to Harvard Medical School-affiliated McLean Hospital in a long-term effort to sponsor Dr. John Halpern's proposed research into the use of MDMA-assisted psychotherapy in advanced-stage cancer patients. This MDMA-assisted psychotherapy study is part of MAPS' overall strategy to become the leader in sponsoring research into both the risks and the benefits of MDMA (Ecstasy). In terms of studies into the risks of Ecstasy, one fruit of MAPS' support of Dr. Halpern over the years has been the initiation of the most methodologically well-designed study of the neurocognitive effects of MDMA, to take place in a population of subjects who had used Ecstasy numerous times with minimal use of other drugs. MAPS had brought information about and access to this population to the attention of Dr. Halpern and had donated in excess of $15,000 to McLean Hospital for an initial pilot study in these subjects. The results of the pilot study were so promising that Dr. Halpern applied for and received a $1.8 million, five-year grant from the National Institute on Drug Abuse (NIDA), with the grant application containing an acknowledgement of MAPS' support for the pilot study.

On January 19, 2006, we learned that the Drug Enforcement Administration (DEA) had issued the necessary license for Dr. Halpern's study of MDMA-assisted psychotherapy in advanced-stage cancer patients. This meant that final regulatory approval was in hand and the study could begin since additional approvals had previously been obtained in December 2004 from the Food and Drug Administration (FDA) and prior to that from the McLean Hospital's Institutional Review Board (IRB), the IRB at the Lahey Clinic (where Dr. Todd Shuster, the oncologist who will refer subjects to the study, works) and the Massachusetts Department of Public Health. Yet just when it seemed that MAPS had achieved its long-sought goal of starting this study, it became necessary for MAPS to withdraw from further direct sponsorship of Dr. Halpern's research and from MAPS' parallel effort to sponsor research at McLean Hospital into the use of LSD and psilocybin in the treatment of people suffering from cluster headaches.

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Immediately after DEA approval was obtained, I learned that the McLean Hospital administration felt that MAPS' long-term advocacy for MDMA psychotherapy research and general opposition to Prohibition would cause the results of the study to be challenged as biased if MAPS were to sponsor the study and that they did not want McLean to be involved in a study funded by MAPS. Therefore, I decided that it would be best for MAPS to offer to withdraw from further direct financial sponsorship of Dr. Halpern's research so that the study, which we had all labored so long to start, could proceed. Sacrifices sometimes need to be made. Instead of funding the study, MAPS plans to assist Dr. Halpern in contacting donors interested in giving support directly to McLean Hospital. We believe that this financial distance from MAPS, and more so the rigor of the methodological design of the study itself, will enable the results of the research to be viewed by skeptics as more objective. If the results of the pilot study are promising, MAPS will again explore options for the support of research at McLean Hospital. •

# My Daughter's Good Death

## A first-hand account of MDMA's therapeutic value

Margo
(Margo can be contacted c/o
askmaps@maps.org)

My daughter was adamant. She didn't come home to die.

Maya* was admitted to hospice care in my home in May, 2005. She had just turned 33. Her diagnosis was stage IV colon cancer. She was in severe pain. She had undergone major surgery, and endured three debilitating chemotherapy protocols. Physically weakened, she was not a candidate for clinical trials.

Hospice offered daily monitoring of complex pain medication. For that reason and no other, Maya consented to 'end-of-life' care. She said that living with me was temporary, until she was well enough to return to her home and her work as a teacher on the west coast.

While Maya's pain medication dosage increased during her first month of hospice care, her hope remained strong. She asked and indeed insisted that those around her support her will to live.

I spent my days carrying out Maya's wishes. I prepared organic food using strict guidelines; I ground herbs from a Tibetan doctor and poured the mixture into gel caps three times a day; herbs from a Brazilian healer accompanied each meal; an acupuncturist, a massage therapist, a chiropractor, and a Feldenkrais practitioner visited Maya regularly; guided visualizations focused on shrinking tumors and renewing health.

All these actions gave my daughter a degree of control over her life. At the same time, the practices sustained my flickering faith in her recovery.

In June 2005, a friend sent me an email about the proposed MAPS-sponsored MDMA-assisted psychotherapy research with advanced stage cancer patients. Anecdotal reports suggested that "people with terminal illnesses who have taken the drug found it easier to talk to friends and families about death and other uncomfortable subjects." A quote from Rick Doblin stated that benefits might include "facing directly life's great challenge, to die gracefully and in peace."

With trepidation I mentioned the study to Maya. She was not interested in discussing end-of-life issues. In her eyes, talking about dying was like giving in to death, and giving up her will to live. During a hospitalization, she told two palliative care specialists to "please leave" because she couldn't bear to see their expressions "that look like I'm going to die."

Nevertheless, Maya was interested in MDMA. She didn't view it as a drug to help her die peacefully. To the contrary, she saw it as an opportunity to trigger a transcendent source of healing, and begin her recovery.

The proposed MDMA study wasn't ready to enroll patients, so I began to search elsewhere for a psychedelic therapist. Fueled by the urgency of Maya's expressed intention to heal, and my unexpressed wish for her to have a good death if she had to die, I found help for my daughter.

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The psychedelic "therapist," Theo, approached Maya as a partner and a companion - not a guide - on her journey. The separation between teacher and student, and all perceptions of hierarchy fell away.

Theo was a learner, an explorer, a collaborator, and a co-creator of experience. He told stories about his own life and invited Maya to talk about hers. We discovered many connections, such as our common love of children, animals, science, and social justice.

We wove humor into every session. In this way death was included and detoxified as part of the entire flow of human experience.

Theo told a story about two lifelong friends, older men who affectionately called each other "Shithead." When one friend was on his deathbed, the other came to visit. As he entered the room he said, "Hi Shithead." The dying man acknowledged his loyal friend with a smile and said, "No, you're the Shithead." He promptly died, thus getting in the last tag and winning their lifelong game.

Before her first session, Maya could only get out of bed a few minutes at a time. Sitting or standing caused her pain to spike to unbearable levels. She longed for simple pleasures like going for a walk. During the first session with MDMA, Maya's pain receded, her spirits soared, and she was able to walk to a park near my house and hang out with a friend.

She was hospitalized soon afterward with heart arrhythmia, a jugular vein blood clot, and an intestinal blockage, all likely caused by her pain medications. The benefits of the MDMA session appeared to be lost. Ten days in the hospital without food left Maya much weaker, more anxious, and in need of more pain medication.

Over the next two months, Maya chose to have three more psychedelic sessions: one with MDMA, one with mushrooms, and one with LSD, MDMA and marijuana. She was taking as many as twelve different prescription drugs (including ketamine**), for pain, for anxiety, for depression, for preventing blood clots, and for countering the side effects of all of the other medications. It was impossible to predict optimal psychedelic drugs and dosages. The progression of disease was another 'unknown'. Only experience could tell us what would work.

Although there were poignant moments with each psychedelic session, the results were not as dramatic as in the initial session. On one occasion Theo asked Maya how she felt about her pain. She said that it was like an unruly child in need of attention. She would send it love. On another occasion Theo asked Maya how she felt about her cancer. She answered, "There's a snake in my house." Maya was able to talk about her fears metaphorically during sessions.

