

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES



# MAPS

B U L L E T I N



**2011**  
**ANNUAL REPORT**

VOLUME XXI NUMBER 3 • WINTER 2011

In April 2010, our *Psychedelic Science in the 21st Century* conference brought together members of the MAPS community in an unprecedented show of support. Medical professionals, therapists, scientists, and

artists all contributed their unique talents to the event, creating a conference unlike any other. In honor of the artists' efforts and the collaborative energy of the event, MAPS has produced a Limited Edition Series of

the mural painted live during the weekend. Contributors include Mark Henson, Amanda Sage, Michael Divine, Krystal Smith, and Jeremiah Allen Welch.



Only 20 Giclee prints of this mural are available. Visit our online store at [www.maps.org/store](http://www.maps.org/store) or email [orders@maps.org](mailto:orders@maps.org)

40x26" Limited Edition Giclee Print on Canvas, Series of 20

- #16-20 SOLD OUT
- #11-15 \$475
- #6-10 \$600
- #2-5 \$750
- #1 \$1000



Images: Craig Brayton Photography



The Multidisciplinary Association for Psychedelic Studies (MAPS) is a membership-based organization. Founded in 1986, MAPS is an IRS-approved 501(c)(3) non-profit corporation funded by tax deductible donations. Our mission is (1) to treat conditions for which conventional medicines provide limited relief—such as posttraumatic stress disorder (PTSD), pain, drug dependence, anxiety and depression associated with end-of-life issues—by developing psychedelics and marijuana into prescription medicines; (2) to cure many thousands of people by building a network of clinics where treatments can be provided; and (3) to educate the public honestly about the risks and benefits of psychedelics and marijuana. 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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 MAPS, 309 Cedar Street, #2323, Santa Cruz, CA 95060  
 Phone: +1 831-429-6362, Fax: +1 831-429-6370  
 E-mail: askmaps@maps.org, Web: www.maps.org

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**Front Cover:**

"Crystalavi," oil on canvas painting  
 by Robert Venosa (1976).  
 40" x 32" / 100 x 80 cm.  
[www.robertvenosa.com](http://www.robertvenosa.com)  
[www.maps.org/venosa](http://www.maps.org/venosa)

Crystalavi was originally entitled "Apotheosis of the Birds" when painted in 1976. It is part of the classic early Venosa period which established his signature style. Most of these works were primarily created in shades of blue and/or earth tones which reflect the colors of his Mediterranean home at the time, Cadaqués, Spain. While deeply immersed in art, spiritual studies, and meditation during this time, Robert Venosa produced work distinguished by its crystalline forms and ethereal, cosmic content. This piece was first reproduced in his monograph *Mana's Mana*, Big O publishing, London, 1978.

**Back Cover:**

"Salsify"  
 by Robert Buelteman (2006).  
 Made while in residence at the Santa Fe Institute  
 Limited Edition Chromogenic Development Print  
[www.buelteman.com](http://www.buelteman.com)  
[www.maps.org/buelteman](http://www.maps.org/buelteman)

Robert Buelteman is a celebrated fine art photographer whose works connect viewer to subject in an emotionally transcendent manner consistent with the traditions of Eastern wisdom and Western revelation. Working exclusively with large sheets of photographic film, the living plant is used as a filter through which high-voltage electricity and fiber-optically-delivered light are passed. The resulting images serve as window on the mystery that life is, and have been compared with pictures of our universe made by the Hubble telescope.

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“Work is love made visible.”

My mother, in her youth, was inspired by the poet Kahlil Gibran, the author of those words about work and love. The Quakers cite it. My wife Lynne—who loves her work—taught it to me.

### From the desk of Rick Doblin, Ph.D.

The idea that “work is love made visible” came to mind on October 17, 2011, when I heard the news that MAPS Board Member and my dear friend Ashawna Hailey had died several days earlier. As a fitting tribute, I channeled my grief into work late that night on our shared projects. Ashawna had died probably only a few hours after we had a wonderfully warm and productive phone conversation about the current status of MAPS’ work.

Ashawna had called me a few minutes after I sent him an email with a document to review. It was our Request for Proposals (RFP) for a MAPS grant for developing a protocol to evaluate MDMA-assisted psychotherapy to treat autism spectrum disorders. MAPS had just finished creating the RFP after a year of planning. Ashawna had championed heavily for it. I was proud of the RFP, and Ashawna was delighted to learn that it was complete. Then I realized that he hadn’t seen the email yet; we had just reached out to each other at the same time. This was to be our last conversation and some of Ashawna’s final words.

Ashawna had a brilliant mind for computer software and business, coupled with a wildly creative personal life. In professional as well as personal endeavors, he was driven, focused, and courageous, and loved living life to the fullest. At virtually every MAPS board meeting, Ashawna referenced Stephen Covey’s *The Seven Habits of Highly Effective People* and urged us to “start with the end in mind,” then to work

backwards to plan for meeting our far-reaching and ambitious goals.

Ashawna was the one to realize that our ability to effectively train therapists, both for research and for legal therapy, was the key limiting factor in our MDMA drug development and implementation strategy. During our final phone conversation, he urged me to more clearly articulate our vision for establishing a worldwide network

of psychedelic clinics, to see if we could tell a compelling for-profit story that could attract investors to fund MDMA/PTSD drug development research. We had previously decided we needed to focus on donors rather than investors, but Ashawna said he thought the idea was worth further evaluation.

When I started MAPS in 1986, I could not have predicted how many amazing people would be drawn to it. It was a labor of love about a substance that promotes love in a world that criminalized it as a poison causing brain damage and death. I honestly didn’t know if I’d ever be able to make any progress toward restoring the legitimacy of MDMA-assisted psychotherapy—I just knew that I needed to try. Through MAPS, I had found my point of leverage for contributing to healthy social change, to the Jewish tradition of *tikkun olam*, the repair of the world.

Ashawna wanted to make sure I wouldn’t be distracted from my original goal of restoring the legality of MDMA-assisted psychotherapy. He was concerned that our marijuana research efforts—our lawsuit against the DEA over the need to break NIDA’s monopoly on marijuana for research and our efforts to start a study of marijuana for veterans with PTSD—could get in the way. I argued that our marijuana and MDMA projects were synergistic, working with the same federal regulators and the same clinical condition, but I knew I hadn’t fully relieved Ashawna’s concerns. When articles were published this summer and fall in *The New York*

*Times* and *Washington Post* about the FDA approving our marijuana/PTSD protocol and then the Public Health Service refusing to sell us the marijuana we needed to conduct the study, I worried that Ashawna might think our top priority was being neglected. But during my last conversation with Ashawna, he was absolutely delighted with all that MAPS was doing. My insecurities melted away, and I was left with a feeling of peace.

About a week and a half after Ashawna died, I was in Chicago with Ethan Nadelmann, the founder and executive director of the Drug Policy Alliance. We were there for a convening of the grantees of the Libra Foundation, whose mission centers on human rights and whose Trustees have decided that ending the Drug War is a human rights issue. Late that night, Ethan and I reminisced about Ashawna. We shared the view that while Ashawna’s death reminded us of how precious is the time we have on this earth, there is nothing we’d rather be doing with our lives than what we are already doing. That was how Ashawna lived as well. For us, and for Ashawna, work is love made visible.

By identifying the challenges that lie ahead for MAPS and encouraging us to think about the future, Ashawna Hailey set milestones for growth that will take decades for us to fully reach. His love for this work will carry on past the limit of his lifetime.

Q



Rick Doblin, Ph.D.  
MAPS Founder and Executive Director

# Annual Report

## MAPS 2011 Annual Report

Multidisciplinary Association for Psychedelic Studies • www.maps.org

IN ADDITION TO OUR OBLIGATION to be strategic and efficient with the funds we receive, I feel an additional obligation to be transparent about our allocation of resources and our priorities. Our goal with this financial report is to enable MAPS members and members of the public to see our priorities in action through our financial reporting. MAPS' year-end financial reports are intended to communicate in specific detail where we allocate the funds we receive from our generous donors. Should you have any questions about any items in this report, you are invited to inquire at [askmaps@maps.org](mailto:askmaps@maps.org).

For the first time in our 25-year history, we have chosen to pay independent auditors to evaluate our accounting so that we can report to potential funders, especially major foundations and government agencies, that we do indeed have audited financials. This initial audit of our records from Fiscal Year 2010-11 cost MAPS \$15,000. Since none of our donors have yet requested audited financials, this cost is what has previously deterred us from requesting the independent review.

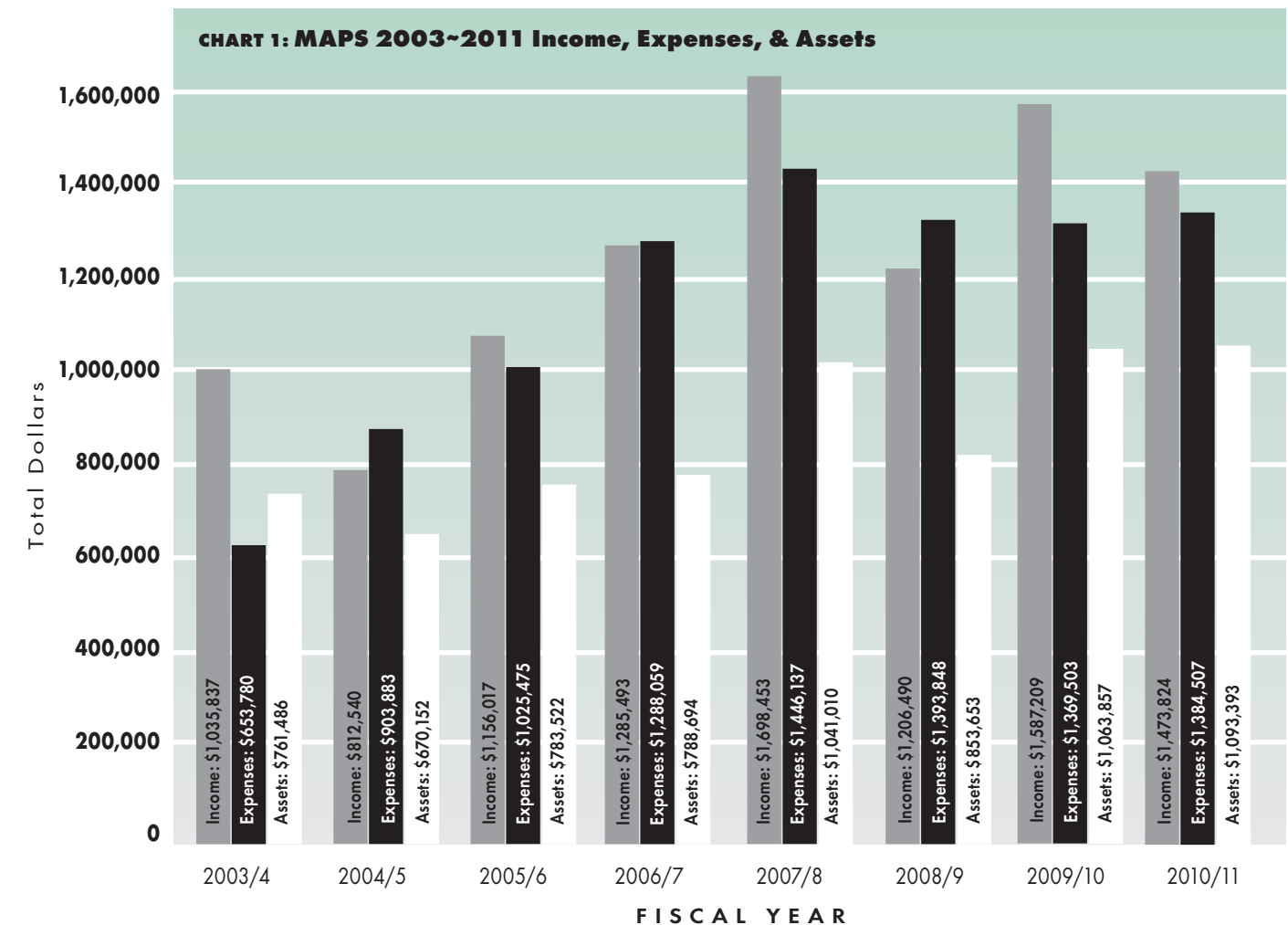
As MAPS grows, we anticipate that audited financials will eventually be required of MAPS, and now is the time to prepare to meet these stricter financial reporting requirements. We are now looking forward to Phase 3 MDMA/PTSD studies and the dramatically increased expenses and income needed to make MDMA-assisted psychotherapy legally available. We're proud to make public our Auditor's Management Letter, Audit Report, and Report on Internal Controls and Compliance on our website at [www.maps.org/audit2011](http://www.maps.org/audit2011). Josh Mojeiko, MAPS Director of Finance and Information Technology, has done a terrific job preparing our books for the audit and responding to the auditors' many requests for documentation.

What follows is a comprehensive report and discussion of MAPS' income and expenses for Fiscal Year 2010-11 (June 1, 2010 to May 31, 2011).

### Overview of Fiscal Year 2010-11

Even though the global economy continues to struggle, MAPS was able to report remarkably successful results in FY 10-11. Income was \$1.47 million and expenses were \$1.38 million. This results in a net gain in assets of \$89,000, for a total of \$1.09 million, a small step towards the roughly \$8-10 million that will be needed for our Phase 3 MDMA/PTSD studies. MAPS FY 10-11 results compare to an income of \$1.57 million in the previous FY 09-10, with expenses of \$1.42 million. Income for FY 09-10 was higher than this year due to our major Psychedelic Science conference, which resulted in gross event income of over \$300,000.

There are several key reasons for our fundraising success in FY 10-11: (a) In July 2010, we published in the *Journal of Psychopharmacology* the outstanding results of our initial U.S. pilot study of MDMA-assisted psychotherapy for posttraumatic stress disorder, in which over 80% of the subjects with chronic, treatment-resistant PTSD lasting an average of over 20 years were cured of their PTSD by MDMA-assisted psychotherapy; (b) We initiated a new MDMA/PTSD study in U.S. veterans with chronic, treatment-resistant PTSD, a patient population for which there is profound public sympathy and for whom a broader group of donors is willing to support treatments; (c) We completed our Swiss MDMA/PTSD pilot study with results demonstrating safety and greater reductions in PTSD symptoms than in the studies resulting in the approval of Zoloft and Paxil for prescription use for PTSD; (d) We've continued to generate remarkably positive media, such as the March 2011 article about MAPS' MDMA/PTSD research in *O: The Oprah Magazine*; and (e) the unique experience and expanding skill of MAPS' dedicated staff.



Of MAPS' income for FY 10-11, \$1.17 million (80%) comes from a small number of major donors who give greater than or equal to \$1000 per year, \$138,000 (9%) from about 2000 donors who give less than \$1000 per year, \$94,000 (6%) from conference and events, \$65,000 (4%) from product sales, and \$3,000 (about .02%) from investments (interest on savings accounts and CDs).

