

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES



Winter 2005–2006

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MAPS (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization working to assist researchers worldwide to design, fund, conduct, obtain governmental approval for, and report on psychedelic research in humans. Founded in 1986, **MAPS is an IRS-approved 501 (c)(3) non-profit corporation funded by tax deductible donations.** MAPS is primarily focused on assisting scientists to conduct human studies to generate essential information about the risks and therapeutic benefits of MDMA, other psychedelics, and marijuana, **with the goal of eventually gaining government approval for their medical uses.** Interested parties wishing to copy any portion of this publication are encouraged to do so and are kindly requested to credit MAPS and include our address. The *MAPS Bulletin* is produced by a small group of dedicated staff and volunteers. **Your participation, financial or otherwise, is welcome.**

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Front cover
Unio Mystica by:
A. Andrew Gonzalez
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Gonzalez is one of twelve artists featured in MAPS' 2006 psychedelic calendar. The calendar can be purchased through the MAPS online bookstore or by calling the MAPS office. To view the calendar, go to: www.maps.org/calendar/

Photo on back cover by Kent Martin, producer of the film *Hofmann's Potion*. *Hofmann's Potion* can be purchased at: www.nfb.ca/hofmann/.



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Letter from Rick Doblin, MAPS President

This is MAPS' final year as a teenager.

Founded in 1986, with youthful exuberance, unbridled confidence, and totally unrealistic assumptions about the likely timing and cost of research, MAPS turns 20 in 2006. MAPS was begun with the hopes of blazing a path toward the resumption of research into the risks and benefits of psychedelics and marijuana, and the eventual goal of developing these substances into FDA-approved prescription medicines. Rather than blazing, MAPS has barely been able to keep a small spark of science alive during decades of constant struggle, powerful opposition, and limited resources. Yet now that MAPS is emerging into its early adulthood, the sparks of research that we have painstakingly nurtured are poised to expand into an international series of studies that over the next ten or twenty years have the potential of achieving MAPS' initial goals and more.

Inspiringly, Albert Hofmann, inventor of LSD and the first person to isolate psilocybin, celebrates his 100th birthday on January 11, 2006. Albert's birthday will be followed by a January 13-15, 2006, conference in Basel, Switzerland, at which MAPS will be represented by researchers and staff. Compared to Albert's 100 years, MAPS' two decades of existence, and another one or two decades that will probably be required before we see the establishment of a network of psychedelic clinics and prescription marijuana, are a relatively short amount of time that will not unduly tax our patience, persistence or passion.

Signs of MAPS' maturation abound. Dr. Michael Mithoefer's MAPS-sponsored MDMA/PTSD pilot study is halfway completed and has demonstrated that MDMA-assisted psychotherapy can be safely administered to subjects with treatment-resistant PTSD with significant therapeutic benefit. If the second half of the study generates similar results, MAPS' \$5 million, 5-year plan to expand the MDMA/PTSD research from 20 to 600 subjects, and convince the FDA to approve MDMA as a prescription medicine, will become an achievable goal rather than an illusive dream.

Internationally, a MAPS-sponsored MDMA/PTSD pilot study has passed initial ethics committee review in Israel and is currently before the Ministry of Health, with approval more likely than not. On October 7, 2005, a pilot study co-sponsored by MAPS and the Swiss Association for Psycholytic Therapy (SAePT) was submitted for review to an ethics committee. In Spain, we're preparing to seek permission for a revised MDMA/PTSD study that would expand upon the preliminary research that was halted by political anti-drug pressure, which we seem able to overcome now that we have begun this research in the US. On October 14, 2005, a DEA field investigator

inspected the safe at Harvard Medical School-affiliated McLean Hospital, where the MDMA will be securely stored for Dr. John Halpern's pilot study of MDMA-assisted psychotherapy in subjects with anxiety associated with advanced-stage cancer. Since December 2004, this study has only been awaiting DEA approval to begin. As you can read on the inside front cover, a mother writes about how MDMA proved helpful to her daughter to gracefully and courageously accept her death from cancer, suggesting the potential benefits to our society from this line of research.

Preliminary work is underway on protocol design for a MAPS-sponsored study of LSD and psilocybin in the treatment of cluster headaches, which we hope will also take place at McLean Hospital.

MAPS is also coordinating a DEA Administrative Law Judge hearing, in which Professor Lyle Craker, Ph.D., UMass Amherst, is suing the DEA for refusing to issue him a license for a MAPS-sponsored marijuana production facility. I started MAPS after working from 1984-1985 to help coordinate testimony for a DEA hearing about the scheduling of MDMA, so this new DEA hearing helps me see how MAPS has grown in the last twenty years. Another sign of MAPS' growing maturity is that Jag Davies, MAPS staffer, cut his hair and I purchased an entirely new wardrobe, in order to walk the halls of Congress to help obtain support from over 30 members of Congress for the UMass Amherst facility!