Maya, Margo's daughter

During the fourth session, Maya experienced strong waves of energy and shaking through her entire body. She said the trance-like state helped her shift focus away from cancer and her pain, to remember how good the rest of her body felt.

After her fourth session using a combination of psychedelics, Maya wanted to go back to MDMA, taking a higher dose to overcome the sedating effects of the other prescription medications.

Theo was away on business for nearly three weeks while Maya's condition deteriorated rapidly. She was taking maximum doses of prescription medications with little relief; she was too weak to sit up or even to cross her legs; she lost half of her body weight; and she became incontinent.

Faced with these changes, at first Maya told me that she was afraid her will

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to live was slipping away, but she didn't want me to give up on her. Within a few days, however, she began to say, "I can't do this any more," "I want to go fast" and "I'm ready for terminal sedation." She held on because she hoped to have another session with Theo.

Theo returned from his trip, got my message with Maya's request, and came to our home for a high dose MDMA session the following day. For the first time, Maya asked her father to join us. She said, "I know I'm going to die soon."

As the MDMA took effect, Maya's tics and spasms subsided, her labored breathing became easy and regular, and her pain vanished. We told stories, we laughed, we sang, we danced. Maya directed us to pick up her limbs and move them to the rhythm of the music. We were in love with her and she with us. We celebrated life. For approximately eight hours, there was only love.

As the MDMA wore off, Maya's symptoms began to reappear. We discussed with Theo what to do next. We could keep Maya on low doses of MDMA and hope to control her pain, or we could alternate sedation days with MDMA days to maintain the optimum physical, emotional and spiritual benefits of the drug. We decided on the latter.

Theo gave me enough MDMA for another session and offered to provide whatever was needed for the rest of Maya's life. The next day Maya slept fitfully. She awakened only briefly and no longer ate or drank. I looked forward to the following day when I hoped Maya would have another ecstatic experience.

When morning came, Maya could barely be awakened. She took the MDMA sublingually, and promptly went back to sleep. Her sleep became peaceful, without tics, spasms, moans or gasping for breath.

Maya's dad joined us when I told him I believed Maya would not wake up again. For the next eight hours while Maya slept peacefully, we told stories, played games and caressed Maya with love.

At 10 p.m., Maya awoke. Her dad was stroking her and I was reading aloud from Laura Huxley, about the importance of loving touch and the nobility of death. She opened her eyes with an expression of absolute wonder, reached out to touch her dad, and died.

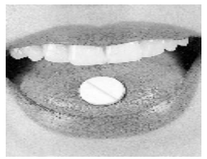
We are grateful beyond measure to Theo, and to those working to make psychedelic therapy legally available. We are honored to have witnessed and shared a holy experience, my daughter's good death. •

* Fictional names were used to protect the privacy of the individuals in this story.

** Ketamine was prescribed by Maya's palliative care doctors to reduce the increasingly dangerous levels of other pain medications. It was offered as a last resort; doctors were concerned that it would elicit out-of-body states, a prospect welcomed by the patient.





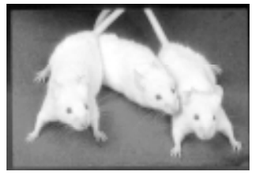


The proposed studies will make a unique contribution to the scientific database about the acute and residual effects of club drugs.

## Upcoming **Club Drug Research** at Columbia University

Only a limited number of laboratory studies have evaluated empirical data regarding the acute effects of "club drugs" in humans. This study will evaluate the residual effects of a broad range of behavioral and physiological measures using moderate doses of several club drugs in human volunteers. Using carefully-controlled residential laboratory procedures, in which participants live in a laboratory without outside contact for 15 days, researchers will systematically evaluate the effects of club drugs on workplace performance. Workplace performance will be measured using a wide range of tests that evaluate cognitive functions such as divided attention and memory. In these studies, researchers will determine the effects of acute and repeated club drug administration the day of administration, as well as the morning after administration (i.e., "hangover"), on behaviors relevant to workplace performance. Drugs to be tested include methamphetamine (speed), methylenedioxymethamphetamine (MDMA, ecstasy), gamma-hydroxybutyrate (GHB), or zolpidem (Ambien).

Low drug doses will be evaluated, minimizing the number of drug deliveries per participant. The primary goal of this NIDA-funded study is to carefully evaluate the effects of club drugs on ongoing behavior under conditions simulating those outside the laboratory. The dosing regimen employed in this study will closely parallel recreational use of club drugs by humans in our society. Because there is little data available from laboratory studies on human performance after repeated controlled administration of club drugs, the proposed studies will make a unique contribution to the scientific database about the acute and residual effects of club drugs. •



# MDMA and Parkinson's:
## Lots of Research, Few Practical Answers

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*Does MDMA/Ecstasy cause Parkinson's disease (PD)? Or does it help cure it? Both questions have been raised in the past about MDMA and the chronic, debilitating movement disorder.*

In September 2002, NIDA-sponsored researchers George Ricaurte and Una McCann reported some widely-publicized findings in the journal *Science* claiming that MDMA damaged dopamine neurons in primates, speculating that it could even lead to Parkinson's disease (PD). Prior to this publication, there was at least one study showing signs of PD among Ecstasy users (Mintzer et al. 1999), but the significance of this remained controversial (Baggott et al. 1999; Borg 1999). The findings published in *Science* were considered evidence supporting a link between MDMA and PD, and several other cases of PD in former Ecstasy users appeared soon after their publication (Kuniyoshi and Jankovic 2003; O'Suilleabhain and Giller 2003). Imaging studies of Ecstasy users published before these findings failed to find reductions in dopamine transporters (Reneman et al. 2002; Semple et al. 1999), and a post-mortem investigation also found reduced serotonin neurons, but no reduction in dopamine neurons, in a heavy Ecstasy user (Kish et al. 2000).

However, as it turned out, Ricaurte and colleagues retracted their findings a year later, once it was discovered that they had administered methamphetamine, and not MDMA, to the monkeys and baboons in the study. The controversy continued over what conclusions, if any, can be drawn from case reports of PD in Ecstasy users (Jerome et al. 2004; Kish 2003). Later, when the same team of investigators gave monkeys the same or higher doses of genuine MDMA, they failed to find any dopamine toxicity, even when finding serotonin toxicity (Mechan et al. 2005). Monkeys that gave themselves MDMA over an 18-month period also did not have any dopamine toxicity (Fantegrossi et al. 2004).

... we can be pretty sure that MDMA does not cause Parkinson's disease.