MAPS' single largest donation in FY 10-11 was \$350,000 from a bequest by Larry Thomas, with about another \$100,000 still to be disbursed in FY 11-12. Larry discussed his motivation to donate to MAPS in an interview with MAPS' former Director of Communication and Marketing Randy Hencken. This interview was conducted several years before Larry died and was published in the MAPS Bulletin (Volume 20, Number 3). Larry's donation is a gentle reminder that we should all consider leaving some funds to charity in our wills.

MAPS' second largest donation in FY 10-11 was \$200,000 from Ashawna Hailey, who served on MAPS' Board of Directors. It's with a heavy heart that I report that Ashawna recently died at age 62. We have heard that he has remembered MAPS generously in his will.

MAPS' next largest donation was \$175,000 from Peter Lewis. Joby Pritzker and his family's Libra Foundation donated \$125,000. MAPS Board Member Robert Barnhart donated \$65,000. The Swift family's Riverstyx Foundation donated \$30,000. The Mental Insight Foundation and Matt Bowden/Stargate International each donated \$25,000. Donations of \$20,000 each were made by John Gilmore (also on MAPS' Board of Directors), the Arsenault Family Foundation and Ian Brown (who received funds in a bequest to him which he then donated to MAPS). Rene Ruiz/Sue Mosher donated \$10,000, as did MAPS-published author Marilyn Howell.

**Chart 2 - MAPS Fiscal Year 2010-2011 As of 5/31/2011**

Income	\$1,473,824
Expenses	\$1,384,507
Change in Assets	\$89,317

**Income Categories As of 5/31/2011**

Donations from Individuals & Foundations >= \$1000	\$1,171,997
Donations from Individuals < \$1000	\$138,781
Product Sales (Books, Art, Clothes)	\$65,275
Other Income: Investments, Securities	\$3,374
Fundraising Income: Conferences, Events	\$94,397
Total Income	\$1,473,824

**Asset Categories As of 5/31/2011**

Net Assets at Beginning of Fiscal Year	\$1,004,077
Plus: Net Change	\$89,317
Net Assets at End of Fiscal Year	\$1,093,393
Assets: Restricted Funds	\$241,571
Assets: Unrestricted Research Reserve (Yet to Raise)	\$783,319
Assets: Operational Reserve	\$68,504
<b>Total Assets</b>	<b>\$1,093,394</b>

**IRS 990 Expense Categories As of 5/31/2011**

Research Projects	\$555,860
Core and Other Educational Projects	\$129,982
Educational Projects Fiscal Sponsorship (NET)	\$2,317
Educational Events	\$145,846
Project Related Staff/Office Expenses	\$123,790
Employee Benefits	\$60,551
Management and General Operations Salary/Taxes/Benefits	\$251,892
Fundraising	\$71,231
Art, Products, Royalties	\$26,267
Office Equipment/Capital Expenditures	\$19,476
Refunds/Adjustments	-\$2,704
Mortgage Asset Adjustment	(\$33,200)
<b>Total Expenses</b>	<b>\$1,384,508</b>

Donations less than \$1000 play a major role in MAPS' success. These unrestricted donations are important because they (a) contribute to covering operational expenses, (b) are from members who often donate their time for MAPS' wide range of volunteer opportunities, (c) build the MAPS community, (d) lead to word-of-mouth contacts with new potential large donors, and (e) are what major donors

often start giving to help them evaluate MAPS from the perspective of a member.

MAPS' expenses in FY 10-11 amounted to \$1.38 million. Of that amount, \$555,000 (40%) was for research, \$278,000 (20%) was for education, \$123,000 (9%) was for project-related staff/office expenses, \$71,231 (5%) was for the cost of fundraising events, and the

remaining 26% was for management and general operations, cost of products sold, employee benefits, and office equipment.

A more detailed list and description of MAPS' expenses follows. From this list, the breadth of MAPS' activities can be seen more clearly, as can our strategic priorities.

**Chart 3 - Balance Sheet Restricted MAPS Net Assets As of 5/31/2011**

Assets: Restricted Funds	\$241,571
Assets: Unrestricted Research Reserve (Yet to Raise)	\$783,319
Assets: Operational Reserve	\$68,504
<b>Total Portfolio</b> (Actual Value, Not Cost)	<b>\$1,093,393</b>

**Restricted Funds As of May 31, 2011**

MDMA for PTSD Study, Veterans of War (US)	\$76,234
LSD and End of Life Study (Switzerland)	\$55,387
LSD/Psilocybin End of Life Study (Miami)	\$32,582
MDMA for PTSD Study (Jordan)	\$28,616
Observational Ibogaine Study IOA4 (New Zealand)	\$15,000
Observational Ibogaine Study IOA3 (Mexico)	\$14,519
Vaporizer study	\$10,364
Start Up Fund/UMass Amherst	\$6,870
Ketamine Research	\$1,000
Creativity Study	\$1,000
<b>Total Restricted Funds</b>	<b>\$241,572</b>

**STUDY Yet To Raise**

MDMA for PTSD Study, Veterans of War (US)	\$15,921
MDMA for PTSD, Intern Study (US)	\$163,514
MDMA for PTSD Study, PTSD Relapse Extension (US)	\$15,776
MDMA for PTSD Study, Long-Term Follow-Up Extension (US)	\$5,512
MDMA for PTSD Study (Canada)	\$230,560
MDMA for PTSD Study (Jordan)	\$56,050
MDMA for PTSD Study (Israel)	\$212,118
MDMA for PTSD Study (Australia)	\$49,489
Phase 1 Psychological Effects Study, Therapist Training (US/International)	\$24,380
Cannabis for PTSD Study (US)	\$10,000
<b>TOTAL</b>	<b>\$783,320</b>
5/31/11 Unrestricted = Assets - Restricted Funds - Passsthroughs (from BSR)	\$851,823
Unrestricted Research Reserve	-\$783,319
<b>Operational Reserve</b>	<b>\$68,504</b>

**Chart 4 - Expenses Summary 2010-2011 PRINTING, PUBLICATIONS, ROYALTIES**

MAPS Bulletin	\$35,706
MAPS Monthly Email Updates	\$5,576
MAPS-Published Book: Mavericks of the Mind	\$2,288
MAPS-Published Book: Honor Thy Daughter	\$10,770
Royalties for Hofmann's LSD: My Problem Child Information/Copies	\$5,026
<b>TOTAL PRINTING, PUBLICATIONS, ROYALTIES</b>	<b>\$60,866</b>

**WEB**

Website Content Management System (CMS) Upgrade	\$7,290
Web Forum and Online Discussion Group	\$75
Web Administration	\$2,593
Web Hosting	\$8,632
Web Content	\$9,469
<b>TOTAL WEB</b>	<b>\$28,059</b>

**CORE EDUCATIONAL EVENTS**

25th Anniversary Bay Area	\$4,387
Regional Events: Texas	\$6,604
Regional Events: Boulder	\$10,533
Regional Events: Denver	\$2,515
Regional Events: Los Angeles Catalysts Conference	\$45,387
Psychedelic Science in the 21st Century Conference	\$28,171
Online Video Education Project	\$13,723
2011 Staff Retreat	\$7,001
Education Projects General	\$27,525
<b>TOTAL CORE EDUCATIONAL EVENTS</b>	<b>\$145,846</b>

**CORE EDUCATION PROJECTS****\$234,771****OTHER EDUCATIONAL PROJECTS**

Burning Man 2010	\$1,913
Harm Reduction	\$442
Social Media	\$991
Conference: American Psychologist Association	\$7,102
Conference: International Federation of Psychotherapy	\$1,276
Conference: Horizons	\$10,832
Conference: Ibogaine (Barcelona)	\$3,176
Conference: Lightning in a Bottle	\$1,545
Conference: NORML 40th Anniversary	\$2,439
Conference: Telluride Mushroom Festival	\$2,983
Conference: Breaking Convention	\$3,261
Conference: International Transpersonal Association (Moscow)	\$3,427
Conference: Entheogenesis (Australia)	\$1,670
<b>TOTAL OTHER EDUCATIONAL PROJECTS</b>	<b>\$41,057</b>

**RESEARCH PROJECTS**

Observational Study of Ayahuasca and Addiction (Canada)	\$10,040
Observational Ibogaine Study IOA3 (Mexico)	\$15,057
LSD and End of Life Study (Switzerland)	\$27,898
Beckley Psilocybin Brain Imaging Study (UK)	\$10,040
Vollenweider Physiological Study with MDMA/PTSD Subjects at University of Zurich (Switzerland)	\$5,040
MDMA Literature Review	\$6,063
MDMA Treatment Manual	\$4,769
NIMH Grant for MDMA Treatment Manual	\$425
MDMA for PTSD Study (US)	\$19,236
MDMA for PTSD Study, Long-Term Follow-Up Extension (US)	\$7,502
MDMA for PTSD Study, PTSD Relapse Extension (US)	\$5,845
MDMA for PTSD Study (Switzerland)	\$30,666
MDMA for PTSD Study (Israel)	\$33,293
MDMA for PTSD Study (Canada)	\$8,615
MDMA for PTSD Study (Spain)	\$2,132
MDMA for PTSD Study (Jordan)	\$21,846

MDMA for PTSD Study, Veterans of War (US)	\$147,520
MDMA for PTSD Study: Wellcome Trust Grant Proposal (UK)	\$1,347
MDMA for PTSD Study, Site-by-Site CAPS Differences (International)	\$388
Phase 1 Psychological Effects Study, Therapist Training (US/International)	\$17,647
MDMA Research General	\$54,791
Mithoefer Supervisory and Public Relations Time	\$34,333
Clinical Research Randomization Software	\$2,250
MAPS Researchers' Retreat 2010	\$2,092
Marijuana Production Facility/UMass Amherst	\$16,029
Cannabis for PTSD Study (US)	\$9,418
Clinical Research General	\$61,579
<b>TOTAL RESEARCH PROJECTS</b>	<b>\$555,859</b>

**EDUCATION PROJECTS FISCAL SPONSORSHIP**

Bluelight Forum (Income: \$7,000)	\$6,930
Conceptafilm (Income: \$13,807)	\$13,782
Women's Alliance for Medical Marijuana (WAMM) (Income: \$300)	\$2,712
WAMM Movie (Income: \$550)	\$550

**TOTAL EDUCATION PROJECTS FISCAL SPONSORSHIP (NET of Income) \$2,317****ART AND PRODUCTS FOR RESALE**

Products	\$21,080
Art for Resale	\$5,188
<b>TOTAL ART AND PRODUCTS</b>	<b>\$26,268</b>

**COMPENSATION OF OFFICERS, DIRECTORS, ETC AND OTHER SALARIES AND WAGES \$215,804****PROJECT RELATED STAFF AND OFFICE EXPENSES**

Accounting fees	\$6,628
Management fees	\$1,800
Telephone	\$18,713
Postage and Shipping	\$18,966
Occupancy	\$40,383
Equipment Rental and Maintenance	\$3,821
Travel	\$4,881
Other Conferences and Events	\$11,280
Extraordinary Back Payroll Taxes (from 2007)	\$4,144
Bank fees, Credit Card fees, Licenses	\$11,210
Sales Tax	\$1,963

**TOTAL PROJECT RELATED STAFF AND OFFICE EXPENSES \$123,789****RETIREMENT, HEALTHCARE, AND EDUCATION BENEFITS**

Healthcare and Education	\$33,635
Retirement Funds Payout	\$26,915

**TOTAL RETIREMENT, HEALTHCARE, AND EDUCATION BENEFITS \$60,550****OFFICE EQUIPMENT \$19,476****CREDITS: REFUNDS/ADJUSTMENTS -\$2,704****FUNRAISING EXPENSES \$71,231****PAYROLL TAXES \$36,088****Grand Total \$1,384,508**

Chart 6

**MAPS Actual Expenses Estimated Expenses**Projected Expenses FY 10-11/11-12 FY11-12 as of 11/1/11 FY11-12 as of 11/1/11  
Under Low Condition

	Actual	Estimated	Actual	Estimated
<b>Research Projects</b>				
Observational Study of Ayahuasca and Addiction (Canada)	\$5,000	\$5,000		
Ibogaine for Addiction Clinical Study	\$0	\$15,000		
Observational Ibogaine for Addiction Study (Mexico)	\$3,628	\$13,000		
Observational Ibogaine for Addiction Study (New Zealand)	\$3,230	\$15,000		
LSD and End of Life Study (Switzerland)	\$35,215	\$36,225		
MDMA Literature Review	\$950	\$6,000		
MDMA Treatment Manual	\$323	\$5,000		
NIMH Grant for MDMA Treatment Manual	\$0	\$2,500		
MDMA for Autism Research	\$0	\$15,000		
MDMA for PTSD Study (US)	\$1,219	\$3,000		
MDMA for PTSD Study, Long-Term Follow-Up Extension (US)	\$3,034	\$10,000		
MDMA for PTSD Study, PTSD Relapse Extension (US)	\$2,966	\$25,000		
MDMA for PTSD, Intern Study (US)	\$1,581	\$50,000		
MDMA for PTSD Study (Switzerland)	\$23,968	\$24,000		
MDMA for PTSD Study (Israel)	\$10,288	\$125,000		
MDMA for PTSD Study (Canada)	\$1,059	\$90,000		
MDMA for PTSD Study (Jordan)	\$1,358	\$25,000		
MDMA for PTSD Study, Veterans of War (US)	\$128,602	\$235,000		
MDMA for PTSD Study (Australia)	\$511	\$25,000		
MDMA for PTSD Study: Wellcome Trust Grant Proposal (UK)	\$265	\$5,000		
MDMA for PTSD Study, Site-by-Site				
CAPS Differences (International)	\$17	\$4,000		
Phase 1 Psychological Effects Study,				
Therapist Training (US/International)	\$2,371	\$15,000		
MDMA Research General	\$11,155	\$55,000		
Mithoefer Supervisory and Public Relations Time	\$8,902	\$50,500		
Marijuana Production Facility/UMass Amherst	\$2,500	\$2,500		
Cannabis for PTSD Study (US)	\$627	\$10,000		
Clinical Research General	\$18,686	\$45,000		
<b>Research Subtotal</b>	<b>\$267,455</b>	<b>\$911,725</b>		
<b>Operations</b>				
Products	\$2,596	\$3,500		
Printing/Copies	\$841	\$5,000		
Information (Subscriptions/Reference)	\$27	\$500		
Phones	\$5,001	\$18,000		
Postage	\$7,735	\$20,000		
Equipment Rental (Pitney Bowes)	\$500	\$2,000		
Refunds & Reimbursements	\$1,063	\$2,500		
2012 Staff Retreat	\$0	\$7,000		
Management	\$58,396	\$115,000		
Accounting and I/T	\$7,258	\$40,000		
Development	\$29,585	\$76,000		
Admin Assistant	\$12,073	\$30,000		
Membership and Sales	\$24,516	\$50,000		
Volunteer Coordination	\$13,704	\$25,000		
Marketing/Advertising/Communication	\$4,732	\$40,000		
Conference Fees/Special Events	\$9,543	\$15,000		
Tax Preparation/Audit	\$21,621	\$25,000		
Staff Travel	\$4,608	\$8,000		
Salary & Taxes	\$32,371	\$50,000		
Retirement Benefits	\$0	\$23,935		
Education Benefits	\$2,917	\$7,000		
Healthcare Benefits	\$14,277	\$30,000		
Corporate Fees (Bank, credit card, etc)	\$8,534	\$11,000		
Sales Tax	\$0	\$1,800		
Other Rent/Property Insurance/Utilities	\$573	\$5,000		
Office Rent Santa Cruz	\$17,295	\$36,000		
Office Supplies	\$3,532	\$7,000		
Adjustment of Fine from 2007 Late Tax Penalty	-\$4,232	-\$4,232		
<b>Operational Subtotal</b>	<b>\$279,066</b>	<b>\$650,003</b>		
<b>Totals</b>				
			<b>\$761,216</b>	<b>\$1,961,615</b>
<b>Education Projects</b>				
MAPS Hungary/Dutch Ayahuasca Conference	\$1,450	\$1,450		
MAPS Canada	\$2,893	\$4,000		
Social Media	\$508	\$1,500		
MAPS-Published Book: Honor Thy Daughter	\$2,609	\$4,000		
MAPS-Published Book: Healing With Entactogens	\$0	\$4,000		
Publishing	\$2,464	\$5,000		
Burning Man	\$4,116	\$4,116		
Conference: Drug Policy Alliance	\$4,002	\$5,000		
Conference: Lightning in a Bottle	\$1,379	\$1,379		
Conference: SF Cannabis Cup	\$2,307	\$2,307		
Conference: Telluride Mushroom Festival	\$2,856	\$2,856		
MAPS Conference: 25th Anniversary				
Cartographie Psychedelica	\$91,598	\$200,000		
Conference: Horizons	\$2,287	\$2,287		
Regional Events: New York City	\$3,731	\$3,731		
Regional Events: Portland	\$5,513	\$5,513		
Regional Events: Seattle	\$11,558	\$11,558		
Regional Events: Victoria	\$3,608	\$3,608		
Regional Events: Vancouver	\$16,740	\$16,740		
MAPS/DogStar Psychedelicatessen	\$0	\$1,500		
MAPS Bulletin	\$4,828	\$37,250		
Internet/Webhosting	\$3,354	\$5,000		
Information Technology	\$5,263	\$7,500		
MAPS Website Redesign	\$0	\$6,000		
MAPS Monthly Email Updates	\$2,492	\$4,000		
Web Content	\$4,508	\$6,000		
Education Projects General	\$666	\$2,500		
<b>Education Subtotal</b>	<b>\$180,730</b>	<b>\$348,795</b>		