Yet there have been some growing pains. MAPS has more projects and staff than ever before, with increased fundraising needs and overflowing email in-boxes. We struggle to retain the same personal touch with MAPS members that has been our strength over the decades.

In order to build community and retain this personal connection, MAPS invites all members and friends to camp with us at Burning Man for MAPS' 20th anniversary gathering next year (coincidentally, 2006 is also Burning Man's 20th anniversary). This is a great opportunity to see MAPS in action assisting the Black Rock City Rangers to provide psychedelic emergency services. We will also be coordinating a lecture series about psychedelic and marijuana research to take place in our camp. Artist Alex Grey and friends will be joining us next year, and we will be adding a large dome for Alex's art

The breakthroughs we are poised to make in the next year or two will set the foundation for MAPS' work over the next decade or two. Your support has carried MAPS through its adolescence; your continued support will enable us, and our society, to mature together.

Psychedelically yours,

–Rick Doblin, Ph.D., MAPS President



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

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We're approximately at the halfway point of the study of the MAPS-sponsored study using MDMA-assisted psychotherapy in the treatment of Posttraumatic Stress Disorder in Charleston, South Carolina. Currently the numbers are as follows:

- We have done telephone screening on seventy-eight potential subjects. If they pass phone screening they are then eligible to come for full screening in person.
- Thirteen people have come for full screening which involves meeting with us to sign the informed consent, meeting with the psychologist for measurement of PTSD symptom levels and screening for other psychiatric diagnoses, and undergoing medical screening (physical exam, EKG and laboratory tests).
- Eleven subjects have been enrolled in the study. About two thirds have been from South Carolina or North Carolina. The rest have come from as far away as Hawaii.
- The eleventh subject completed the full screening in late August and will soon begin the rest of the protocol.
- Nine subjects have completed the double blind protocol.
- One subject withdrew before having the second experimental session. The reason for withdrawal did not appear to be related to the experimental session. In keeping with our intention to collect as much data as possible about anyone who does not complete the protocol, she has agreed to return for repeat outcome measures.
- Two of the subjects who received placebo in the double blind stage have returned for two open-label MDMA sessions along with nine additional non-drug psychotherapy sessions and additional outcome measures.
- Three potential subjects are currently scheduled to come for screening visits. This is providing useful additional data as these subjects serve as their own controls.

At times recruiting has been slower than we would like, but we're pleased with the steady progress of the study, and our results continue to be very encouraging. It's exciting that other studies of MDMA-assisted psychotherapy will soon be starting at Harvard and, most likely, in Israel, Switzerland and Germany. It will be extremely useful to compare data from similar studies in different locations. The ongoing support for protocol development and psychedelic research provided by MAPS members, donors and staff is making this possible.

It's exciting that other studies of MDMA-assisted
psychotherapy will soon be starting at Harvard and,
most likely, in Israel, Switzerland and Germany.

A Pilot Process-Outcome Study of Change During MDMA-Assisted Psychotherapy for the Treatment of PTSD

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This present study will analyze audio and video recordings of therapy sessions from the ongoing MDMA-assisted psychotherapy study in the treatment of clients with post-traumatic stress disorder (PTSD) from the site of MAPS-sponsored research conducted by Michael Mithoefer, M.D. in South Carolina. The dataset that Dr. Mithoefer and MAPS have generously made available provides an invaluable opportunity to study the MDMA-assisted psychotherapeutic process in depth. This pilot project will be conducted at the Norwegian University of Science and Technology (NTNU) in close cooperation with MAPS President Rick Doblin, Ph.D., Dr. Mithoefer, and John Halpern, M.D. The objective of this study is to provide empirical evidence on how MDMA influences behavior in the context of psychotherapy, to understand how MDMA might facilitate the therapeutic process, and finally to empirically inform the development of a standardized treatment manual for MDMA-assisted psychotherapy.

Defenses are coping strategies, often unconscious, that diffuse conflict and minimize stress. As an example, in the less adaptive defensive behavior of dissociation, which we expect to be frequent among the PTSD patients, both the uncomfortable idea and the associated emotion are kept out of awareness but are expressed by an alteration in consciousness. The subject usually comments that something “weird” or unusual takes place at such times. In the therapy session dissociation might be occurring when the client frequently expresses clouding of consciousness in response to talking about emotional trauma, e.g. “I suddenly feel confused and can’t think.”