From these reports, we can be pretty sure that MDMA does not cause Parkinson's disease. The next question is: can it treat PD? Recently, studies conducted at Duke University Medical Center (Sotnikova et al. 2005) found that MDMA was the most effective of 60 drugs tested in a mouse model of PD. Previously, other researchers reported reversal of PD-like symptoms, such as being unable to move or being stuck in one position, in rats and monkeys given MDMA or MDMA-like compounds (MDE, MDA), as well as non-entactogenic amphetamines (Banjaw et al. 2003, Iravani et al. 2003; Lebsanft et al. 2003; Lebsanft et al. 2005; Schmidt et al. 2002). In the previous studies, the researchers modeled PD either by giving animals a drug that interferes with the dopamine system, or they damaged the animal's dopamine system. The Duke team simulated PD by looking at genetically engineered mice lacking the dopamine transporter (the molecule that recycles dopamine) before and after giving them a drug that stopped them from making dopamine. They examined a large number of compounds, including drugs that influenced the serotonin and dopamine systems. Very high doses of MDMA improved PD-like symptoms in the mice, and lower doses of MDMA combined with anti-PD drugs, such as carbidopa or L-DOPA, also helped the dopamine-deficient mice.

Much of this research seems to have been instigated by the account of Tim Lawrence, a British man with young-onset PD who appeared in the media claiming that he gained symptomatic relief after MDMA/Ecstasy use (see Concar 2002; Margolis 2001). However, the problem that Ecstasy apparently fixed was not PD itself, but a side effect of PD medication (dyskinesia, a movement problem that includes twitching). It is possible that MDMA helped Lawrence by directly or indirectly boosting dopamine function (see comments by D. Nichols; http://www.maps.org/mdma/nichols.html), but some findings in the monkey and mouse studies suggest that MDMA and related drugs might help through a different route unrelated to dopamine. The Duke team believes that MDMA and other drugs may help treat PD symptoms through their action on the newly discovered trace amine receptor.

However, none of the findings described above suggest that MDMA or any related entactogens are going to be a suitable PD medication. Even if low doses of MDMA do treat PD when combined with other medications, they are not likely to be a viable, practical solution, since daily dosing with MDMA is likely to increase risks of potential neurotoxicity. More to the point, unlike Tim Lawrence, most people with PD are older and are more likely to have, or be at risk for, conditions that make using MDMA a bad idea, such as heart problems or stroke risk.

In the initial tests performed by the Duke team, the doses of MDMA used were extremely high, bordering on acutely toxic-in some cases up to sixty times higher than doses that can be safely administered to humans. They used doses comparable to those used by humans in later tests, but in these cases the researchers combined MDMA with other drugs that increase or enhance dopamine, such as carbidopa or L-DOPA. Previous studies, like that of Iravani and colleagues, used lower doses, between 10 mg/kg and 12 mg/kg in marmosets, which are not lethal but still probably neurotoxic.

There are at least four good reasons not to encourage people to self-medicate with street Ecstasy, and at least three for not even doing so with pure MDMA. These include general problems with the identity and strength of anything bought on the street, general health-related issues (everything from tolerance to the possibility of neurotoxicity arising from daily dosing), and health issues in people with Parkinson's disease (cardiovascular problems or hidden cerebrovascular problems).

While the idea is intriguing, it's difficult to see MDMA or a known entactogen being used as a treatment for PD. One important avenue of research, however, could be the use of an entactogen as a "rescue" medication for dyskinesia, but MAPS isn't in a position to initiate such research since we still have several MDMA psychotherapy studies that need funding. It is possible but unlikely that the future treatment for PD might be an entactogen, but it's way too early to tell. •

It is possible but unlikely that the future treatment for Parkinson's might be an entactogen, but it's way too early to tell.

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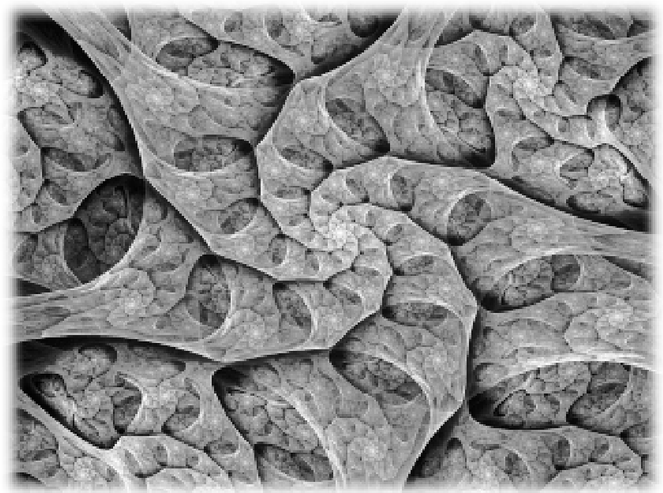
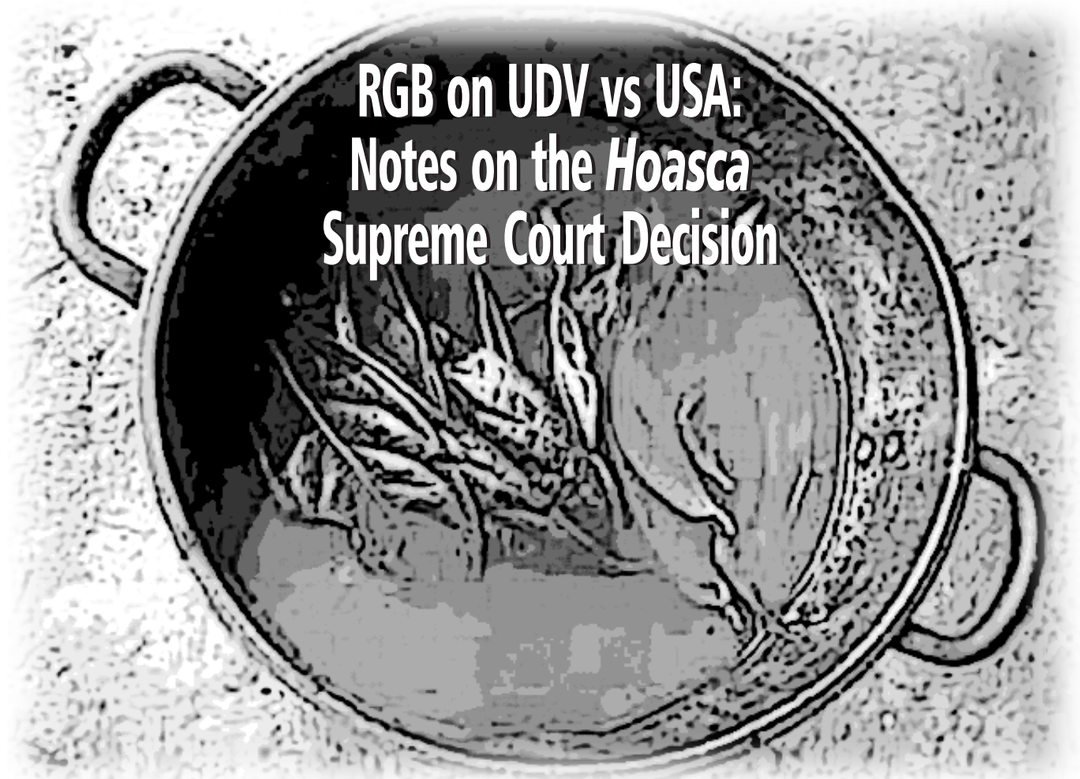








# RGB on UDV vs USA: Notes on the *Hoasca* Supreme Court Decision

By Richard Glen Boire, Esq.