Chart 7

**MAPS' Phase 2 MDMA/PTSD Studies Expenses 2008-2013**

in Preparation for FDA/EMEA End-of-Phase 2 Meeting

Study	Actual 2008-09	Actual 2009-10	Actual 2010-11	2011-12	2012-13
MDMA for PTSD Study (US)	\$194,600	\$110,000	\$19,241	\$3,000	\$0
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (US)	\$0	\$3,939	\$7,507	\$10,000	\$0
MDMA for PTSD Study, PTSD Relapse Extension (US)	\$0	\$0	\$5,845	\$25,000	\$0
MDMA for PTSD Study, Veterans of War (US)	\$1,570	\$35,806	\$147,600	\$235,000	\$111,355
MDMA for PTSD Study, Veterans of War,					
Long-Term Follow-Up Extension (US)	\$0	\$0	\$0	\$0	\$10,000
MDMA for PTSD Study (Switzerland)	\$48,000	\$33,500	\$30,666	\$24,000	\$0
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (Switzerland)	\$0	\$0	\$5,000	\$0	\$0
MDMA for PTSD Study (Israel)	\$13,250	\$27,308	\$33,696	\$125,000	\$81,948
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (Israel)	\$0	\$0	\$0	\$0	\$10,000
MDMA for PTSD Study (Canada)	\$21,600	\$9,814	\$8,615	\$90,000	\$150,584
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (Canada)	\$0	\$0	\$0	\$0	\$10,000
MDMA for PTSD Study (Jordan)	\$3,470	\$31,456	\$21,458	\$25,000	\$54,666
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (Jordan)	\$0	\$0	\$0	\$0	\$5,000
MDMA for PTSD Study (UK)	\$0	\$0	\$1,347	\$5,000	\$0
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (UK)	\$0	\$0	\$0	\$0	\$0
MDMA for PTSD Study (Australia)	\$0	\$0	\$0	\$25,000	\$25,000
MDMA for PTSD Study, Long-Term					
Follow-Up Extension (Australia)	\$0	\$0	\$0	\$0	\$0
MDMA for PTSD Study, Intern Study	\$0	\$0	\$0	\$50,000	\$200,000
MDMA for PTSD Study, Intern Study,					
Long-Term Follow-Up Extension	\$0	\$0	\$0	\$0	\$10,000
MDMA for PTSD Study (Spain)	\$3,640	\$365	\$2,132	\$0	\$0
<b>Associated Projects</b>					
MDMA for PTSD Studies, End-of-Phase-2					
Meeting w/ FDA	\$0	\$0	\$0	\$0	\$50,000
MDMA Literature Review	\$3,340	\$3,256	\$6,063	\$6,000	\$3,500
NIMH Grant for MDMA Treatment Manual	\$640	\$8,752	\$5,219	\$7,500	\$5,000
Phase 1 Psychological Effects Study,					
Therapist Training (US/International)	\$9,600	\$15,038	\$17,652	\$15,000	\$25,000
MDMA Research Retreats	\$7,236	\$27,067	\$2,092	\$0	\$25,000
Mithoefer Supervisory and Public Relations Time	\$0	\$27,951	\$33,975	\$50,500	\$64,500
MDMA for PTSD Study, Site-by-Site					
CAPS Differences (International)	\$0	\$0	\$400	\$4,000	\$4,000
MDMA Autism	\$0	\$0	\$0	\$15,000	\$0
MDMA Research General	\$1,830	\$11,404	\$54,911	\$55,000	\$15,000
Clinical Research General	\$13,360	\$38,036	\$38,885	\$45,000	\$35,000
<b>Total MDMA-Related Expenses</b>	<b>\$322,136</b>	<b>\$383,692</b>	<b>\$442,304</b>	<b>\$815,000</b>	<b>\$895,553</b>
<b>Multi-Year Projected Costs</b>					
			<b>\$1,148,132 over past three years</b>		
			<b>\$1,710,553 over next two years</b>		

**Chart 8**  
**Projected One Page Fiscal Summary FY 2011-12**  
**Twelve Months Ending May 31, 2012**

<b>Revenue</b>	<b>Actuals as of Nov. 1, 2011</b>	<b>Low</b>	<b>Med</b>	<b>High</b>
Event Income	\$101,554	\$237,500	\$255,000	\$280,000
Major Donors (Restricted)	\$251,391	\$528,750	\$578,000	\$627,250
Major Donors (Unrestricted)	\$206,500	\$663,950	\$719,700	\$781,950
Donors (< \$1000)	\$70,817	\$145,000	\$160,000	\$180,000
Product Sales	\$35,680	\$60,000	\$70,000	\$80,000
Investments	\$4,345	\$7,000	\$9,000	\$11,000
<b>Total Revenue</b>	<b>\$670,287</b>	<b>\$1,642,200</b>	<b>\$1,791,700</b>	<b>\$1,960,200</b>
<b>Cost of Goods Sold</b>	<b>\$2,434</b>	<b>\$4,000</b>	<b>\$5,000</b>	<b>\$7,500</b>
<b>Gross Profit</b>	<b>\$667,852</b>	<b>\$1,638,200</b>	<b>\$1,786,700</b>	<b>\$1,952,700</b>
<b>Expenses Actuals Low Med High</b>				
Research Expenses	\$267,455	\$911,725	\$911,725	\$911,725
Education Expenses	\$180,730	\$348,795	\$348,795	\$348,795
Operations	\$279,066	\$657,503	\$657,503	\$657,503
Capital Purchases	\$8,739	\$10,000	\$10,000	\$10,000
Total Expenses	\$735,990	\$1,928,023	\$1,928,023	\$1,928,023
<b>Net Profit (Income - COGS - Exp)</b>	<b>-\$68,139</b>	<b>-\$289,823</b>	<b>-\$141,323</b>	<b>\$24,677</b>
<b>Other Income and Expense</b>	<b>Actuals</b>	<b>Low</b>	<b>Med</b>	<b>High</b>
Pass Through Income	\$22,922	\$30,000	\$85,000	\$160,000
Pass Through Payments	\$22,792	\$29,592	\$80,750	\$152,000
Total Other Income and Expenses	\$130	\$408	\$4,250	\$8,000
Total Income	-\$68,009	-\$289,415	-\$137,073	\$32,677
Projected Summary FY 2011-12	Actuals	Low	Med	High
Total Income for FY	\$693,208	\$1,672,200	\$1,876,700	\$2,120,200
Total Expenses for FY	\$761,217	\$1,961,615	\$2,013,773	\$2,087,523
<b>Total Income</b>	<b>-\$68,009</b>	<b>-\$289,415</b>	<b>-\$137,073</b>	<b>\$32,677</b>
Spent from Restricted Funds as of 6/1/11	\$121,372	\$168,862	\$168,862	\$168,862
Change in Assets after Restricted	\$53,363	-\$120,553	\$31,789	\$201,539

### Concluding Comments

As this year-end financial report is being written, MAPS' clinical research team, led by Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N., is writing a scientific paper about the results of our long-term follow-up study to our initial US MDMA/PTSD study. We've gathered follow-up data at a mean of 41 months (almost 3.5 years) after the last MDMA-assisted psychotherapy session. We've found that, on average, the decline in PTSD symptoms has sustained over time, demonstrating that there our experimental treatment has lasting benefits. Once this paper is published in a peer-reviewed journal, we anticipate that there will be an increased interest in MAPS' MDMA/PTSD research by mainstream PTSD researchers, by the media, and by the public. This should help with fundraising for the expansion of our Phase 2 studies. We'll also be working on papers about the results from our completed Swiss MDMA/PTSD pilot study and our Swiss LSD/end-of-life anxiety study, both of which demonstrated safety and trends toward efficacy and will generate additional support for our research plan.

While our U.S. MDMA/PTSD study in veterans will not be completed in FY 11-12, it will be about half completed. Media reports about this study will also generate increased interest in MAPS' research, supporting our increasingly ambitious fundraising efforts. We assume that support from the Veterans Administration for MDMA/PTSD research in veterans will not be likely until after this study is completed. This will be even more likely if we generate results in this patient population that are as compelling as those from our initial U.S. MDMA/PTSD study, which was almost entirely in survivors of rape, assault, and childhood sexual abuse.

Unfortunately, the Public Health Service rejected MAPS' marijuana/PTSD protocol after the FDA had approved it. The PHS reviewers evaluated the protocol from a basic science perspective rather than from a drug development perspective. As a result, the National

Institute on Drug Abuse will not sell us any of its marijuana. The study is temporarily halted, since NIDA has a monopoly on the supply of marijuana legal for use in federally regulated clinical research. We have received favorable media coverage for our planned marijuana/PTSD study in *The New York Times*, while the PHS rejection was covered critically in both an article and an op-ed in the *Washington Post*. We'll reapply, of course, but getting approval for this study has become a long-term struggle, and our success will depend in part on our ability to mobilize veterans to pressure NIDA to let it take place.

Our 10-year legal struggle with the DEA is moving to the First Circuit Court of Appeals. We are still seeking to end the NIDA monopoly by obtaining a DEA license for Professor Lyle Craker of the University of Massachusetts-Amherst to produce marijuana under contract to MAPS for federally regulated research. We're going to be tied up in the appeals process for another several years, and have fortunately obtained pro-bono legal representation from the major Washington, DC, law firm Covington & Burling.

MAPS' profile will be raised even further following our 25<sup>th</sup> anniversary conference, which will be held in Oakland, CA, just about the time this *MAPS Bulletin* arrives in our members' mailboxes.

As you can see from our projected income and expenses for FY 11-12, we're anticipating further growth in FY 11-12. This growth is largely dependent on the willingness of current MAPS members to continue to expand their support, and on our ability to attract and retain new members. As you contemplate your own year-end charitable donations, please consider making a generous donation to MAPS and mentioning MAPS in your will.

During this 25<sup>th</sup> anniversary of MAPS, our past accomplishments justify all of us feeling proud for having worked together. Our future potential is dazzling. •

# Summary

## MAPS Clinical Studies Summary

Multidisciplinary Association for Psychedelic Studies • www.maps.org

### **MDMA-Assisted Psychotherapy for PTSD in Veterans of War**

**Charleston, South Carolina**

**Total cost: \$595,000 (\$16,000 still needed)**

**Clinical Investigators: Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N.**

Our current top priority project is our ongoing Phase 2 study of MDMA-assisted psychotherapy for 16 U.S. veterans with chronic, treatment-resistant PTSD. This study has now enrolled over a third of its subjects, all of whom suffer from PTSD as a result of military service, and is continuing to enroll and treat subjects. This study uses a sophisticated randomized, triple-blind, placebo-controlled protocol. During the three-month course of psychotherapy, all subjects receive weekly non-drug psychotherapy and three daylong MDMA-assisted psychotherapy sessions, scheduled three to five weeks apart. In addition to providing evidence for the safety and efficacy of MDMA-assisted psychotherapy for chronic, treatment-resistant PTSD, we are also using this study to develop techniques for standardizing both data collection and the therapy itself. Since our flagship study primarily involved female survivors of sexual abuse and assault, we hope this study will show that the benefits of MDMA-assisted psychotherapy extend to the population of veterans with war-related PTSD.

### **MDMA-Assisted Psychotherapy for PTSD (Flagship Pilot Study) (complete)**

**Charleston, South Carolina**

**Total cost: \$1,250,000**

**Clinical Investigators: Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N.**

Our flagship Phase 2 pilot study of MDMA-assisted psychotherapy for 20 veterans with chronic, treatment-resistant PTSD stemming from sexual abuse, violent crime, or war was completed in late 2008, and the outstanding results were published in July 2010 in the *Journal of Psychopharmacology*. Over 80% of the subjects who went through MDMA-assisted psychotherapy no longer qualified for a PTSD diagnosis, compared with 25% in the placebo group. The paper announcing these results was the journal's most downloaded article in 2010. This study was the first study ever to investigate a therapeutic application of MDMA under an FDA Investigational New Drug application. A long-term follow-up of subjects in this study (see next item) showed the benefits of MDMA-assisted psychotherapy were maintained an average of 3 and a half years later.

### **MDMA-Assisted Psychotherapy for PTSD (Flagship Long-Term Follow-Up Study)**

**Charleston, South Carolina**

**Total cost: \$10,000 (\$6,000 still needed)**

**Clinical Investigators: Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N.**

MAPS recently completed a long-term follow-up study of subjects who participated in our flagship Phase 2 pilot study of MDMA-assisted psychotherapy for PTSD. This study was intended to determine whether the outstandingly positive results of the original study persisted over time. The preliminary analysis shows that benefits from treatment with MDMA-assisted psychotherapy were maintained over time. An average of 41 months (about 3 and a half years) after completing the study, average scores on the Clinician-Administered PTSD Scale (CAPS) were statistically equivalent to those measured at the end of the treatment period. A few subjects did experience relapses, and these individuals will be eligible to enroll in our "relapse study" (see below). MAPS' clinical research team is currently preparing a manuscript detailing the results of the study. Once the manuscript is complete, it will be submitted for publication in a peer-reviewed scientific journal.