A person’s characteristic defensive behaviors are more enduring and trait-like than many of the more state- or mood-dependent psychiatric self-report tests. Longitudinal studies have shown that people continue to use the same pattern of defenses over decades. Thus any change in defensive behavior during treatment is likely to indicate lasting change in a PTSD patient beyond the remission of the current episode of distress.

Experiential avoidance occurs when a person is unwilling to remain in contact with particular experiences in the form of bodily sensations, emotions, thoughts, memories, or behavioral dispositions. Experiential avoidance mani-

festes itself in the therapy session as defensive behavior. The converse of experiential avoidance is emotional experiencing, something that MDMA is reported to increase. Experiential avoidance is recognized as an important concept in all the major systems of psychotherapy. Exposure to emotional experiences or memories is a central therapeutic intervention, particularly for anxiety disorders and PTSD.

In this pilot study we will quantitatively measure the frequency and relative adaptivity of defensive behavior and the degree of emotional experiencing. Defensive behavior and emotional experiencing are closely related and have previously been linked to therapy outcome. Change in defensive behavior is also regularly found to predict symptomatic change for anxiety, depressive, and personality disorders.

Anecdotal accounts, reports of subjective effects of MDMA in Phase I studies, and results of neuropsychological studies all suggest that MDMA belongs to a new class of psychoactive agents called *entactogens* that produce feelings of closeness to others, empathy, well-being, and insightfulness, with little perceived loss of control, and increased recall of emotional material. These findings are consistent with reports of decreased defensive behavior and increased emotional experiencing in previous accounts of MDMA-assisted psychotherapy.

The Defense Mechanism Rating Scales (DMRS), 5th edition, developed by Christopher Perry, M.D. at Cambridge Hospital (1990) provides an observer-rated system for measuring defensive behavior. The DMRS is a manual for quantitatively identifying the use of 28 specific defensive behaviors, similar to the proposed Defense Axis in Appendix B of the Diagnostic and Statistical Manual IV by the American Psychiatric Association, 1994.

The DMRS groups defenses into a hierarchical structure of seven levels (mature, obsessional, other neurotic, minor image-distorting, disavowal, major image distorting, and action defenses) that has been consistently empirically validated. Overall defensive functioning (ODF) is a weighted average of the observed defenses, ranging from 1 (least adaptive) to 7 (most adaptive). Trained coders can achieve high reliability. Inter-rater reliability for the ODF has yielded a high median intra-class R of .875 (range from

.83 to .90) across seven studies. One of the investigators of this study has had extensive experience in the identification of defensive behavior, has received supervision by the author of the DMRS scale at the Austin Riggs Center, and is a co-investigator at the current defense mechanism project at the Harvard Study of Adult Development. When using the DMRS, coders individually mark each defense with a timecode, a clinical vignette, and a reason for each rating.

Of relevance for the current study, the DMRS scale also includes defensive behavior characteristic of highly adaptive and optimally functioning people. Some highly adaptive defenses we expect to be more frequent during the MDMA experimental sessions and the sessions following include: humor, sublimation, anticipation, self-observation, self-assertion, and affiliation. We expect the change toward a more adaptive defensive style under and following the MDMA experimental sessions will be accompanied by more intense, better modulated, and more integrated emotional expression.

The emotional experiencing sub-scale of the Assimilation of Therapeutic Objectives Scale (ATOS), developed by Leigh McCullough, Ph.D. at the Harvard Psychotherapy Research Program, provides a system for quantitatively measuring experiential avoidance. In the present study, the peak expression of anger and sadness in each ten minute segment from the therapy sessions will be rated, according to the ATOS, on a 1–100 scale based on the intensity, duration, and modulation of the emotional expression. The ATOS has undergone five reliability studies and has been clarified and improved with each successive examination.

We plan to analyze at least 40 minutes from each of sessions 3, 5, 8, 11, and 14 from all of the 20 subjects (for a total of 100 sessions) across the range of outcomes in both the MDMA and the placebo conditions. Sessions 5 and 11 are the experimental (MDMA or placebo) sessions. Eight to ten graduate students in the clinical program at the Norwegian University of Science and Technology will participate in the coding process.