On May 21, 1999, inspectors at US Customs intercepted a shipment of three drums marked as holding "herbal tea extract." A test of the brown liquid indicated that it contained the Schedule I substance dimethyltryptamine (DMT). The tea, known as *hoasca* or *ayahuasca,* was destined for the American branch of the Brazilian-based Uniao do Vegetal (UDV), whose members drink hoasca as a sacred communion. When Customs refused to allow the hoasca through, and threatened to destroy it, the UDV filed a federal lawsuit against the Attorney General seeking a court order that the government return the hoasca and permit the UDV to import and use hoasca in their religious ceremonies.

Before the trial began, the UDV moved for a preliminary injunction, requesting that its members be permitted to import and use hoasca in their religious ceremonies prior to, and during, the trial. Although the government conceded that the UDV was a genuine religious organization whose members were sincere in their use of hoasca for religious purposes, the government opposed the preliminary injunction on the ground that hoasca is an illegal mixture containing DMT and hence any use of it was prohibited by the federal Controlled Substances Act. The UDV replied that the Religious Freedom Restoration Act (RFRA) protected their use of hoasca.

A hearing was held and the district court subsequently ruled in favor of the UDV, granting the preliminary injunction. The government appealed and lost in the Court of Appeal for the Tenth Circuit. After being denied a second appeal to the Tenth Circuit, the government appealed to

the US Supreme Court, which in 2005, agreed to hear the case.

On February 21, 2006, in a unanimous opinion authored by new Chief Justice Roberts, the Supreme Court ruled in favor of the UDV, affirming the grant of the preliminary injunction. The Supreme Court found that by passing RFRA, Congress empowered federal courts to make a case-by-case determination of whether a federal law burdens a religious practice. Thus, the fact that hoasca contained DMT-and that DMT was a Schedule I substance-was not by itself sufficient to automatically trump the UDV's religious practices. Rather, under RFRA, the government had the burden of proving that it was unable to accommodate the UDV's religious use of hoasca. In an effort to meet this burden, the government argued that a complete ban on all use of hoasca, including religious use by UDV members, was necessary for three reasons: (1) to protect the health and safety of the UDV members; (2) to prevent diversion of hoasca beyond UDV members; and, (3) because an international drug control treaty required the US to prohibit all use of DMT, including hoasca used by UDV members.

With respect to the first two government interests (health of UDV members, and prevention of diversion), the US Supreme Court noted that the District Court had found that both the UDV and the government introduced evidence on these issues, and that the evidence virtually balanced out: the government's evidence showed that DMT was unsafe and that hoasca could be diverted, while the UDV's evidence showed that its members' use of hoasca was quite safe, and that no actual diversion had occurred in the past. However, because the government had the burden of proof, balanced evidence like this was insufficient to meet its burden. The Supreme Court also pointed to the federal exemption that allows members of the Native American Church (NAC) to use peyote, which like DMT, is a Schedule I controlled substance. Noting that membership in the NAC numbered in the hundreds of thousands, and yet the federal government was able to accommodate their religious use without undue harm or diversion, the Court saw no reason why the government could not likewise accommodate hoasca use by the 130 or so US members of the UDV.

> ... in future entheogen cases where the Religious Freedom Restoration Act is applicable, the federal government will not be able to win simply by asserting that the use of a particular entheogen was prohibited by the Controlled Substances Act.

The third interest proposed by the government as a justification for barring the UDV's use of hoasca was that the 1971 Convention of Psychotropic Substances required the US to ban all use and importation of DMT. The District Court rejected this argument, finding that hoasca was not covered by the Convention because it was made from two plants that were unscheduled and was made by a simple process of simmering those two plants in water. The Supreme Court rejected this finding by the District Court, explaining, "Hoasca is a 'solution or mixture' containing DMT; the fact that it is made by the simple process of brewing plants in water, as opposed to some more advanced method, does not change that... [T]he tea plainly qualifies as a 'preparation' under the Convention."

Nevertheless, the Supreme Court found that even though hoasca is within the 1971 Convention, the government failed to present any evidence showing how granting an exemption to the UDV would actually frustrate the government's international duties under the Convention. By failing to introduce such evidence, the government once again failed to carry its burden of proof, and as a result, the Supreme Court held that the government's general duties under the 1971 Convention were not sufficient to justify the specific harms to the UDV that would occur if its members were prohibited from using hoasca.

Having rejected all three of the government's arguments, the Supreme Court affirmed the grant of the preliminary injunction in favor of the UDV. The case will now return to the district court where it is expected that the government will forgo a trial and instead negotiate the finer terms of allowing the UDV to import and use hoasca in its ceremonies. There is, however, the possibility that the government will continue forward to trial, meaning the case could eventually reach the Supreme Court once again in several years.

The Banisteriopsis caapi vine and the Psychotria viridis are brewed together to create hoasca tea

So what does this decision mean with regard to other entheogens and other religious users? It is important to remember that the Religious Freedom Restoration Act only applies to federal law. It does not apply to states, where the vast majority of entheogen arrests and prosecutions occur. So, in the vast majority of entheogen cases, RFRA will not be of any benefit.

It is also important to note the unique characteristics of the UDV: the esoteric nature of its hoasca sacrament, its careful monitoring of members' health, and the very small number of members in the US branch (said to number about 130). Nevertheless, the decision is groundbreaking because it is the first entheogen case to reach the Supreme Court after the Court's grim holding in *Department of Human Resources of Oregon v. Smith,* where the Supreme Court held that the First Amendment's Free Exercise Clause did not protect the Native American Church's use of peyote. The UDV case is also the first entheogen case to reach the Court since the passage of RFRA, and shows that RFRA is vigorous and did indeed restore the compelling state interest test largely abandoned in Smith. Under RFRA the outcome of Smith would have been different.

The UDV case establishes that in future entheogen cases where RFRA is applicable, the federal government will not be able to win simply by asserting that the use of a particular entheogen was prohibited by the Controlled Substances Act. Instead, each case will be judged on a case-by-case basis with an eye to the specifics of the religious practice, the specifics of the entheogen used, and the specific reasons and evidence offered by the government as to why no accommodation is possible.

The decision is *Gonzalez v. O Centro Espirita Beneficente Uniao do Vegetal, 546 U.S. ___ (2006).*

*Richard Glen Boire has a private law practice (www.convictionfree.com) focused on obtaining post-conviction relief in entheogen cases. He is also co-founder and a Senior Fellow of the Center for Cognitive Liberty & Ethics (www.cognitiveliberty.org).*

# The Spirit of **Basel**

Oliver Mandrake, President
oliver@hofmann.org



*The Spirit of Basel* – there are probably no better words to describe the groundbreaking event that took place in this ancient town over three days in January 2006. Organized by the Gaia Media Foundation to celebrate the occasion of Dr. Albert Hofmann's 100th birthday on January 11, it brought together over 80 brilliant presenters and over 2000 people from all over the world to listen to a cornucopia of outstanding lectures.