### **MDMA-Assisted Psychotherapy for PTSD (Relapse Study)**

**Charleston, South Carolina**

**Total cost: \$31,000 (\$16,000 still needed)**

**Clinical Investigators: Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N.**

Our long-term follow-up to our flagship Phase 2 clinical trial of MDMA-assisted psychotherapy for PTSD revealed that although over 80% of the subjects in our previous study no longer met criteria for PTSD two months after treatment, for several subjects symptoms did eventually return. Benefits from MDMA-assisted psychotherapy tended to persist over time during the long-term follow-up, conducted an average of 41 months after treatment. Our new "relapse study" will attempt to determine whether a single additional open-label MDMA-assisted psychotherapy session along with several non-drug psychotherapy sessions can enable these subjects to once again be free of a PTSD diagnosis. This study is now preparing to enroll subjects.

### **MDMA-Assisted Psychotherapy for PTSD (complete) Solothurn, Switzerland**

**Total cost: \$300,000**

**Clinical Investigators: Peter Oehen, M.D., and Verena Widmer, R.N.**

In January 2011, the final long-term follow-up visit was completed in MAPS' Swiss study of MDMA-assisted psychotherapy for PTSD. The clinical research team has closed and locked the database, officially concluding the data collection portion of the study. A preliminary analysis suggests that the Clinician-Administered PTSD Scale (CAPS), which is the primary measure of PTSD symptom severity, showed a trend towards improvement after treatment, with CAPS reductions somewhat larger than in comparable studies of Zolof and Paxil. The Posttraumatic Diagnostic Scale (PDS), which is the secondary measure of PTSD symptoms completed by the subjects, also showed statistically significant improvements in symptoms after treatment. The clinical team is now preparing a paper describing the results for publication in a peer-reviewed scientific journal.

### **MDMA-Assisted Psychotherapy for PTSD**

**Vancouver, Canada**

**Total cost: \$310,000 (\$231,000 still needed)**

**Clinical Investigators: Ingrid Pacey, M.D., and Andrew Feldmár, M.A.**

The goal of our 12-person Canadian study, designed similarly to our Swiss study, is to learn if we can replicate the outstanding results of our U.S. study. Our Canadian study will be conducted in a similar cultural context as our U.S. study. Ingrid Pacey, M.D., a psychiatrist and certified Grof Holotropic Breathwork practitioner, and Andrew Feldmár, M.A., a Hungarian-Canadian psychologist and disciple of R.D. Laing, are the male/female co-therapists conducting this study. Both of these experienced and highly trained therapists worked with MDMA-assisted psychotherapy prior to its criminalization and share a theoretical orientation with our U.S. and Swiss teams. We're using two senior therapists in Canada to give us the best chance to replicate the outstanding U.S. results. We are currently awaiting final approval from Health Canada following a security inspection of the pharmacy that will be used to store the MDMA. Once approved, this will be the first clinical psychedelic study in Canada since the mid-1970s.

### **MDMA-Assisted Psychotherapy for PTSD Tel Aviv, Israel**

**Total cost: \$260,000 (\$212,000)**

**Clinical Investigator: Moshe Kotler, M.D.**

Building on our experience with previous studies, MAPS has determined that pairing traditionally trained psychiatrists with others with more direct experience working with altered states of consciousness may help produce a more effective therapeutic team. For this reason, our new Israeli study of MDMA-assisted psychotherapy for PTSD will employ three (rather than two) male/female co-therapist teams in order to increase enrollment rates and provide more opportunities for therapists to learn from each other. The variety of expertise brought to the therapeutic sessions by these co-therapist teams should make them more effective at achieving positive treatment outcomes. The study has the full approval of Israeli regulatory bodies including the Israeli Ministry of Health and an Ethics Committee. The protocol will also be submitted to the US FDA, which must prospectively approve the study before we can start enrolling subjects since it is being conducted under a US Investigational New Drug application.

### **MDMA-Assisted Psychotherapy for PTSD**

**Amman, Jordan**

**Total cost: \$141,000 (\$56,000 still needed)**

**Clinical Investigator: Nasser Shuriquie, M.D.**

MAPS is working to conduct an MDMA/PTSD pilot study in Jordan as part of our efforts to explore whether MDMA-assisted psychotherapy can be successfully conducted in a range of cultural contexts. These cultural differences will require us to think ever more carefully about the core elements of our therapeutic approach and how we teach them to our therapist teams. The study will explore the safety and effectiveness of three MDMA-assisted psychotherapy combined with traditional therapy for 12 subjects with chronic, treatment-resistant PTSD. The first two subjects in the study will participate in a full-dose open-label lead-in portion in order to train our Jordanian co-therapists in our manualized treatment method. This study also uses a slightly higher active placebo dose (40mg MDMA) than our other studies to help gather more data on the relative effectiveness of a range of doses. The study is currently awaiting clearance from the Jordanian Food and Drug Administration (JFDA).

### **MDMA-Assisted Psychotherapy for PTSD Australia**

**Total cost: \$125,000 (\$50,000 still needed)**

**Clinical Investigator: Stuart Saker, M.D.,  
and Fiona MacKenzie, M.Psych**

MAPS is now working with a group of researchers in Australia to plan a new study of MDMA-assisted psychotherapy for subjects with chronic, treatment-resistant PTSD. This study is in the protocol development process. Planning for Phase 3 of our MDMA-assisted psychotherapy for PTSD research program involves determining which study sites and which cultural contexts are most likely to produce the most significant results. Conducting our ongoing series of Phase 2 clinical trials in a variety of international contexts helps us determine whether and to what extent the effectiveness of MDMA-assisted psychotherapy for PTSD depends on language and culture, as well as subject demographics and independent rater variables.

### **MDMA-Assisted Psychotherapy for PTSD (Intern Study) Boulder, Colorado**

**Total cost: \$265,000 (\$164,000 still needed)**

**Clinical Investigator: Marcela O'Alora, M.A.**

MAPS is currently planning a Phase 2 "intern study" to investigate the effectiveness of MDMA-assisted psychotherapy for PTSD when one member of the standard male/female co-therapist team is a healthcare intern (being trained in therapy, social work, or nursing). The other member of the team will be a professional therapist trained in our treatment method. As interns work for free in exchange for fulfilling required training hours under professional supervision, this approach would reduce costs and train the next generation of psychedelic therapists. Subjects will be U.S. veterans with chronic, treatment-resistant PTSD, mostly from the Iraq, Afghanistan, or Vietnam wars, along with survivors of childhood sexual abuse, assault, rape, and others.

### **MDMA-Assisted Psychotherapy Training Study Charleston, South Carolina**

**Total cost: \$85,000 (\$25,000 still needed)**

**Clinical Investigators: Michael Mithoefer, M.D.,  
and Annie Mithoefer, B.S.N.**

This protocol is in healthy subjects, rather than in subjects with PTSD. This protocol is a placebo-controlled, double-blind, randomized, cross-over study in which we administer a single MDMA-assisted psychotherapy session to up to 20 therapists as part of their training to conduct MAPS' MDMA-assisted psychotherapy for PTSD studies, while also conducting a series of evaluations of the psychological effects of MDMA administered to healthy volunteers in a therapeutic context. This study has full clearance both from the FDA and an independent Institutional Review Board, and is now enrolling and treating subjects.

### **LSD-Assisted Psychotherapy for Anxiety Associated with Advanced-Stage Illness (complete)**

**Solothurn, Switzerland**

**Total cost: \$200,000**

**Clinical Investigator: Peter Gasser, M.D.**

MAPS is proud to have completed the first study of the therapeutic use of LSD in humans in more than 35 years. The twelfth and final subject in our Swiss study of LSD-assisted psychotherapy for anxiety associated with advanced-stage illness was treated in May 2011, and half have now completed the long-term follow-up portion. In 30 treatment sessions, not a single subject experienced a severe negative reaction (serious adverse event, or SAE) such as a psychotic experience, suicidal crisis, flashback, or severe anxiety ("bad trip"). According to Clinical Investigator Peter Gasser, M.D., all 12 patients reported benefits from the treatment—however, it is too early to say whether the results will be statistically significant. Regardless of statistical significance, however, the preliminary results indicate that the risk of administering LSD in carefully controlled clinical settings is acceptably low, and that there is a promising future for LSD research.

### **Marijuana for Symptoms of PTSD in Veterans of War Phoenix, Arizona**

**Total cost: \$20,000 for protocol development and  
approval (\$10,000 still needed)**

**Clinical Investigator: Sue Sisley, M.D.**

MAPS' proposed pilot study of marijuana for 50 veterans with chronic, treatment-resistant PTSD is at a standstill, following a refusal by the US Department of Health and Human Services (HHS) to sell us marijuana for the study. Despite the fact that the FDA cleared the study in April 2010, the monopoly held by the National Institute on Drug Abuse (NIDA) (a division of HHS) on the supply of marijuana for medical research allows it to deny researchers permission to purchase marijuana regardless of FDA clearance. We are now preparing a detailed response to the reviewers' concerns, though the contradictory and misinformed nature of their critiques reveals their basic unwillingness to allow research into the possible beneficial uses of marijuana for suffering veterans. MAPS, in collaboration with Professor Lyle Craker of the University of Massachusetts-Amherst, the American Civil Liberties Union, and pro bono support from prestigious Washington, D.C., law firm Covington & Burling LLP, are also suing the Drug Enforcement Administration in the First Circuit Court of Appeals for refusing to let us break the NIDA monopoly by starting our own medical marijuana farm. If approved, this study would be the first clinical outpatient study of marijuana for PTSD.

### **Ibogaine Treatment for Addiction and Dependence Playas de Tijuana, Mexico**

**Total cost: \$32,000**

**Principal Investigator: Thomas Kingsley Brown, Ph.D.**

All 30 subjects have now been enrolled in our ongoing observational study of ibogaine treatment for addiction, taking place at an independent ibogaine clinic in Mexico. Given the increasing numbers of people around the world seeking ibogaine treatment for drug addiction, this study aims to gather evidence about the safety and effectiveness of the treatment and to compare different approaches to that treatment.

### **Ibogaine Treatment for Addiction and Dependence New Zealand**

**Total cost: TBD**

**Principal Investigator: Geoff Noller, Ph.D.**

Researchers are developing a new protocol to explore the safety and effectiveness of ibogaine treatment for addiction to take place at an independent ibogaine treatment center in New Zealand. This new observational study will provide additional data to complement our recently completed observational ibogaine treatment study in Mexico. This study will follow 20 to 30 subjects already enrolled in an ibogaine treatment program and evaluate the long-term effects of ibogaine treatment on addictive behaviors and overall quality of life. The protocol is currently under development, and the study will begin once it has been cleared by an independent Ethics Committee. This is an investigator-sponsored study with assistance from MAPS, and has been made possible by a generous \$25,000 grant for ibogaine research from Matt and Kristi Bowden of Stargate International.

### **Ayahuasca Treatment for Addiction and Compulsive Behaviors**

**British Columbia, Canada**

**Total cost: TBD**

**Principal Investigator: Gerald Thomas, Ph.D.**

Sponsored by MAPS Canada, this observational study is investigating the safety and long-term effectiveness of ayahuasca treatment for individuals suffering from addiction and dependence. Combining Western psychotherapeutic techniques with South American shamanic (Vegetalista) healing practices, this study is gathering preliminary evidence about the safety and effectiveness of ayahuasca-assisted therapy. Treatment consists of participation in a five-day retreat (facilitated by independent psychiatrist Gabor Maté, M.D.) including ayahuasca-assisted therapy, which may help reduce problematic substance use as well as addictions, compulsive behavior, and self-harming thought patterns. The study is being conducted in cooperation with a British Columbia First Nations band. All treatment sessions have now been completed, and the research team is collecting follow-up data from 15 study participants. •

# Connect

**Connect with MAPS**

Stay up-to-date with the latest media, events, and research news, and be a part of the growing psychedelic and medical marijuana research community.



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## Update on MDMA-Assisted Psychotherapy for PTSD:

### Building an International Research Program

By Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N.

Clinical Investigators and Co-Therapists

mmithoefer@mac.com, amithoefer@me.com

“The treatment manual we’ve created... conveys the essential elements of the therapy, while including enough flexibility to support each participant’s unique healing process and each therapist’s particular skills and intuition.”

As MAPS’ 25th anniversary approaches, we’re happy to report that MAPS-sponsored MDMA research is progressing in the US and other countries and is gaining increasing acceptance in the scientific community.

As we described a year ago in the *Bulletin*, the results of our first clinical trial of MDMA-assisted psychotherapy for PTSD (MP-1) were published in the *Journal of Psychopharmacology* in July 2010 (an online version can be found at <http://bit.ly/t3PSJZ>). The paper was subsequently chosen for review by the Faculty of 1000, an organization that “identifies and evaluates the most important articles published in Medicine” to recognize their “scientific merit and positive contribution...to the medical literature.” The reviews, written by prominent researchers from Emory University and the University of Chicago, were both favorable: one rated the paper as a “must read.” The *Journal of Psychopharmacology* also informed us that ours was the most frequently downloaded paper of 2010.

In November 2010, Dr. Mithoefer was invited by the American Medical Psychiatric Association’s journal *Psychiatric Times* to write an article about the future of MDMA in psychiatry. The article answered the question “Does MDMA Have a Role in Clinical Psychiatry?” (*Psychiatric Times*, Vol. 28 No. 5) with a resounding “yes”: MDMA is likely to have an increasingly important role, and much more research is still required.

We have also now completed a long-term follow-up of participants in our original flagship study. Our analysis shows that the substantial benefits resulting from MDMA-assisted psychotherapy were sustained for most participants from one to five years later (an average of 41 months). Dr. Mithoefer presented these long-term results at the 2010 meeting of the American Psychological Association in San Diego and the International Society for Traumatic Stress Studies (ISTSS) meeting in Montreal. We are now nearing completion of

a manuscript summarizing these results for submission to a medical journal.

Although the benefits of MDMA-assisted psychotherapy lasted a year or more for most participants in the original study, two of those individuals who responded well initially eventually had symptoms return. We recently received FDA, DEA, and Institutional Review Board (IRB) approval for a new protocol to offer one additional MDMA-assisted session to up to three people who experienced relapses with symptom scores at or above the level required for entry into the original study. We will begin this protocol in early 2012.

Our current main focus is our ongoing study of MDMA-assisted psychotherapy for veterans with PTSD (“A Randomized, Triple-Blind, Phase 2 Pilot Study Comparing 3 Different Doses of MDMA in Conjunction with Manualized Psychotherapy in 16 Veterans with Chronic Posttraumatic Stress Disorder”). These are veterans who have PTSD stemming from trauma during military service (either from combat or from sexual trauma while serving in the military) and who have not responded adequately to prior treatment with medications and/or psychotherapy. In this study, we are comparing three different doses of MDMA—low, medium, and full dose—rather than comparing full dose MDMA with an inactive placebo as we did in our original study. This design is intended to determine whether one of the lower doses could be an effective “active placebo,” making the subjects and investigators less likely to guess correctly which dose has been administered. Those who receive either a low or medium dose in the first three sessions are eligible to enroll in a second open-label portion (Stage 2) in which they receive three full-dose MDMA-assisted psychotherapy sessions.