We expect that the MDMA will facilitate a bearable re-experiencing of the trauma while increasing the relative adaptivity of defensive behaviors and enabling a more effective emotional processing of the trauma. Based on the previous empirical evidence from multidisciplinary research into MDMA and clinical research into experiential avoidance, we will examine the role of defensive behavior and emotional experiencing with the following main hypotheses:

1. Overall Defensive Functioning (ODF) score will increase to a more adaptive level from pre-treatment to therapy session 14, in both the MDMA and the placebo therapy conditions.
2. There will be both a higher relative ODF score and a higher degree of emotional experiencing in the MDMA compared to the placebo condition.
3. The change in ODF and emotional experiencing separately and in combination will predict outcome in both conditions, both at the end of treatment and at the three month follow-up.

This pilot study is unique since it is the first well-controlled study of how MDMA influences behavior within psychotherapy. It will evaluate the degree to which MDMA facilitates emotional experiencing through a relative increase in Overall Defensive Functioning, and it will examine if this predicts outcome. We are well aware of the limitations of our quantitative approach, so we hope to be able to supplement our results with illustrative and in-depth qualitative case studies.

Our long-term goal is to extend this study to the other MDMA-assisted studies that are starting up through MAPS and also to examine the effects of specific therapist interventions on specific defense mechanisms. Since defensive behavior is discrete and relatively frequent within therapy sessions (about 20–80 defensive behaviors are recorded in each session), they are well suited for quantitative studies of interactions with therapist interventions. Our hope is that, in cooperation with other psychotherapy process researchers, we can examine the effects of specific psychotherapy interventions before and after the defensive behaviors, and before and after the peaks of emotional experiencing, to see whether they lead to emotional processing. For instance, should therapists ignore, clarify, confront or validate defenses? By identifying interventions that lead to emotional experiencing and more adaptive overall defensive functioning we can supplement clinical experience and develop empirically informed training tools, treatment manuals, and systems for monitoring therapist adherence and competence for MDMA-assisted psychotherapy, and thus pave the way for well-controlled larger multi-site studies down the road.

We are grateful that MAPS has provided \$5000 for this pilot study to fund graduate student coders and project acquisition. However we are in urgent need of further support in this initial stage of the study. Please contact MAPS if you would like to contribute funds toward this project.

Dr. John Halpern Reports on Various Psychedelic Research Projects

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I wish I could report that our FDA-approved study, “Phase II Dose-Response Pilot Study of (+/-)-3,4-Methylenedioxymethylamphetamine (MDMA) Assisted Psychotherapy in Subjects with Anxiety Associated with Advanced-Stage Cancer,” is an active study by now. Certainly the way the press buoyed up our work as a news item in early 2005, one could easily have been left with the impression that we were but mere moments away from starting. My earlier predictions of Spring '05 were far off the mark, but I don't expect to report another round of delays by the next MAPS Bulletin.

On September 28, 2005, the McLean Hospital IRB re-approved our protocol, which was re-submitted to them in its entirety earlier in the month. This re-review helped identify where the informed consent should be modified as well as a few other procedural issues regarding discharge, the HIV testing form, and the use of videotapes.

On October 14, we hosted investigators of the DEA Boston Field Office once again. This was actually their first opportunity to fully test the alarms on the safes we will use at McLean Hospital. We are confident that the DEA completed their investigation with this visit, and, if favorable, a Schedule I Registration for the research use of MDMA in our study could be sent to us sometime in the following two months. I really do believe this meeting is the turning point we've all been waiting for and hopefully we will be recruiting subjects before the New Year.

LSD and Psilocybin in the Treatment of Cluster Headache

MAPS is also backing our efforts to evaluate whether LSD and psilocybin have important medicinal properties for the treatment of cluster headaches. R. Andrew Sewell, M.D. continues to work and collaborate with me here at McLean Hospital in addition to his other work as a research fellow in drug and alcohol abuse research. He spearheaded the data collection of 384 people with cluster headache who claim their condition improved after personal experimentation with these substances. We requested medical records to confirm diagnosis and standard medication trials, which then pared down our cases available for review to 53. The positive reports we obtained from these 53 cases have been written up, and we intend to soon submit it for publication. In the meantime, we are discussing the design of a protocol for a randomized, controlled pilot study, which is the best way to tell for sure if the intriguing results implied by the case series are valid and observable. Many steps still remain before any type of research begins, but we look forward to reporting our progress to you in the months ahead.