The event, LSD: Problem Child and Wonder Drug, was held in the modern Basel Congress Center. From the moment of arrival until the end on Sunday evening, it was obvious that a lot of work by very skilled people had gone into organizing this conference. One could wander for hours enjoying displays of rare books and documents, psychedelic album covers, blotter art, an entire wall of photographs covering Dr. Hofmann's life, an eclectic bookstore with a wide selection of outstanding books, and walls of wonderful artwork. Of course, once the lectures started the hardest part was deciding which of the simultaneous presentations to attend. Outside of the large lecture auditoriums, other presentations and workshops could be found in walled-off areas of the main hall, where a movie screen showed a wide range of films, from an ancient Pink Floyd lightshow to old footage of Leary to Connie Littlefield's wonderful documentary *Hofmann's Potion*.

A spacious cafeteria on one side offered food and drink and a wonderful resting place to just sit and take it all in. Filled with colorful people of all ages, from dreadlocked kids to gray-haired elders, and even some families with little kids, the conference was bustling with energy. A friendly excitement was in the air and one could feel that this historic event was a special moment.

A friendly excitement was in the air and one could feel that this historic event was a special moment.

Of course, the main attraction was the attendance of Dr. Hofmann himself, who spoke on at least two occasions with a lively, clear mind and a joyful spirit. Greeted by standing ovations, he gave inspired speeches and was clearly pleased by the attention and gratitude that flowed his way. It is impossible to estimate the influence that his discovery of LSD (or LSD's discovery of him?) had on the world and society as we know it today.

There is not enough room here to get into details of any of the presentations; hopefully we will be able to find transcripts of the most important ones online eventually. The Albert Hofmann Foundation had the honor to add our board members Myron Stolaroff and John Beresford to the list of presenters, both of whom gave great presentations. John Beresford read some wonderful letters by incarcerated drug war prisoners that congratulated Dr. Hofmann on his birth-



Stanislav Grof and Dr. Hofmann share some words.

Earth Erowid and Dr. Hofmann.

Basel photos courtesy of Andrew Sewell

Rick Doblin greets Dr. Hofmann on his 100th birthday.

day, thanking him for all his work despite the drug prohibition that caused their present circumstances. A transcript of Myron Stolaroff's talk on the future of consciousness will be available on the Hofmann Foundation website soon (www.hofmann.org). CDs and DVDs of all presentations should be available online - though only in the original spoken language, which was about 50% German. (DVDs - at least currently - are in the European PAL system. While they should play on computers equipped with DVD drives, they might not work on DVD players or TVs outside of Europe.)

This conference set a milestone in many ways and was a wonderful gift to Dr. Hofmann, celebrating his life and achievements and making clear that his work will be in the hearts and minds of people for generations to come. Hopefully it will be a spark that initiates many more of these gatherings all over the world, and these substances will eventually find their rightful place in human society.

During the ending ceremony Dr. Hofmann was celebrated by an impromptu Happy Birthday sung by the entire audience. Musing during his closing speech that this event showed him that his problem child might–after all–have mutated into a wonder child, we could only agree and will continue to work on making this a reality.

We congratulate Dr. Hofmann with all our hearts to his 100th birthday and hope to celebrate many more with this brilliant man! His discovery will surely live on forever. •

For more on the Spirit of Basel symposium, the Hofmann Foundation recommends: http://www.erowid.org/general/conferences/2006_lsd_symposium/2006_lsd_sympos ium.shtml http://www.lsd.info (for pictures, video, and links to more reviews of the conference) We also highly recommend Rak Razam's outstanding article written for *The Age* at: http://www.theage.com.au/news/in-depth/passing-the-acid-test/2006/02/03/1138 836410493.html



# **Heffter Research Institute**: Update April 2006

Dave Nichols, Ph.D.
drdave@pharmacy.purdue.edu

GAINING APPROVAL FOR THE MEDICAL USE of psilocybin, or "medical psilocybin," continues to be the current major aim of the Heffter Research Institute. Our research focus is two-fold. First, we are continuing our studies on how psilocybin affects various aspects of consciousness. This research involves numerous fundamental studies demonstrating that psilocybin can be safely used in medical applications, especially in persons who have never taken a psychedelic. The second prong of our research is the identification of a medical indication for the use of psilocybin. The research data we produce will be used to identify a medical indication for psilocybin and to show it is safe enough for humans, the two key requirements that must be met for psilocybin to be moved out of Schedule I and developed as an FDA-approved medical treatment.

The research data we produce will be used to identify a medical indication for psilocybin. We continue to support a mix of both clinical and basic science applications in order to promote interest in psychedelic research and medicine among both the public and the scientific/medical establishment.

Under the direction of Franz Vollenweider, M.D., the Heffter Research Center Zürich is conducting two studies at this time. A major Positron Emission Tomography (PET) study with psilocybin will be completed this year. By correlating the PET results with changes in body image and other variables, the study will provide a scientific basis for treating patients with eating and obsessive-compulsive disorders. This information will help us obtain the approval for treatment research with actual patients, which we plan to begin later this year. We believe the PET data may also help to attract funding from major foundations for the treatment studies. The three-dimensional EEG brain mapping study, which compares psilocybin with meditation on ego-functions, sense of self and perception, also will be completed this year.

Board member Charles Grob, M.D., has an ongoing program at the Harbor-UCLA Medical Center to study psilocybin in the treatment of anxiety in advanced-stage cancer patients. The five subjects treated so far have had very positive responses. Unfortunately, we are finding that it takes a long time to recruit subjects with the courage to commit to this innovative treatment. MAPS members can participate by spreading the word: if you know of someone with a terminal diagnosis who might wish to be a subject, please direct them to www.canceranxietystudy.org, where they can obtain further information.

We continue to support a mix of both clinical and basic science applications in order to promote interest in psychedelic research and medicine among both the public and the scientific/medical establishment. Our mission is to demonstrate to the world the uniquely beneficial properties of psychedelics as tools to help alleviate human suffering. That goal involves not only the development of practical medical treatments, but also the understanding of human consciousness. Ideally, this research will enable humanity to appreciate better who we are and the relationship between our minds and bodies, knowledge that could provide numerous benefits to mental and physical health and improve our quality of life. •

## Building a Movement
# The 2005 International Drug Policy Reform Conference

By Jag Davies
jag@maps.org

"WHO ARE WE?" questioned Drug Policy Alliance (DPA) Executive Director Ethan Nadelman, before a crowd of nearly 1,000 participants assembled in Long Beach at the Opening Plenary of the DPA's biennal International Drug Policy Refrom (IDPR) conference. "We are the people who love drugs. We are the people who hate drugs. And, we are the people who don't care about drugs." Yet, dialogue at the conference revolved around one common principle: the War on Drugs is doing more harm than good.

"This movement is growing and being empowered by people who care about our fundamental rights and freedoms, who care about sensible and pragmatic use of government resources, and who care about the 2.2 million people who will go to sleep behind prison bars tonight just in this country," explained Nadelman.

Each time I heard these statistics, I comprehended the incomprehensible a little more tangibly: the Drug War is a human rights catastrophe.