Thus far, we have enrolled five participants in our U.S. veterans study: two women with military sexual trauma, and two men and one woman with combat related trauma. We

have been in contact with almost 100 veterans interested in participating, and 30 out of 37 potentially qualified subjects have passed the initial telephone screening. In addition to those already enrolled, two more have passed in-person screening and will be enrolled soon.

While it is still too early to report results, we are pleased with the way the study is progressing. We find it very gratifying to work with these veterans whose lives have been so severely affected by PTSD and who have not been adequately helped by treatments available at Veterans Administration hospitals and clinics. These men and women are acutely aware of the huge toll that PTSD exacts on veterans, and are not only highly motivated to do their own healing, but also very interested in new treatment methods that could eventually help their fellow veterans. We are also enjoying working with a fourth-year psychiatry resident from the Medical University of South Carolina who is getting credit for spending one day a week working with us on the protocol.

This and future MAPS studies of MDMA-assisted psychotherapy for PTSD represent important scientific advances in several ways. The first is that independent raters are watching videos of the study sessions and scoring them according to the manualized Adherence Measures that we have developed. This will enable us to evaluate whether both we and therapists in other studies are adhering to the Treatment Manual (<http://www.maps.org/treatmentmanual>) and using the same psychotherapeutic approach with each subject regardless of which dose of MDMA is administered. Highly qualified volunteers (psychiatrists, psychologists, and graduate students whom we have trained) are rating the sessions in the ongoing veterans study and will also be doing so for other studies.

Another way we are working to ensure that the same therapeutic approach is being used in all our studies is by developing a training program for additional independent raters, as well as continuing our existing training program for therapists working in other MAPS clinical trials. Although “manualizing” our largely non-directive approach to MDMA-assisted psychotherapy has been a challenge, doing so is necessary for the research

to move forward. We believe the Treatment Manual we’ve created (with the help of Dr. June Ruse and others) conveys the essential elements of the therapy, while including enough flexibility to support each participant’s unique healing process and each therapist’s particular skills and intuition. A consultant psychologist who is an expert in manualized therapy has also reviewed our Treatment Manual, and has determined that it is an effective manual for research purposes.



Annie Mithoefer, B.S.N., and Michael Mithoefer, M.D.

In addition to our U.S. veterans and relapse studies, we have also initiated a study in which enrollment is limited to therapists who have completed our MDMA-assisted psychotherapy training program and who intend to work as therapist/investigators in future MAPS-sponsored clinical trials. Our therapist training protocol is designed to gather information about the psychological effects of MDMA in healthy volunteers in a therapeutic setting, adding to our knowledge of the effects of MDMA in the context of clinical research.

It will also provide an opportunity for therapists working in clinical trials to have their own MDMA-assisted psychotherapeutic experience (if they choose). We believe this experience is likely to expand therapists’ knowledge and practical skills and give them a more complete grasp of the study drug as experienced by research participants. One therapist has already completed this protocol and another is scheduled to enroll in December 2011.

MAPS’ clinical MDMA research program has definitely picked up speed in recent years. As we continue our research in Charleston, we have made exciting progress by collaborating with teams in other countries and other parts of the U.S. Dr. Peter Oehen and his wife Verena Widmer in Switzerland have now completed their own study of MDMA-assisted psychotherapy for PTSD using a protocol similar to our U.S. flagship study, but using low-dose MDMA as an active placebo. Another study has been approved in Israel, and similar studies are nearing approval in Vancouver and Jordan, while other protocols are being planned in Australia, Colorado, and (possibly) England. At the 25-year mark, our progress is accelerating fast. Although there’s still a great deal to be done, now there’s no question that it can be accomplished. •

## Setting Standards for MDMA-Assisted Psychotherapy Research:

MAPS' New Training Program for Therapists and Independent Raters

By Amy Emerson, MAPS Clinical Program Manager and  
Berra Yazar-Klosinski, Ph.D., MAPS Lead Clinical Research Associate



amy@maps.org



berra@maps.org

THE PRIMARY GOAL OF MAPS' clinical development plan is to provide evidence for the safety and efficacy of MDMA-assisted psychotherapy for chronic, treatment-resistant PTSD. Our clinical trials aim to show that MDMA-assisted psychotherapy treatment is effective by achieving results that are measurable and reproducible as well as clinically and statistically significant. Achieving reproducible results across clinical studies requires us to standardize both our treatment methods and how we measure reduction in PTSD symptoms following therapy.

Standardized methods enable us to compare data across study sites, therapist teams, and subject populations, enhancing the reliability and accuracy of our results. MAPS has made significant progress in the area of standardization through the development of manuals, training programs, and criteria for evaluating adherence to the methods used in our international trials. Our new standardization programs are making it feasible to effectively train new generations of therapists and Independent Raters on our treatment and scientific methods

The principle measure we use to assess the effectiveness of our MDMA-assisted psychotherapy treatment is the Clinician-Administered PTSD Scale (CAPS). Clinicians and therapists worldwide use the CAPS to evaluate the severity of PTSD symptoms. Each of our clinical studies employs an Independent Rater not involved with the actual MDMA-assisted psychotherapy sessions. These Independent Raters do not know which treatment a participant receives during therapy (whether they received MDMA or placebo, high dose or low dose) and only sees the participant when it is time to measure PTSD symptoms.

In order to ensure that PTSD symptoms are measured consistently we have created a CAPS Training Manual for Independent Raters conducting the CAPS interviews in our PTSD studies, based on materials provided by the U.S. Veterans Administration (VA). The CAPS Training Manual is supplemented by video

tutorials of CAPS interviews, two supplied by the VA and the rest created from actual CAPS interviews with subjects enrolled in one of MAPS' clinical studies. Although the VA currently can only offer training on the CAPS to VA employees due to recent budget cuts, they have agreed to share the material with us. We have supplemented the VA training materials with additional instructions and videos to provide consistent training to all Independent Raters working on MAPS studies.

Another way we're working to standardize CAPS assessment across our international sites is by providing certified translations of CAPS interview questions in subjects' native languages. The process of creating a certified translation includes an original translation followed by back-translation into English to ensure that the meaning of the questions is preserved. By providing an official translation, we can ensure that Independent Raters

in other countries are able to ask participants CAPS interview questions in a consistent way. Without this, Independent Raters would need to translate the interview questions on the spot for each participant, creating inconsistencies in the way the interview is conducted. To date, we have translated the CAPS into both Hebrew and Arabic. Recognizing the utility of these translations, the National Center for PTSD has requested that we share the translations with them.

Our ongoing efforts to standardize MDMA-assisted psychotherapy treatment include the development of a Treatment Manual for conducting MDMA-assisted psychotherapy ([www.maps.org/treatmentmanual](http://www.maps.org/treatmentmanual)). Much of the work involved in creating this document was done concurrently with our completed flagship Phase 2 pilot study in Charleston, South Carolina, by Michael Mithoefer, M.D., Rick Doblin, Ph.D., Lisa Jerome, Ph.D., June May Ruse, Psy.D., and Elizabeth Gibson, M.S. This detailed manual provides therapists conducting MDMA-assisted psychotherapy with standardized methods to ensure that each participant in our trials receives a similar treatment during each experimental session. In addition to providing training to clinical trial investigators, seminars on the Treatment Manual have been an integral part of public workshops conducted at MAPS events.

Defining our treatment methodology is as important as creating predefined criteria to evaluate how well therapists adhere to it. In MAPS' clinical studies, this is accomplished by assessing videos of actual MDMA-assisted psychotherapy sessions to evaluate whether therapists understood and followed the methodology defined in the Treatment Manual. We are currently using these adherence criteria to rate videos of therapy sessions from our ongoing study of U.S. veterans and our recently completed Swiss study. This same rating procedure will also be completed in all future studies to ensure adherence to the therapy manual across sites and therapist teams.

MAPS' newly established Adherence Criteria Workgroup will address growing need for accurate assessments of therapist adherence to our treatment method. This workgroup, which includes Linnae Ponte, B.S., Berra Yazar-Klosinski, Ph.D. and Katie Hendy, M.A., will develop an Adherence Criteria rating program and associated training materials. This will allow MAPS to continually monitor the effectiveness of our standardization techniques for MDMA-assisted psychotherapy. In addition to conducting ratings across multiple studies, the Adherence Criteria Workgroup will also train additional raters on how to assess adherence to our methodology.

By standardizing our therapeutic method, measurements of PTSD severity, and the methods by which we assess adherence to the Treatment Manual, we hope to minimize variation across multiple Phase 2 pilot studies in preparation for a meta-analysis of our Phase 2 data. Standardization is a crucial step before we move on to the larger Phase 3 studies required for federal approval of MDMA-assisted psychotherapy as a legal treatment for PTSD. •

## Possibilities for Growth:

### A New Intern Study of MDMA-Assisted Psychotherapy for PTSD

By Marcela O'Alora G., M.A., LPC



motalorag@comcast.net

FOR THE PAST 27 YEARS, it has been my personal and professional passion to advocate for government approval of MDMA-assisted psychotherapy for the treatment of posttraumatic stress disorder (PTSD). I have looked forward to working as a clinician in a U.S. study since 1999, when I served as one of the co-therapists in an MDMA-assisted psychotherapy study in Spain. In the next few months, I will begin leading a new MAPS-sponsored study of MDMA-assisted psychotherapy in Boulder, Colorado.

Before the criminalization of MDMA and its placement as a Schedule I drug in 1985, I myself benefited from MDMA-assisted psychotherapy which helped restore my shattered trust, and allowed me to reclaim my sense of self-worth. This powerful experience led me to pursue a career in psychotherapy, and to advocate for the value of MDMA as a medicine in the treatment of PTSD.

After working with trauma for many years, I observed that one of the greatest challenges for people with PTSD is their distorted sense of self. Repeated exposure to painful memories reinforces the individual's sense that he or she is a victim, and the corresponding experience of guilt and shame produces additional feelings of unworthiness. MDMA-assisted psychotherapy offers a new perspective for working with these destructive symptoms. Specifically, in the context of therapy MDMA reduces fear while increasing feelings of self-acceptance and compassion for self and others. These benefits enable the client to see and experience the difference between the distorted self produced by trauma and the accepting, compassionate, and worthy self within them.

PTSD often shatters one's faith in one's own innate wisdom. My hope in working with trauma is that through enhanced awareness, we can remember what was forgotten in the darkness of despair: that at our core we are worthy and free of blame, that the world has meaning, and that there is potential for growth in every situation.

PTSD frequently robs the individual of the ability to grieve. The meaning of the Greek word for trauma is "to wound." A constantly aggravated wound has little chance to heal. When a loved one (or even a part of ourselves) dies the pain continues until we accept our loss—only then can we begin to grieve. Though difficult, the process of grieving comes with a sense of movement, and progress towards healing. This movement is the beginning of transformation.

This was my experience with taking MDMA in a therapeutic setting. Up to that time, the traumatic memories that constantly invaded my thoughts kept me stuck in pain; pain was my identity. Because of MDMA's ability to increase trust and compassion while reducing fear, I was finally able to experience my loss and begin my grieving process. It was my own first glimpse at the possibility of recovery.

MDMA's ability to reduce fear can allow people to explore their pain with trust and confidence. This enhanced trust and diminished fear creates a safe space in which the client can hold two perspectives at once: the

recognition of their situation as their own and the possibilities for growth and healing out of that situation.

Another benefit of MDMA for therapeutic work is its role in facilitating self-acceptance. Since PTSD is the result of something being done to the individual (either directly or indirectly) it is easy for the person to identify as a victim. Helping the client realize that they are not to blame for their trauma is a major goal of psychotherapy for PTSD. The paradox of this approach is that if one is not to blame, someone else is—reinforcing the sense of victimization. Self-acceptance eliminates the need to blame or be blamed, creating the opportunity for positive growth.

By experiencing self-acceptance during an MDMA-assisted psychotherapy session (sometimes for the first time), clients can view their feelings from a different perspective, understand their origin, and begin seeing trauma through the lens of growth rather than victimization. By virtue of MDMA's ability to allow the client to stay emotionally present without getting overwhelmed (a necessary combination and a useful advantage in the treatment of PTSD), integration of the experience can be obtained more successfully.

The most common treatments for PTSD try to help clients change how they think about the trauma and its aftermath. Eye Movement Desensitization (EMDR) tries to build new connections in the brain between traumatic memories and positive beliefs; Cognitive Behavioral Therapy (CBT) teaches how to replace harmful thoughts and cope with difficult memories; Prolonged Exposure (PE) targets the trauma in a way that reduces fear about the memories; and medications, specifically SSRIs, sometimes help with associated anxiety and depression.

Managing harmful thoughts, learning coping skills, and decreasing sensitivity to traumatic

feelings are powerful tools that can help alleviate PTSD symptoms, and each plays a role in MAPS' treatment method. Unfortunately, these common therapies are proven to have limited effectiveness.

The goal of MAPS' research is to increase our understanding of PTSD treatment in order to improve the lives of those suffering from this disorder.

The planned "intern study" to take place in Colorado, will include 12 subjects with chronic, treatment-resistant PTSD. This will be the first study using interns—students in training to be mental health practitioners—as part of the therapeutic process. The study builds on previous research by using two co-therapist teams rather than one, each comprised of an experienced clinician and a graduate-level intern.

In addition to adding to our knowledge of the risks and benefits of MDMA-assisted psychotherapy in the treatment of PTSD, the intern study will be a training opportunity for students with a professional interest in exploring new treatment modalities for trauma. Interns will have the unique opportunity to participate in an innovative therapeutic process, and will learn standards for conducting human trials. Participation in the study is also an opportunity for career development in a growing field, and to complete hours towards professional licensing. Interns will learn about self-care for therapists and how to work as a therapeutic team. We also anticipate that pairing students and trained therapists will be time-saving and cost-effective.

My hope is that the upcoming intern study of MDMA-assisted psychotherapy for the treatment of PTSD will improve the lives of people with PTSD, provide a more cost-effective approach to conducting research, and bring MDMA-assisted psychotherapy even closer to becoming a legal, effective treatment. •

“My hope in working with trauma is that through enhanced awareness, we can remember what was forgotten in the darkness of despair: that at our core we are worthy and free of blame, that the world has meaning, and that there is potential for growth in every situation.”

## Trials and Tribulations:

### A Review of MAPS' Medical Marijuana Research

By Stephen Morseman



smorseman@gmail.com

For the past twenty-five years, MAPS has been at the forefront of marijuana research. Despite the setbacks that its medical marijuana research protocol has encountered, it's important to consider the ways that MAPS has pushed the envelope by bringing the need for marijuana research to the awareness of the broader culture.

MAPS has been working for the past two years to get government approval to conduct a study with Dr. Sue Sisley at the University of Arizona on the safety and effects of smoked or vaporized marijuana on 50 U.S. veterans with chronic, treatment-resistant posttraumatic stress disorder (PTSD). The protocol has consistently taken two steps forward and one step back because of the obstructionist tactics of two federal agencies—NIDA and the DEA. A redundant research review process and a stalwart marijuana monopoly have left the new study tangled up in red tape.

The study is extremely timely and relevant given the ineffectiveness of treatment options currently available for veterans returning from Iraq and Afghanistan with PTSD. At present, available PTSD treatments are limited to several psychological counseling options and a handful of pharmaceutical drugs. According to the Defense Centers of Excellence, a military organization that studies the psychological health of service members, strictly pharmacological approaches to treating PTSD include selective serotonin reuptake inhibitors (SSRIs) and other antidepressants. However, the organization acknowledges that neither conventional psychotherapy nor currently available pharmaceuticals can completely ameliorate the symptoms of those suffering from PTSD. Instead, they propose alternative (though not FDA-approved) treatment options such as acupuncture, yoga, and dietary supplements to lessen the effects of PTSD.

One of the best ways to help veterans is to listen to what they already know about the treatments that work best for them. There are very many individuals in states that allow medical marijuana who have found that it helps them

cope with the often-debilitating symptoms of PTSD, such as anxiety, depression, nightmares, and insomnia. Many of these patients have told their doctors that the primary reason they are seeking to use medical marijuana is to treat their PTSD. The perceived benefit that these individuals see from marijuana in treating their condition provides a strong incentive for MAPS to dedicate resources to exploring whether marijuana really can help them achieve a better quality of life.

In November 2010, in order to investigate medical marijuana patients' claims that marijuana provides relief from their debilitating condition, MAPS submitted an Investigational New Drug application for marijuana to the Food and Drug Administration (FDA). This was the first step in a complicated bureaucratic process to gain approval for the study. MAPS outlined a protocol for a "placebo-controlled, triple-blind, randomized crossover pilot study of the safety and efficacy of five different potencies of smoked or vaporized marijuana in 50 veterans with chronic, treatment-resistant posttraumatic stress disorder."

The study would explore much more than whether marijuana makes PTSD sufferers feel better. By comparing the effectiveness of five strains with different ratios of tetrahydrocannabinol (THC) and cannabidiol (CBD), the study would help identify which strains work best for easing symptoms of PTSD. Additionally, by comparing the effects of smoked versus vaporized marijuana, the study would contribute to the available scientific data about which delivery systems are safest and most effective. The varying levels of potency in the protocol include a placebo (containing 0% THC and 0% CBD), as well as strains composed of 2%, 6%, and 12% THC; and a final strain composed of 6% THC and 6% CBD. The study will be conducted on an outpatient basis with individuals using up to two marijuana cigarettes a day (or the equivalent in a vaporized form) on a self-titration basis, where they decide the appropriate dose for symptom relief.

MAPS' efforts to start the study were initially delayed following the FDA's concerns that the marijuana used in the study would be diverted or sold for non-study uses. This concern was mainly due to the outpatient nature of the protocol. After hosting a teleconference with the FDA, MAPS successfully addressed the agency's concerns. MAPS submitted its revised protocol on March 15, 2011, and on April received word that the FDA was allowing the study to proceed.

Despite the fact that the FDA is the federal agency responsible for the development of new pharmaceutical drugs, MAPS then had to submit the protocol to the Department of Health and Human Services (HHS), to be reviewed by the National Institute on Drug Abuse (NIDA) and the Public Health Service (PHS), in order to secure marijuana for the study. The peculiar thing about this additional review process is that the vast majority of drugs being considered for clinical trials only need to pass the review process with the FDA. After they receive approval for their studies they are then able to obtain a private source of the drug and can begin the protocol. However, there is currently a monopoly on the source of marijuana for FDA approved studies that is administered by NIDA. This supply monopoly only exists for marijuana, and not for any other Schedule I controlled substances.

This additional review process allows the government to reject studies examining marijuana even after they have obtained clearance from the FDA. The reason for this is twofold. On one hand, the only proposals aside from those involving marijuana that must be submitted to

HHS are those attempting to secure government funding, which MAPS is not requesting. On the other hand, NIDA's mission statement explicitly states that they are dedicated to studying the adverse effects of drugs on society, which they claim precludes them from providing cannabis to studies into their possible beneficial uses. NIDA's monopoly therefore creates a situation that is inherently hostile to medical marijuana research.

Reviewers from NIDA and the PHS unanimously rejected MAPS' protocol on September 16, 2011. The reviewers based their rejection on what they claimed to be a lack of researcher expertise in dealing with PTSD, the difficulty of comparing the effectiveness of marijuana across subjects, assorted safety concerns that had already been addressed in MAPS' earlier negotiations with the FDA, and other details of study design. Many of these concerns are contradictory and unwarranted, especially given the fact that it is the FDA—not NIDA—that is charged with determining the effectiveness of proposed drug development studies. While NIDA and the PHS play a major role in determining which studies receive government funds, it's clear that their only purpose when it comes to marijuana research is to prevent it from happening.

MAPS has attempted to overcome the hurdle of NIDA's monopoly by appealing to the Drug Enforcement Administration (DEA) for a license to grow marijuana at a privately-operated farm. MAPS has advocated for Dr. Lyle Craker of the University of Massachusetts-Amherst to be granted an additional DEA license to cultivate marijuana for FDA approved studies for over a decade (see next article in this Bulletin). If this legal avenue eventually proves effective and MAPS finds a new source, Dr. Sisley will be able to proceed with the FDA-reviewed protocol.

It would be easy to get frustrated with the government's tactics, but my time working with MAPS has shown me that if any organization can overcome these obstacles, they can. MAPS is composed of some of the most dedicated individuals, both scientists and activists, that I have had the pleasure of encountering and I am proud to be a part of their legacy. I can say with confidence that MAPS' drive to improve the quality of life of those suffering from PTSD and other ailments is leading to a more just society, for it is only through the application of science that we can depoliticize this issue and find the most effective routes for treatment. •

## Making the Case for Medical Marijuana:

### A Legal Perspective

By Allen Hopper, J.D.

Criminal Justice and Drug Policy Director  
ACLU of Northern California



ahopper@aclunc.org

AT A TELLING MOMENT during the oral argument before the U.S. Supreme Court in Angel Raich's 2005 case, Justice Stephen Breyer leaned over the bench and peered down at Raich's attorney. If marijuana is such an important medicine, Breyer wanted to know, why don't medical marijuana patients and those who advocate for them simply take it through the FDA approval process? Wouldn't that be the most efficient way to make marijuana into a legal medicine? And since that had not been done, asked Breyer, "Don't I have to take this case on the assumption that there is no such thing as medical marijuana that's special and necessary?"

As one of the attorneys representing Professor Lyle Craker in proceedings before the DEA, I didn't know whether to laugh or cry. Craker was applying for an application to be permitted to grow twenty-five pounds of marijuana at the University of Massachusetts-Amherst for research intended to take marijuana through the FDA approval process. At that point, Craker's application had been languishing for over three years with no action by the DEA (unless one counts the DEA claiming to have lost the application and demanding that it be re-filed an "action").

The Court ultimately ruled against Ms. Raich. Less than two weeks after Judge Breyer asked his question, the DEA formally denied Craker's application, finally giving us a chance to demand a hearing before an administrative law judge (ALJ). Our hearing commenced in December 2005, and involved ten days of competing witnesses over the course of several months. In February 2007, the ALJ issued her 80-page opinion. Remarkably detailed and thorough, the opinion was a resounding vindication of our legal arguments and a rejection of those presented by the DEA.

The ALJ found that granting Craker's application was in the public interest because (among other reasons) the current system in which NIDA is the sole provider of marijuana to medical researchers has repeatedly allowed the agency to block FDA-reviewed research projects by refusing to grant researchers access

to marijuana. For this reason, despite the hundreds of pounds of marijuana locked in deep-freeze at the University of Mississippi, where NIDA stores its marijuana stock, the ALJ found the current marijuana supply "inadequate." The ALJ also found there was no danger of the marijuana grown by Craker being diverted for illegal (non-research) purposes and that Craker's proposed facility would not violate international treaties. The U.S. is a signatory to the Single Convention on Narcotic Drugs of 1961, which places restrictions on the production and distribution of marijuana by member countries.

Unfortunately, an ALJ decision is not binding under the rules of administrative agency law; it is instead considered a "recommendation" to the head of the agency—in this case, to the Administrator of the DEA. In response to the decision, Massachusetts Senators John Kerry

and Ted Kennedy sent letters to the DEA supporting Craker's application. Forty-five other members of Congress from around the country also signed onto a letter from Representatives John Olver and Dana Rohrabacher urging then-DEA head Karen Tandy to accept the ALJ recommendation to license Craker's facility. The congressional sign-on letter quoted one of Tandy's predecessors, Robert Bonner, who once said, "Those who insist that marijuana has medical uses would serve society better by promoting or sponsoring more legitimate scientific research, rather than throwing their time, money, and rhetoric into lobbying public relations campaigns and perennial litigation." The opinion of the ALJ and the pleas of Congress fell upon deaf ears.

After nearly two more years of delay, on the eve of President Obama's inauguration, then-acting DEA chief Michelle Leonhart formally rejected the ALJ recommendation. However, Leonhart's order was founded on information that had not been presented as part of the DEA's evidence before the ALJ, providing further arguments for Craker's legal team to seek reconsideration and an opportunity to respond to this new evidence. On August 15, 2011—more than a decade after Craker first filed his application—the DEA issued its Final Order formally denying the application.

Undaunted—well, maybe a little daunted, but not surrendering—Professor Craker fights on. With the help of MAPS, the prestigious law firm Covington & Burling has agreed to represent Craker pro bono in the U.S. Court of Appeals for the First Circuit. Covington & Burling, with continued assistance from the American Civil Liberties Union (ACLU) of Northern California and the ACLU of Massachusetts, is now preparing Craker's opening brief to appeal the DEA's final order. Briefing will likely be completed and the case argued sometime in 2012.

Even after more than a decade, Craker's case remains crucially important to the fight for legal medical marijuana. Craker's supporters have always believed, and continue to believe, that if the politics of obstruction can be overcome, then science will carry the day. In the meantime, seventeen states plus the District of Columbia have now passed laws permitting medical marijuana, and the federal government continues to rattle its sabre, threatening and bullying patients and those who provide marijuana to them.

As Justice Breyer said during the 2005 Raich proceedings, "medicine by regulation is better than medicine by referendum." If the DEA and NIDA will stop obstructing the research and let the FDA do its job and review the evidence, marijuana will be approved as a medicine. More to come... •

“Craker's supporters have always believed, and continue to believe, that if the politics of obstruction can be overcome, then science will carry the day.”

## Stanislav and Christina Grof:

Cartographers of the Psyche

By Mason Schreck



mason\_schreck@yahoo.com

WHILE STRUGGLING TO ENVISION a psychotherapy that would afford greater therapeutic benefit to his psychiatric patients, Dr. Stanislav Grof had a chance encounter with an experimental substance from the Swiss pharmaceutical designer Sandoz. This exciting and mysterious molecule was LSD-25.

At the time it was thought that, due to its unique ability to radically shift human consciousness, experiential observations of the LSD state might offer clinicians new insights into the symptomatology of psychoses and schizophrenia. Led by his desire to know more intimately the inner life of his patients and to develop new treatment protocols, Grof opted to receive psychedelic training in “experimental psychoses” induced by LSD. The numinous visions that emerged from this initial experience redirected Grof’s professional career and forever altered both psychiatry and psychology. [1]

Following this early encounter with LSD, Grof noted that for him, human consciousness was immediately the most compelling subject of study. [1] It demanded his attention. He went on to work in a psychedelic research program at the Psychiatric Research Institute in Prague, Czechoslovakia, where he was a Principal Investigator during the 1960s. He then served as Chief of Psychiatric Research at the Maryland Psychiatric Research Center and as Assistant Professor of Psychiatry at Johns Hopkins University School of Medicine in Baltimore, Maryland. Later, he would become a Scholar-in-Residence at Esalen Institute in Big Sur, California. [2]

In their 50 years of experience studying the healing potential of psychedelics and non-ordinary states of consciousness, Stan and his wife Christina have contributed immeasurably to the fields of psychology and psychedelic medicine.

Through his work with psychedelics, Grof has redefined non-ordinary states of consciousness, revolutionized our view of the human psyche, and ushered in a psychology of the future.

Abraham Maslow, the founder of humanistic psychology, noted that Grof’s work is one of the most important contributors to personality theory. [2] The preeminent religious scholar Huston Smith proclaimed Grof to be one of the most influential people of the 20<sup>th</sup> century. [3]

Western academic psychology and psychiatry had been developed from experiences and observations derived from ordinary (rather than non-ordinary) states of consciousness. With the exception of dreams, non-ordinary states were (and often still are) seen as pathological conditions, and the goal of treatment was to suppress or eliminate them. The notions that such states could have therapeutic value or could contribute to understanding the psyche were largely beyond the scope of analysis. [4]

It was in this restrictive milieu that Grof conducted his first careful clinical observations and developed descriptions of non-ordinary states from thousands of psychedelic-assisted psychotherapy sessions. [5] His synthesis of these findings offered psychology not only a new vision of the therapeutic potential of the psychedelics and non-ordinary states but also

greatly expanded our view of human consciousness.

Over the course of his career Grof conducted more than four thousand individual psychedelic sessions, so developing both a personal and professional understanding of psychedelics as “nonspecific amplifiers” of the human psyche and tools for unveiling deep aspects of personhood. Believing that “psychedelics, used responsibly and with proper caution, would be for psychiatry what the microscope is to the study of biology and medicine or the telescope for astronomy,” he dispelled the initial view that these profound states of consciousness were reducible to psychotomimetic occurrences. [4]

The impression that the LSD state was just a simple break with reality was reinforced by the dramatic emotions, vivid changes in perception, and psychomotor excitement evoked by LSD. These behaviors stood in sharp contrast to the relatively rigid state of psychotherapy that encouraged civil erudition and rigid free-association. From the perspective of mainstream psychiatry, the intense activity that emerged from non-ordinary states violated basic therapeutic principles. Academic psychiatry and psychology were limited to a model of the self informed only by biology, postnatal life history, and the individual unconscious. [4]

Grof’s observations offered a new vision of consciousness and human psychology. It became clear that the unconscious material arising spontaneously in the LSD state could more fully explain numerous emotional and psychosomatic disorders. From this new perspective, it became possible to differentiate between certain forms of psychosis, discover more effective mechanisms for healing and transformation, and develop new therapeutic techniques and strategies for self-exploration.

With this new perspective came a radically new theory of mind. Evidence from LSD psychotherapy sessions suggested that individuals were encountering realms of experience that lay beyond just personal biography and

individual unconscious. Grof proposed that the traditional model be expanded to include two additional levels of the psyche: the perinatal (involving the process of birth) and the transpersonal (involving relationships beyond the self).