This talk set the tone for a wide-ranging and arousing look at the costs and consequences of drug prohibition. For the people suffering the collateral damage of the War on Drugs, the growing drug policy reform movement is "not merely about the right to smoke a joint," said Nadelman. Rather, for the tens of millions of people who have been imprisoned or debilitated by the Drug War, it is about daily survival in the face of employment discrimination, inadequate health care, the prison-industrial complex, institutionalized racism, and a failure to address the root causes of addiction.

With such a range of urgent issues, the conference drew an impressive array of participants with diverse experiences and backgrounds. Groups at the conference ranged from current and former law enforcement and prosecutors to the formerly incarcerated fighting to restore their rights, from religious leaders to scientists, from politicians to medical marijuana patients, from lawyers to needle exchange workers, and of course, a contingent of activists and researchers working to reform the politics and practice of psychedelic and marijuana research.

And this list hardly does justice to the scope of a conference that featured 73 sessions over three long, energetic days. Considering this was my first IDPR Conference (which I attended thanks to a generous scholarship program supported by Robert E. Field of Common Sense for Drug Policy), I felt both overwhelmed and empowered by the breadth of passion, resolve, and expertise that I encountered among fellow participants.

Although the drug policy reform movement, like MAPS, has achieved unprecedented and once-unimaginable success over the past decade, during the course of the conference I realized that we will not pacify the Drug War until a critical mass of social institutions — such as business associations, teacher-parent groups, local governments, bar associations, and religious organizations — mobilize in support of sensible drug policy. At the 2005 IDPR conference, the largest drug policy reform conference ever, tantalizing inklings of this critical mass surfaced. However, it was clear that in order to build on the successes of the past decade, the drug reform movement must strive to be even more inclusive.

### Reform From The Inside-Out

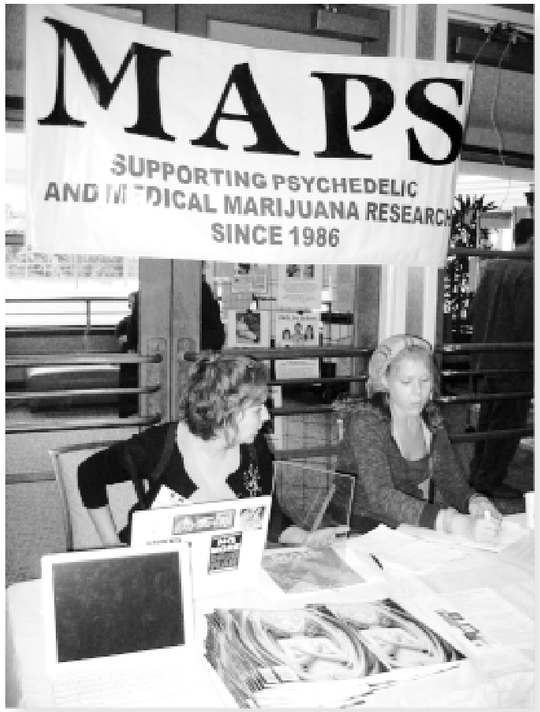
Inclusive, first of all, by seeking to reform, from the "inside-out," the institutions that govern our daily lives. This means educating others about the War on Drugs and becoming an agent of change, whether at the dinner table, at work, or at a community meeting.

In a session entitled, "Forming Coalitions and Transforming Institutions: The Benefits and Challenges of Organizing Key Constituencies," Interfaith Drug Policy Initiative (IDPI) founder Charles Thomas urged, "Figure out who you are and who you can work with ... The next stage of the drug policy reform movement is mobilizing major social institutions, and to do this, people who understand the harms of the Drug War need to become the insiders of these institutions. To effect change at an institutional level, you have to know a particular group inside and out." Thomas has embodied this approach: a dedicated Unitarian Universalist (UU), he formed UU's for Drug Policy Reform (UUDPR), and has worked within his denomination and with others to mobilize religious support for alternatives to the War on Drugs.

More broadly, Ethan Nadelman stressed that to be an effective leader, we must know ourselves inside and out. "We need to teach others but we also need to keep teaching ourselves ... We need to respect and understand people's prejudices and fears, and we can't do this unless we keep challenging ourselves and confronting our own prejudices and fears."

### Reform From The Grassroots

Furthermore, the drug policy reform movement must strive to be more inclusive by working with the communities that have been hit hardest by the Drug War: immigrants, low-income families, and demographic minorities, particularly Latin American and African-American communities. Six session topics were




MAPS staffers Julia Onnie-Hay and Falon Mihalic distributing MAPS materials to conference participants

devoted to race, ethnicity, and class, and overlapping topics included prison reform, voting rights, narco-imperialism, and education. The sessions addressing race-related topics were some of the most well-attended and rousing gatherings for the diverse, yet primarily Anglo-American, conference attendees.

The Drug War's role as a tool to perpetuate racially-biased criminal justice, disenfranchisement, and institutionalized poverty was a common topic of discussion, and no matter how many times the same statistics were repeated, they seemed to send a collective startle through the conscience of the audience each time. Here are a few*:

The US has the highest incarceration rate and the largest prison population of any country in the world, over 2.2 million, thanks to the Drug War. There are more drug prisoners in the US than there are total prisoners in Europe, even though Europe has 100 million more people. Even

The IDPR conference demonstrated that there are countless groups and individuals whose interests can overlap with psychedelic research and drug policy reform – but those links require reaching out.

though African-Americans represent 13% of the total US population, and 13% of total drug users, they are seven times more likely to be incarcerated on drug charges. As a result, there are more black men in prison now than there were black men under slavery at its height in the US, and there are more disenfranchised black men today than there were at the height of 'Jim Crow' segregation. In several major cities such as New York City and Washington D.C., nearly one out of two black men are disenfranchised. Meanwhile, 75% of US prisoners classified as "Latino" have been sentenced on drug charges, and Latinos, like African-Americans, are disproportionately represented in the criminal justice system—about one-quarter of total prisoners, totaling over 500,000—meaning that there are at least 375,000 Latinos imprisoned in the US on drug charges.

Each time I heard these statistics, I comprehended the incomprehensible a little more tangibly: the Drug War is a human rights catastrophe. At the end of a stirring panel entitled "Race, Racism, and the Drug War," an elderly African-American woman in the audience stood up and said, "They used to hang my people from trees and lynch them, I saw it … Nowadays, they're lynching more of us than ever, but they're smarter; now they hang us in a courtroom instead of from a tree."

**Where Does MAPS Fit In?**

In the face of such monumental injustice, where does MAPS fit in? For me, the IDPR conference was an opportunity to integrate the strategies of the drug policy reform movement with MAPS' struggles for scientific freedom.

One thing I realized is that MAPS has a unique strategic advantage because of its medical focus; the government, the public, and the media are more comfortable with psychedelics and marijuana when they are placed in a medical context. Considering that most legislative and judicial options for drug policy reform have failed, particularly the Supreme Court's ruling in *Gonzalez v. Raich*, scientific research may be the best avenue for reform remaining. Moreover, the obstruction of legitimate and widely demanded scientific research on marijuana underscores the irrationality of the War on Drugs by revealing the political contingency of scientific "truth."