As Grof’s patients underwent repeated sessions they traversed a set of what he saw as clearly distinct experiential states. These states reiterated sequences from the individual’s own gestation and birth. Through the vehicle of the non-ordinary state, one could re-experience and work through early pre- and perinatal experiences and traumas. This discovery led to the development of perinatal psychology and the recognition that these primary experiences impact human development into adulthood.



Christina and Stanislav Grof

Another major theoretical contribution from Grof’s work with psychedelics has been the recognition of transpersonal phenomena. Transpersonal experiences, meaning experiences that go beyond the solitary self, were seen as unique manifestations of consciousness not under-

standable through mainstream psychology or materialism: they surpass personal boundaries, as well as those of space and time. In Grof’s framework, phenomena such as out-of-body states and mystical experiences are natural and normal aspects of human psychology. [4]

The new field of Transpersonal Psychology entailed a new approach to psychotherapy that emphasized the direct expression of intense emotions, deep regression, and the release of physical energies—just as in Grof’s psychedelic therapy sessions. Psychedelic states were seen to be opportunities for greater psychospiritual wholeness and development, and for this reason were termed “holotropic” states (from the Greek *holos*, or “whole,” and *trepain*, for “moving forward”). [5] Psychedelic psychotherapy, with its focus on helping patients create positive relationships with their own profound and transpersonal experiences, offered many patients the possibility of dramatic emotional and psychosomatic healing. [4]

Following the criminalization of LSD, Stan and his wife Christina worked to develop a

non-pharmacological alternative encouraging holotropic states. What emerged was a powerful method of therapy that utilizes accelerated breath, powerful music, and bodywork to induce non-ordinary states of consciousness.

[6] This method, termed Holotropic Breathwork, has since offered thousands access to the healing potential of these profound states of experiences.

Aside from co-developing Holotropic Breathwork and its certificate training program, Christina has advanced her own experiences and theoretical understanding of psychospiritual development, in particular explaining and developing the concept of “spiritual emergency.” She notes that personal transformation can occasionally take the form of a crisis, wherein effective therapy requires attention to the transpersonal aspects of human experience. She founded the Spiritual Emergency Network (SEN), a worldwide organization that supports individuals encountering these challenging experiences. [7]

Stan and Christina Grof have helped create a more integrated psychology and enhanced our vision of human potential. Their work with non-ordinary states of consciousness has expanded the field of scientific study and revealed the incredible healing potential of psychedelic and holotropic experiences. The worldwide renewal of interest in psychedelic research is the legacy of their own half century of commitment to charting a new cartography of the psyche. •

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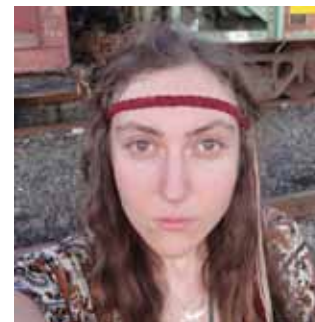
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## A Declaration of Psychedelic Studies:

Psychedelic Research in the Humanities and Social Sciences

By Neşe Lisa Şenol



nсенol@sas.upenn.edu

AT THIS MOMENT IN HISTORY, the social sciences and humanities need to work in concert with recent medical advances to address a subject that defies standard disciplinary boundaries. I propose the inauguration of Psychedelic Studies as an interdisciplinary academic field, and I would like to do this by building on lessons learned from the earlier academic revolution known as “queer studies.”

Due to pervasive cultural and legal taboos against psychedelics, I thought my intellectual interests had to remain unspoken. It was only after I found out about the scientific psychedelic renaissance that I realized there was a community of scholars working openly on these subjects. I decided to plug in, and to come out of the closet. This is a common experience among those who for the first time find a community where they can speak openly about their interests.

Scholar David M. Halperin defines queer as “whatever is at odds with the normal, the legitimate, the dominant.” Psychedelic culture is, properly speaking, queer. Some may take issue with this connection, arguing that while queer or alternative sexuality is an essential or natural state the use of psychedelics for personal or therapeutic purposes is a choice. Some may also claim that queer culture is more demonized by society and the state than psychedelic culture, and that therefore queerness and psychedelics require distinct scholarly approaches.

But these common reactions reveal a slippery slope: To claim that queer identity or culture are somehow deeper or more essential to our humanity than psychedelic identity or culture undermines the very rights that queer theorists and activists want to promote. It is counterproductive to argue that some forms of oppression are more egregious than others. Is there not strong state and social repression against the use of or interest in psychedelics? Many view their psychedelic identities, interests, or religious views as inherent to who they are. Queer studies is largely about the

“queering” of identity and consciousness relative to the norm, suggesting the importance of working collectively to support the validity of all forms of identification.

The time is ripe for a genuinely interdisciplinary field of investigation into psychedelics and their correlative cultural roles to come to fruition. Scientific discourse, while serving a distinct and timely purpose, is by nature unable to exhaust the psychedelic question. The findings of multiple fields and methodologies can be mutually informative, enriching the overall possibilities for the production of knowledge. At a premier screening of *DMT: The Spirit Molecule*, pioneering psychedelic researcher Dr. Rick Strassman remarked: “How to explicate the full meaning...of the psychedelic experience...? I think it has to be as multidisciplinary a pursuit as possible, because the full psychedelic experience impacts on everything—it impacts on art, anthropology, music, religion, cosmology, physics, psychology, cognitive sciences, chemistry, everything...We don’t want to overextend one discipline at the expense of the other[s].”

As visionary artist Alex Grey expressed during the same event, “Now, with the gifts of science and scientific research, serious interest is again making it legally possible to discuss these matters.” But this fortuitous resurgence of activity and attention demands a chorus of new voices, new models, and new approaches.

There is a growing community of younger scholars who are actively focusing their academic work on this field. In January 2011, MAPS announced to attendees of their April 2010 conference “Psychedelic Science in the 21<sup>st</sup> Century” that they would be sponsoring a new listserv for graduate students actively working or writing on some aspect of psychedelic culture, use, practice, or theory. This announcement was significant both for psychedelic studies in particular and for academia at large, which aspires to but frequently falls short of realizing genuinely interdisciplinary work.

My personal contribution to this movement lies at the intersection of literature, philosophy, comparative religion, and art history, and I cite psychedelic philosopher Terence McKenna as my immediate forebear.

In April 2011, I presented a paper on the concept of “hyperspace” in the context of the dimethyltryptamine (DMT) experience. Since the DMT experience is notoriously difficult to integrate into the terms of mainstream “consensus reality,” the emergent concept of hyperspace has enabled participants in the field to articulate and co-create an alternative worldview. In addition to its sociological function, I discovered in researching the term that its etymology has a rich and interdisciplinary history. The term “hyperspace” emerged out of the specialized context of mid-19th-century analytic geometry, and would subsequently circulate extensively amongst avant-garde artistic and spiritualist circles.

In the humanities and social sciences, establishing a historical canon of artists who define their work as hyperspatial or interdimensional creates a concrete context for further investigations. It establishes and defines an aesthetic tradition within which one can include artists ranging from William Blake to the cubists to the visionary painters of the modern day. It also provides a venue for discussing experiences that are related but external to the current reaches of direct scientific inquiry. The concept of hyperspatial art and experience is just one example of the manifold ways that psychedelic

discourse pertains and responds to questions of philosophy, creativity, imagination, religion, culture, and language. The crucial step now is to bring these conversations into the open.

One necessary component of this opening-up process involves developing critical rationales and precedents for investigating issues like multidimensionality within a mainstream academic conversation. Thought experiments, acknowledged as such, could be encouraged rather than taboo. Dr. Strassman himself has recognized how such experiments can be deeply intellectually valuable: “The only explanatory model that held itself out as the most intuitively satisfying, yet the most theoretically treacherous, involved assigning a parallel level of reality to these [DMT] experiences. In other words, I engaged in a thought experiment.”

If we are able to remain unattached to the particularities (and eccentricities) of such thought experiments, they can help us to overcome the anachronistic privileging of what we can see over what we cannot see. In the words of Terence McKenna, “I would prefer a kind of intellectual anarchy where whatever was pragmatically applicable was brought to bear on any situation; where belief was understood as a self-limiting function.” Alien intelligence and vine spirits are ideas that can be played with in ways that don’t need to be universally agreed upon as “true” or “real” to have intellectual significance.

Anthropology may be the key to opening up a space for psychedelic studies in the university, and may even be partly responsible for the resurgence of scientific interest in these substances. Strassman has pointed this out with exceptional clarity: “Within traditional Western academic settings, anthropology is the field that has focused attention on psychedelic plant use and the role of these plants in the societies that use them. More than any other field, it has maintained the flame of interest in these plants and drugs over several hundred years of Western suppression of all information about them.”

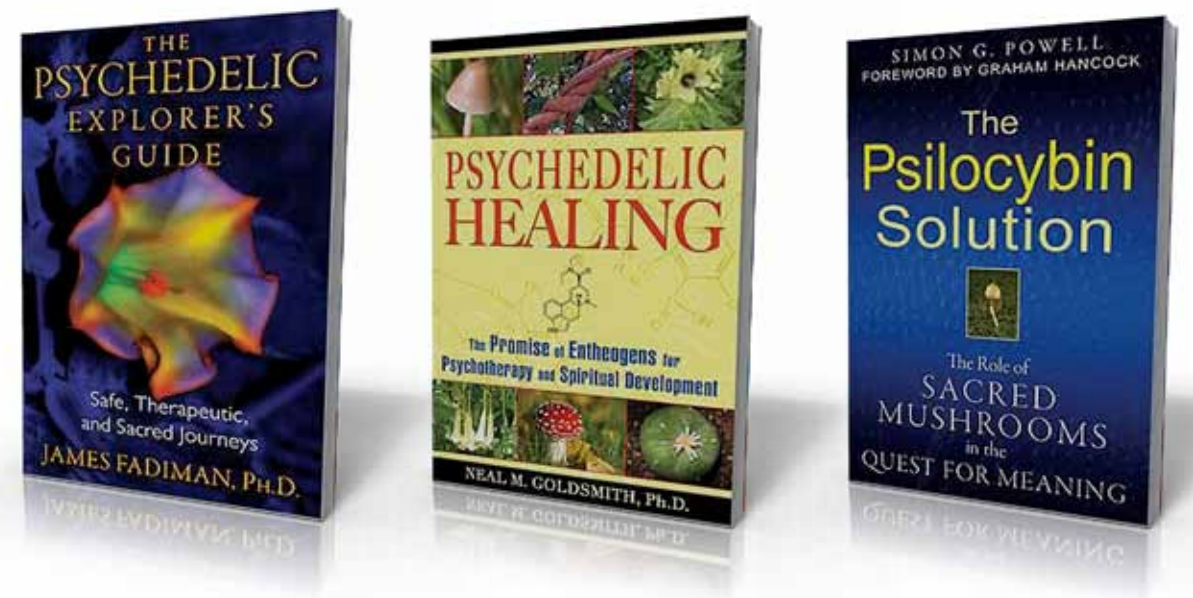
The fields of psychiatry, clinical psychology, and the neurosciences are bringing psychedelics back into the modern Western imagination, and the social sciences can play a powerful role in this ongoing evolution. It is time for the academic iron curtain to fall. I hereby inaugurate Psychedelic Studies as a post-disciplinary field. Let the games begin. •

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## Exploring Psychedelic Healing:

Three New Book Reviews by David Jay Brown

**The Psychedelic Explorer’s Guide: Safe, Therapeutic, and Sacred Journeys**  
James Fadiman, Ph.D.  
Park Street Press, 2011, paperback, 338 pages,  
\$18.95

I’ve been waiting years for someone with the proper qualifications to come along and write this book. Hands down, this is the very best guide that exists on how to prepare for a safe and therapeutic psychedelic journey, with positive psychological transformation as one’s goal. It is the most important book written on the subject since *The Psychedelic Experience*—Timothy Leary, Richard Alpert, and Ralph Metzner’s classic adaptation of *The Tibetan Book of the Dead*, which was published in 1964.

Before psychologist James Fadiman’s book, this was a subject that desperately needed attention by someone who really understands what psychedelics can do to (and for) the human mind. Fadiman reviews the necessary precautions and proper techniques for a beneficial journey in a straightforward manner. Drawing from his own personal experience as a psychedelic researcher, he presents the fascinating results from his clinical studies into how psychedelics can enhance creativity and improve problem-solving abilities, in the context of a clearly-explained guidebook.

*The Psychedelic Explorer’s Guide* can be used as a training and reference manual by professionals

in the blossoming field of psychedelic psychotherapy research, as well as by outlaw shamans who defy government regulations to engage in illegal forms of self-exploration. Anyone interested in the subject for educational purposes will find this book hard to put down. This comprehensive volume is simply overflowing with rare, valuable, and well-organized information about how to get the most from a psychedelic experience.

Invaluable for dispelling the many myths and misconceptions associated with this controversial subject, this jam-packed volume provides essential guidelines for the conduct of psychedelic sessions, and presents little-known techniques for using sub-perceptual doses to improve mental functioning, along with new information from surveys, clinical studies, group sessions, and personal anecdotes. This book is absolutely essential reading for anyone interested in the subject.

**Psychedelic Healing: The Promise of Entheogens for Psychotherapy and Spiritual Development**  
Neal M. Goldsmith, Ph.D.  
Healing Arts Press, 2011, paperback,  
236 pages, \$16.95

*Psychedelic Healing* is a wonderful summary of what we have learned from psychedelic psychotherapy research, and of where the explosive renaissance with all these fascinating

new studies is headed. The medical potential of psychedelic drugs appears enormous, and they are currently being reintegrated into mainstream Western culture. This is truly a cause for celebration, and Neal Goldsmith does a marvelous job explaining this important research and tying it all together.

However, perhaps even more valuable and interesting are Goldsmith's personal story and insights, which make up a significant portion of this hard-to-put-down volume. Goldsmith's masterful blend of research summary, practical information, biographical profiles, and personal experience is delightful to read, and the book is filled with psychological and spiritual insights. I highly recommend *Psychedelic Healing* to anyone interested in the exciting field of psychedelic research and the frontiers of human psychology.

**The Psilocybin Solution: The Role of Sacred Mushrooms in the Quest for Meaning**  
Simon G. Powell  
Park Street Press, 2011, paperback,  
274 pages, \$18.95

I was blown away by musician and filmmaker Simon Powell's thoughtful book about what he has learned from his visionary experiences with psychoactive mushrooms and his reflections on the biosphere. *The Psilocybin Solution* presents the best argument that I've ever read about the possibility of teleology operating in evolution, and of a higher intelligence organizing the natural world. Reading this book helped me to rethink many of my beliefs about the nature of reality, consciousness, and information. Exploding with eye-opening insights and jaw-dropping revelations about the evolution of life, I found it difficult to put this thought-provoking book down.

The ideas in *The Psilocybin Solution* are so rich and compelling, and every sentence is so eloquently written, that it is simply a joy to read and contemplate. This is truly a marvelous achievement, as writing this book— i.e., explaining the psychedelic experience, the evolution of life, consciousness, and the nature of reality—was certainly an ambitious undertaking. Powell does a masterful job at translating the grand and mysterious language of Nature into mere English symbols, and artistically articulating the shamanic voice of the Other. I think that anyone who is interested in the evolution of life and consciousness will find this book utterly fascinating.

Some other wonderful books about psychedelics that I've read recently, but don't have the space to review in this *Bulletin*, are important to mention here: Don Lattin's *The Harvard Psychedelic Club*, Richard Doyle's *Darwin's Pharmacy*, Antero Alli's *The Eight Circuit Brain*, and Ram Dass and Ralph Metzner's *Birth of a Psychedelic Culture*. My reviews of these great books are posted on Amazon.

David Jay Brown is the editor of the annual theme *MAPS Bulletins*, and author of the forthcoming book *Over the Edge of the Mind: Exploring the Interface of Psychedelics, Culture, and Consciousness*. The Spring 2012 *MAPS Bulletin*, which he is currently editing, will be devoted to Psychedelics and the Arts. It will cover how psychedelics have affected music, film, television, painting, dance, and pop culture. If you're interested in contributing, please contact David at [dajabr@well.com](mailto:dajabr@well.com). •



Image credit: Keana Parker

David Jay Brown  
[dajabr@well.com](mailto:dajabr@well.com)



[art@martinahoffmann.com](mailto:art@martinahoffmann.com)

## In Loving Memory of Robert Venosa, 1936-2011

By Martina Hoffmann

AN OUTSTANDING MASTER of Visionary Art transitioned peacefully on Aug. 9, 2011. He will be remembered by an audience of many generations for his unique genius in capturing the crystalline, light-filled energy of the source. His long and brave healing journey with cancer was greatly supported by shamanic journeys with ayahwasca in the Amazon regions of South America.

Venosa experienced to lysergic acid diethylamide (LSD) for the first time in the 1960s in his Manhattan apartment while surrounded by a group of voyeurs who did not yet have the courage to partake themselves. LSD was still legal, and Robert was not afraid to stretch his mind and pituitary gland to accommodate the synesthetic merging of new concepts and visions. He felt he had become part of a liberating global revolution, the likes of which the world had never before experienced.

These experiential beginnings launched Robert onto a lifelong spiritual and artistic path that cemented his memory of the deeply transformative and healing power of psychedelics.

Throughout his life and in whichever part of the world he happened to reside, Robert felt kinship with the psychedelic community and considered many of its luminaries his friends. Amongst these friends were the archetypical psychedelic artist of the 1960s and 1970s Mati Klarwein, the renowned psychonaut Terence McKenna, the legendary Dr. Albert Hofmann, and the brilliant consciousness pioneers Stan Grof and Ralph Metzner. He had dear friends in the visionary art community, including Alex and Allyson Grey, Pablo Amaringo, and Jan Kounen, and enduring connections with shamans Louis Eduardo Luna and Kestenbetsa, to name just a few.

Awakened by his psychedelic experiences and mentored by Klarwein, Robert embarked on the path of becoming a fine artist. His accom-

plished creative and spiritual path has been beautifully recorded in three monographs, *Manas Manna* (Big O), *Noospheres* (Pomegranate Artbooks), and most recently *Illuminatus* (Fine Arts Press). *Illuminatus* features the Haiku-like poetry of Terence McKenna, probably McKenna's last published writing before his own passing in 2000.

Terrence and Robert had a special friendship that was deepened by the complementarity of their work: Venosa skillfully painted what McKenna had seen in the "hyperspace" of DMTm, and McKenna used the power of his words to describe the realms that Venosa painted. They spent special times together at each other's homes, and in 1999 Venosa presented his inspirations and views on visionary art at McKenna's AllChemical Conference in Kona, Hawaii. Here he also met fellow visionary artist Alex Grey.

Referred to by younger members of the visionary and psychedelic family as one of their seasoned "elders," Robert spoke at many conferences and events exploring human consciousness, including MindStates; the Proph-

ets Conference; Convergence, the Amazonian Shamanism Conference in Iquitos, Peru; the International Conference on Expanded States of Consciousness at the University of Cuernavaca, Mexico; as well as at Burning Man's Entheon Village and Portugal's Boom Festival. He was known to be extremely approachable, down to earth, and endowed with a great sense of humor.

My husband Robert and I have for many years been regular teachers at the Omega, Esalen, and Skyros Institutes. The exchanges that ensued between us and fellow visionary artists about the source of consciousness and its relationship to (as well as inspiration for) art were a kind of alchemy that nourished us both. Robert felt especially strongly about offering budding artists the proper support and techni-



These books and others are available

in the MAPS Store ([www.maps.org/store](http://www.maps.org/store)).

All proceeds help fund MAPS' psychedelic and medical marijuana research and education.

cal tools that would enable them to create more skillful expressions of the psychedelic experience and alternative realities and perspectives.

Robert's association with MAPS and the rest of the psychedelic research community emerged through our mutual participation in their various events throughout the years. We've crossed paths many times with MAPS founder Rick Doblin at celebrations and community events all over this planet. Our annual visits to Europe brought us to meet "the good doctor" in Switzerland, and were always great highlights in our life. It was Robert's distinct pleasure to create a special portrait of Dr. Hofmann, which MAPS now uses as one of its cornerstone images connecting visionary art and psychedelic research.

Venosa's deep personal connections to the indigenous medicine community were a blessing on many levels, facilitating both his spiritual and artistic growth. Artistically,



"Portrait of Albert Hofmann" by Robert Venosa.  
Oil on canvas, 35"x34", 2006.  
Prints available at [www.maps.org/venosa](http://www.maps.org/venosa).

he was immensely inspired by the numinous quality and breathtaking visions of the "mother's realm," while his paintings took on a range of color he had never tackled before.

On a spiritual level, he experienced yet another personal renaissance. Robert was diagnosed with prostate cancer in 2003, and doctors told him he had just three months to live. The ayahuasca vine became one of his great allies in cleansing his body and strengthening his lifeline. His ayahuasca experiences helped him sort his priorities, to see what was most

essential at that point in his life, deepened his spiritual connections, and solidified his faith that there is continuation after death. Contrary to the doctors' predictions, he enjoyed another very active and full eight and a half years of life.

Thank you, Robert, for showing us all what's possible when we're unafraid to hold true to what we believe in most. •

*"The role of the artist means belonging to a unique, exciting gang of outlaws. It will always be the explorers, artists, poets, curious intellectuals, musicians, and all the other existential samurai who are creatively courageous, who desire to advance their yearnings for higher truth, and who will take the leap of faith into the unknown. The art and architecture of every great, or minor, culture, was given its visual power through the artist, and, in fact, culture itself has always been defined through the artist's creativity. The artist has always been the catalyst for change."*

—Robert Venosa

## MAPS: WHO WE ARE

Our mission is (1) to treat conditions for which conventional medicines provide limited relief—such as posttraumatic stress disorder (PTSD), pain, drug dependence, anxiety and depression associated with end-of-life issues—by developing psychedelics and marijuana into prescription medicines; (2) to cure many thousands of people by building a network of clinics where treatments can be provided; and (3) to educate the public honestly about the risks and benefits of psychedelics and marijuana.

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.

[www.maps.org/donate](http://www.maps.org/donate)



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MAPS, 309 Cedar Street, #2323,  
Santa Cruz, CA 95060 USA  
Phone: +1 831-429-6362  
Fax: +1 831-429-6370  
E-mail: [askmaps@maps.org](mailto:askmaps@maps.org)  
[www.maps.org](http://www.maps.org)



**Rick Doblin, Ph.D., Founder and Executive Director**, 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.



**Michael Mithoefer, M.D., Clinical Investigator/Medical Monitor** is a psychiatrist practicing in Charleston, SC, where he divides his time between clinical research and outpatient clinical practice specializing in treating posttraumatic stress disorder (PTSD) with an emphasis on experiential methods of psychotherapy. He is a certified Holotropic Breathwork Facilitator and trained in EMDR and Internal Family Systems Therapy.



**Annie Mithoefer, B.S.N., MDMA/PTSD Study Co-Investigator** is a Registered Nurse who lives in Charleston, SC where she divides her time between clinical research and outpatient clinical practice specializing in treating posttraumatic stress disorder (PTSD) with an emphasis on experiential methods of psychotherapy. She is a certified Grof Holotropic Breathwork Practitioner and is trained in Hakomi Therapy.



**Valerie Mojeiko, Deputy Director**, earned her B.A. from the California Institute of Integral Studies. In her work with MAPS' psychedelic harm reduction project, she has trained over 200 volunteers with skills for helping people who are undergoing psychedelic emergencies.



**Brian Brown, MAPS Development Associate** studied medical anthropology and visual culture at the University of California, Santa Cruz where he researched social prospects for psychedelics using a community centered approach. Brian is now developing MAPS' membership base by assisting with education and outreach efforts.



**Kynthia Brunette, Volunteer Coordinator** has a B.A. in Political Science, an M.S. in Human Computer Interaction, and a lifelong interest in models of personality and development. Her interests have evolved over the years into a fascination with the design of institutions, organizations, and experiences that serve as vehicles for transpersonal growth.



**Brad Burge, M.A., Director of Communications**, earned his B.A. in Communication and Psychology from Stanford University in 2005 and his M.A. in Communication from the University of California, San Diego in 2009. His graduate work focused on the political, scientific, and cultural changes required to make illicit drugs into legitimate medicines.



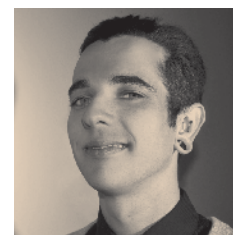
**Shannon Clare, Receptionist**, majored in Cultural Anthropology at the University of California, Santa Cruz and is now training in Integral Counseling Psychology at the California Institute for Integral Studies (CIIS). She values curiosity, communication, and creating community.



**Amy Emerson, Clinical Program Manager**, earned her B.S. in genetics and cell biology from Washington State University. She has worked in clinical development and research for the last 15 years in the fields of immunology, oncology, and in vaccine development. Amy has worked with MAPS as a volunteer since 2003 facilitating the development of the MDMA clinical program.



**Ilsa Jerome, Research and Information Specialist**, earned a Ph.D. in psychology from the University of Maryland. She helps MAPS and other researchers design studies, gathers information on study drugs by keeping abreast of the current literature and discussion with other researchers, creates and maintains documents related to MAPS-supported studies, and helps support the MAPS psychedelic literature bibliography.



**Josh Mojeiko, Director of Finance and Information Technology**, earned his B.A. in Philosophy and Religion from New College of Florida and is a chef, musician, poet, and technologist. He immensely enjoys the depths of existential experience.



**Linnae Ponté, Executive and Clinical Research Assistant**, earned her BA in Biological Psychology from New College of Florida. She's assisted data collection and analysis at University of South Florida's Cardiovascular Psychophysiology Laboratory, MOTE Marine Mammal Aquarium Psychophysical Laboratory, East-West College of Natural Medicine, and the West Mamprusi Civic Union in Ghana, West Africa.



**Brian Wallace, Director of Field Development**, studied neuroscience, philosophy, and medical sociology at Cabrillo College and UC Santa Cruz. Before coming to MAPS, Brian was a naturalist, outdoor educator, and certified Wilderness-EMT. Brian assists individual supporters in identifying and cultivating their own capacity to give. He also coordinates artist relations and artwork sales.



**Berra Yazar-Klosinski, Clinical Research Associate**, earned her Ph.D. in Molecular, Cell, and Developmental Biology from University of California Santa Cruz, where she also served as president of the Graduate Student Association. After attending Stanford University, she worked as a Research Associate with Geron Corporation and Millennium Pharmaceuticals.



**Virginia Wright, Director of Marketing and Development** brings a wealth of fundraising experience to MAPS. Her firm Wright & Associates has provided strategic thinking, marketing, and fundraising services to arts organizations and cities throughout Northern California and Nevada. She received her B.A. in International Relations from San Francisco State University, and her M.B.A. from Santa Clara University.

**MAPS** (Multidisciplinary Association for Psychedelic Studies, Inc.)  
 MAPS, 309 Cedar Street, #2323  
 Santa Cruz, CA 95060 USA  
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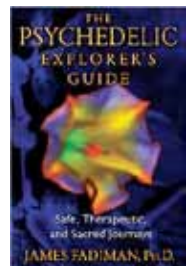
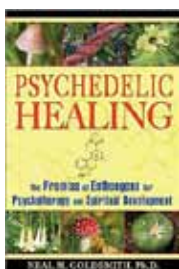
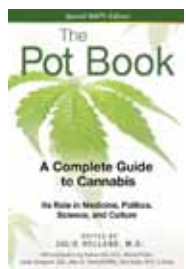
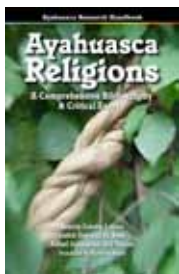
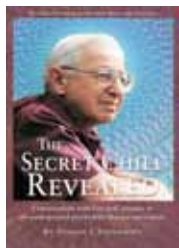
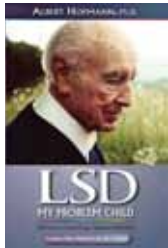
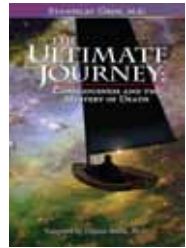
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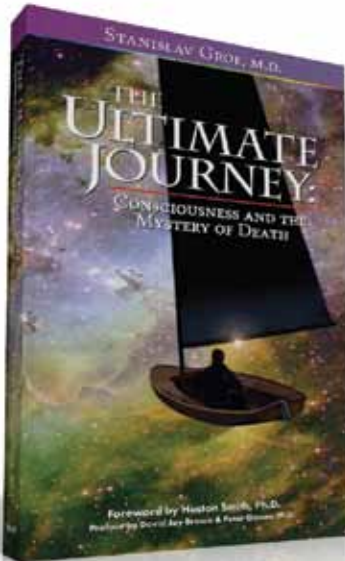
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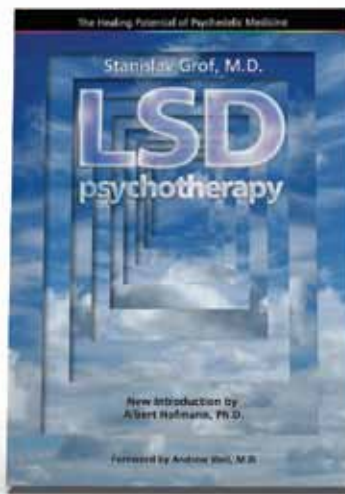
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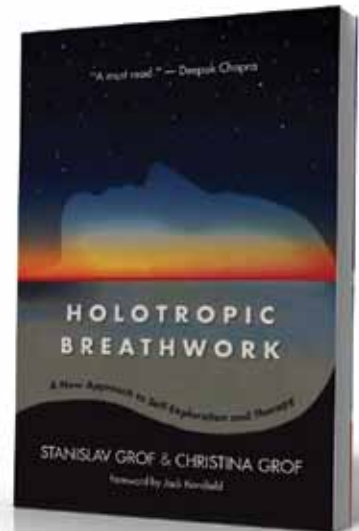
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