At the IDPR conference, Rick Doblin represented MAPS in three session panels. In "The Politics of Science," he discussed the distorting and destructive influence of politics on government agencies' research agendas, particularly in relation to MAPS' proposed medical marijuana production facility at UMass-Amherst. In "Psychedelic Therapy: MDMA, Iboga, and Psilocybin," Doblin, MAPS Clinical Research Associate Valerie Mojeiko, and UCLA psychiatrist Dr. Charles Grob discussed the history of psychedelic therapy and reviewed the latest research, highlighted by an inspiring testimonial from Pamela, a woman with advanced-stage cancer who was recently treated in Dr. Grob's psilocybin/anxiety disorder study. And in "The Future of Medical Marijuana," Doblin joined four leading policy experts to discuss long-term approaches for protecting the rights of medical marijuana patients.**

As a small branch of a small but growing movement, the unique focus of MAPS' mission is both our greatest strength and our Achilles heel. Interest groups can become vulnerable when they are isolated into discrete factions; they become more effective when they share resources and implement wholesale reform that encompasses their common visions.

The IDPR conference demonstrated that there are countless groups and individuals whose interests can overlap with psychedelic research and drug policy reform — but those links require reaching out. As some speakers pointed out, working for social justice necessarily involves embracing and utilizing inclusive narratives that appeal to the shared values of people with different backgrounds and political persuasions. By developing inclusive narratives, movements for individual freedom and social integrity become interconnected and reinforce one another by "working to confront people's fear, to show that by pandering to people's deep fears, we are actually creating them," as DPA Board Member and CODEPINK co-founder Jodie Evans put it during a conference panel.



Here again, MAPS' work with psychedelic-assisted therapy becomes relevant. One of the most well-documented psychological phenomena associated with psychedelic therapy is the ability for individuals to confront, accept, and make peace with their deepest fears. By working through deep fears, people can gain the ability to approach the "Other" with an open mind and an open heart.

Speaking of "Other," when I returned to the MAPS office, I found a copy of a letter on my desk from conservative icon Grover Norquist in support of MAPS' medical marijuana production facility. While I have some fundamental discrepancies with Norquist's vision of the world, I still find it encouraging that MAPS has found this common point of interest. Like Norquist's letter, the IDPR conference reminded me that MAPS' uniqueness will be more of a strength than a weakness as long as we continue to discover and develop these common interests.

**A Long Road**

The strength of the 2005 IDPR conference was that it not only united various groups opposed to the Drug War within a common narrative of "reason, compassion, and justice," it gave participants a sense of the need to work continuously as agents of change in all facets of their lives. To end the War on Drugs, people of diverse backgrounds must generate the same sense of moral urgency that inspired the civil rights movement of the 1950s and `60s. Yet, that movement also serves as a stark reminder that working for social justice requires long-term persistence. "Even if this movement is successful, and prohibition ends, what then?" asked Students for Sensible Drug Policy Director Scarlett Swardlow. "We probably won't get it right the first time. Even then we would need to keep working vigilantly." Charles Thomas added, "If prohibition ends, other forms of problematic discrimination against drug users and abusers may continue, such as loss of child custody rights, employment discrimination, urine testing, and so on. Just by changing a law, institutionalized patterns of discrimination are not necessarily affected ... For example, even after segregation supposedly ended, institutionalized racism still continued."

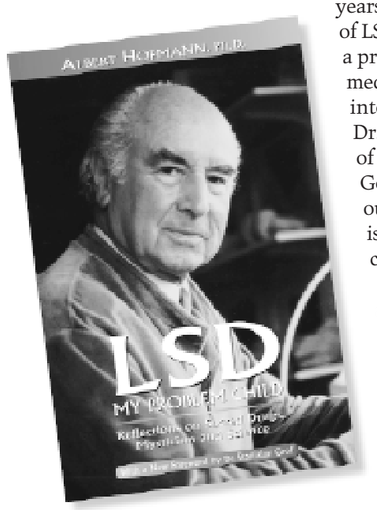
Realizing the tremendous scope of what drug policy reformers are struggling for, I came away from my first IDPR conference with the conviction that real and lasting change in drug policy can only be achieved by building on the common interests of as many different types of people as possible. I also saw how MAPS has a special role to play in this movement, not just by implementing scientific research that establishes the medical uses of psychedelics and marijuana, but also by developing tools that help people work through their deepest fears and form a healthier society that values the full potential of all human life. •

* For Drug War statistics, see www.drugwarfacts.org

** To read more about the IDPR conference sessions see www.drugpolicy.org/events/dpa2005

MAPS President Rick Doblin, MAPS Patron Member Richard Wolfe, and IDEAL Reform Director Matt Atwood at the IDPR conference

# MAPS Publishes **Two New Books**




**Available Now**

In honor of the 100th birthday of Dr. Albert Hofmann, MAPS has republished the English edition of Dr. Hofmann's memoir, *LSD: My Problem Child — Reflections on Sacred Drugs, Mysticism, and Science*. Out of print in the U.S. for years, this is the fascinating account of LSD's discovery, its brief status as a promising psychiatric research medicine, and its transformation into a recreational drug.

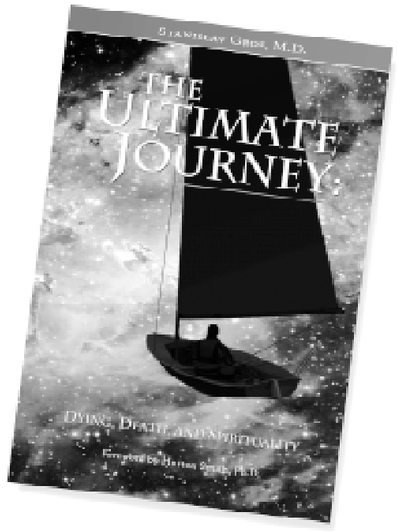
Dr. Hofmann also tells the story of his adventures in Mexico with Gordon Wasson, where he sought out sacred mushrooms (later isolating psilocybin as their active component) and *salvia divinorum*.

New to the MAPS edition are 16 pages of color illustrations, a new introduction from the author, a foreword by LSD psychotherapist Stanislav Grof, M.D, and an index. The book is available at the MAPS online bookstore for $12.95 (www.maps.org). You can also read it online at http://www.maps.org/freebooks.

At Dr. Hofmann's request, MAPS has worked to make the book available in Russian and Chinese. We located a Russian translation, as well as Japanese and Polish translations, and commissioned a Chinese translation. These are now posted at maps.org/freebooks.

**Signed editions of LSD: My Problem Child**

Dr. Hofmann has signed 100 copies of a special hardbound edition of his book, with the profits to be allocated entirely to MAPS-sponsored LSD and psilocybin research. Dr. Stanislav Grof, who wrote the foreword, has also signed these books. The first set of these books will sell for $250 each, with the price increasing in tiers. If you're interested in purchasing one for your collection, contact MAPS at orders@maps.org



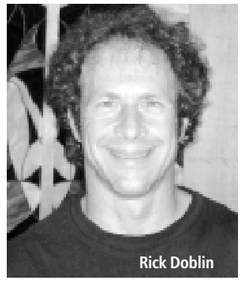

**Forthcoming**

Dr. Stanislav Grof, author of *LSD Psychotherapy* and the originator of Holotropic Breathwork, has asked MAPS to publish his latest book, *The Ultimate Journey: Consciousness and the Mystery of Death*. We are in the final stages of preparing the book for press, and we expect it to be available by summer.

In *The Ultimate Journey*, Dr. Grof argues that, contrary to the Western view, death is not necessarily the end of consciousness. He investigates cross-cultural beliefs, paranormal and near-death research, and his own patients' experiences of death and rebirth in psychedelic therapy. The 300+ page paperback offers a wealth of perspectives on how we can enrich and transform the experience of dying in our culture.

The book includes some of the same material as *The Human Encounter with Death*, written with Joan Halifax, but this is largely an original work with new data. The book will feature 24 pages of color images and a foreword by Huston Smith. MAPS will make an announcement when it will be available on the website, hopefully before summer 2006.




Rick Doblin


Valerie Mojeiko


Julia Onnie-Hay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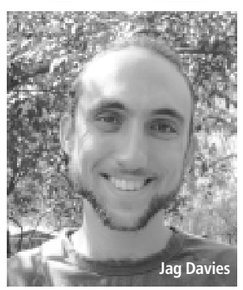
Jag Davies

**Rick Doblin, MAPS founder and President,** earned his Ph.D. in Public Policy from the Kennedy School of Government at Harvard University. Doblin was also in Stan and Christina Grof's first training group to receive certification as a Holotropic Breathwork practitioner.

**Valerie Mojeiko, Program Director and Clinical Research Associate**, studied psychology with an emphasis on drug addiction and psychedelic therapy for four years at New College of Florida. Currently, she provides data monitoring services for MAPS-sponsored research, and coordinates other projects.

**Julia Onnie-Hay, Director of Membership and Sales,** started working at MAPS after five years of volunteering while earning her B.A. in cultural anthropology from New College of Florida. She is a student of ancient shamanistic and contemporary mystical healing methods, and desires to cultivate r/evolutionary sustainable cultures through grassroots activism.

**Nicole Tavernier, Director of Operations,** has a background in various fields of business and is currently working on her Bachelor's Degree in Business Administration.

**Jag Davies, Director of Communications,** coordinates educational projects, edits the Bulletin, and writes MAPS' email updates. He considers the Drug War an emblem of the larger socio-political problems we must confront in the 21st century: racism, the military- and prison-industrial complexes, and our fundamental rights to civil and cognitive liberty.

# MAPS: **Who We Are**

MAPS IS A MEMBERSHIP-BASED ORGANIZATION working to assist researchers worldwide to design, fund, conduct, obtain governmental approval for, 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 members.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (3,4-methylene-dioxymethamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now primarily focused on assisting scientists to conduct human studies to generate essential information about the risks and therapeutic 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 join MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of those who care enough to take individual and collective action.

**THE MAPS BULLETIN**

Each Bulletin reports on MAPS research in progress. In addition to reporting on research both in the United States and abroad, the Bulletin may include feature articles, reports on conferences, book reviews, Heffter Research Institute updates, and the Hofmann Report. Issues raised in letters, calls, and e-mail from MAPS members may also be addressed, as may political developments that affect psychedelic research and use.


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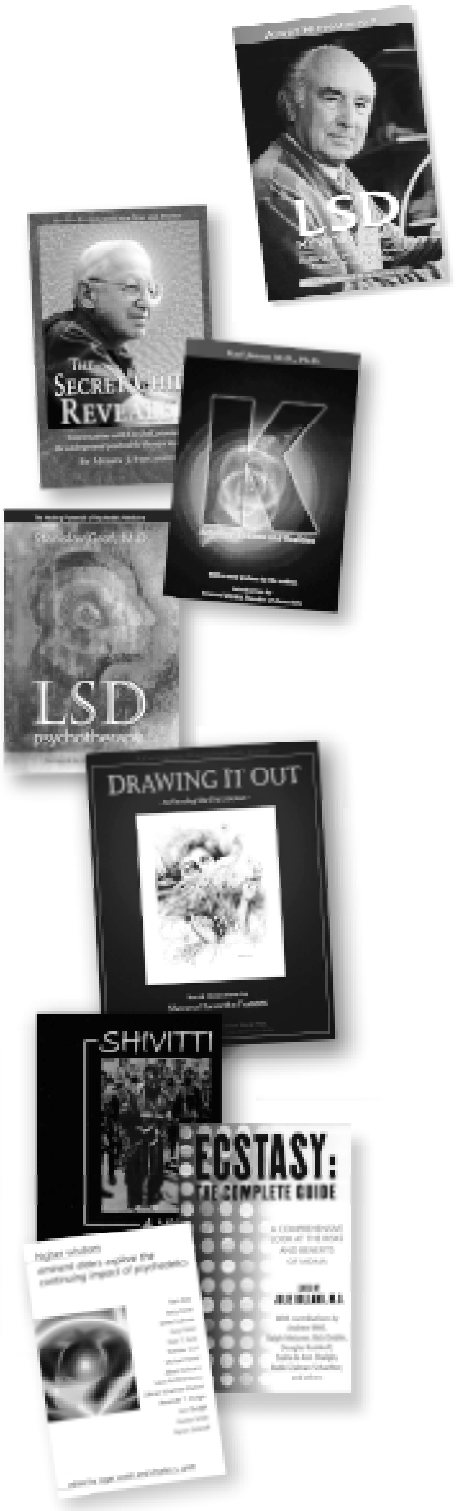


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1. ***LSD: My Problem Child*** by Albert Hofmann, Ph.D. 232 page, **$12.95**
2. ***The Secret Chief Revealed: Conversations with a Pioneer of the Underground Psychedelic Therapy Movement*** by Myron Stolaroff; 176 pages, **$12.95**
3. ***Ketamine: Dreams and Realities*** by Karl Jansen, MD, PhD • 355 pp, **$14.95**
4. ***LSD Psychotherapy*** by Stanislav Grof, MD • 352 pp, **$12.95**
5. ***Drawing It Out: Befriending the Unconscious (A Contemporary Woman's Psychedelic Journey)*** by Sherana Harriette Frances • 128 pp, **$19.95**
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# Memoriam

## Carla Higdon
1963 – 2006

Carla was MAPS' third employee, working for MAPS from 1995-2001. She was a courageous woman with a warm and powerful spirit, and was a loving and compassionate friend. It was Carla who first conceived of honoring the work of women in entheogen research, resulting in the creation of MAPS' Women's Entheogen Fund (WEF). Donations in Carla's honor can be made to WEF.

## Lyn Ehrnstein
1940 – 2002

Lyn dedicated the last half of his life to the study of consciousness through psychedelics and other spiritual techniques which he felt were the key to surviving and thriving on the Earth. He is seen here with his two lifemates, Phyllis (deceased) and Ann, who shared his journey with him. In December 2005, MAPS received a bequest of over $35,000 from the estate of Lyn Ehrnstein for MDMA psychotherapy research, in addition to a previous bequest of $12,000 in 2004.


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