Neurocognitive Functioning of Members of the Native American Church

Grants from MAPS contributed to completing my multi-year study of neurocognitive functioning of Navajo Native Americans. The paper that summarizes our primary findings, “Psychological and Cognitive Effects of Long-Term Peyote Use Among Native Americans,” is slated for publication in the mid-October issue of the journal *Biological Psychiatry*. With data on 176 participants, we believe this is the largest neuroscience study of this important under-represented minority to be published in the peer-reviewed

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medical literature, is the largest study of groups of relatively exclusive users, and offers the first quantified data-set on the cognitive and psychological functioning of participants in the legitimate ceremonies of the Native American Church. The conclusion of the abstract states, “We found no evidence of psychological or cognitive deficits among Native Americans using peyote regularly in a religious setting. It should be recognized, however, that these findings may not generalize to illicit hallucinogen users.” The abstract can be found online: <http://journals.elsevierhealth.com/periodicals/bps/content/59434abs>

Review of Hallucinogenic Botanicals of America

MAPS support is also acknowledged in a forthcoming paper co-authored with Dr. Sewell that is in press with *Life Sciences*, “(Minireview) Hallucinogenic Botanicals of America: A Growing Need for Focused Drug Education and Research.” The paper was developed from a talk I gave at a NIDA-sponsored workshop, “Natureceuticals (Natural Products), Nutraceuticals, Herbal Botanicals, and Psychoactives: Drug Discovery and Drug-Drug Interactions” that was held in Baltimore late last year. The paper reviews DMT, psilocybin, mescaline, salvinorin A, lysergic acid amide, atropine and scopolamine, ibotenic acid and muscimol, kava lactones, examples of abuse, and a description of the current religious use of some of these compounds. An in press version of this paper can be obtained at: <http://dx.doi.org/10.1016/j.lfs.2005.09.005>

Both of the above papers may be of importance in the coming Supreme Court case reviewing the right of Uniao do Vegetal (UDV) members to practice their religion in the United States. The UDV won a preliminary injunction in federal court against the Department of Justice and in particular the DEA. This injunction protects the UDV’s religious use of ayahuasca as their sacrament even though it contains Schedule I DMT. Oral arguments are slated for November 1st. The UDV has created a website of all the friend of the court briefs that have been filed. I joined one, currently listed as #8 on their list: <http://www.udvusa.com/amicus.php>

Neurocognition Study of MDMA Users

Finally, my MDMA-neurocognition study remains active, and we are aggressively continuing to recruit users and non-users who reside in Utah, New Mexico, and Idaho (people from these States can call and see if they qualify: 1-800-444-0601). Neurocognitive performance is assessed in a variety of domains using a wide range of standardized tests. Participants should have an extensive history of attendance at all-night parties and report a history of MDMA (“Ecstasy”) use as their primary drug of choice or report a history of little to no drug experimentation. It is our ambition that this study will help inform the ongoing debate about MDMA’s impact on mental health and cognitive performance. Especially because of the seed-money provided by MAPS to help in the collection of pilot data, we were ultimately able to obtain a 5-year \$1.8 million grant from NIDA for this project. This achievement is a shining example of how research sponsored by MAPS can also gain mainstream recognition and collaborative support.

Psilocybin Research with Advanced-Stage Cancer Patients



Charles S. Grob, M.D.
Professor of Psychiatry and Pediatrics
Harbor-UCLA Medical Center

For the past year our research team at Harbor-UCLA Medical Center has been conducting a double-blind, placebo-controlled investigation of the effects of psilocybin in subjects with advanced, metastatic cancer who have severe existential anxiety. Following up on the encouraging findings of researchers in the 1960s and early 1970s,

**During treatment sessions
subjects are encouraged
to lie quietly in bed,
listening to the music.**

including Eric Kast, M.D., Walter Pahnke, M.D., and Stanislav Grof, M.D., who studied the effects of psychedelics with terminally ill patients, we have

constructed and implemented a protocol using contemporary, state-of-the-art research methodologies.

Following screening and entry into the study, all subjects are admitted on two separate occasions, approximately four weeks apart, to the Harbor-UCLA Medical Center Clinical Research Unit. Each subject receives one placebo session and one session with the experimental medicine, psilocybin, administered in variable order. Subjects are admitted the evening before the morning treatment session, and are allowed to leave following treatment in the late afternoon with a friend or family member driver. In addition to formal psychological data collection, we have also been recording Holter cardiac monitors during the sessions. The research team remains with the subject for the entire duration of the treatment session.

Although the primary variable is anxiety, we are also exploring acute and subsequent mood regulation, pain perception, need for narcotic pain medications and overall function and quality of life calibrated for patients with advanced cancer. Thus far, recruitment of subjects has proceeded at a moderate pace, with four subjects out of the total twelve we are approved for enrolled and completing the treatment study. While it is far too early to break the blind and formally analyze the data, preliminary observations to date have been very encouraging.

**Each subject receives one placebo
session and one session with the
experimental medicine, psilocybin,
administered in variable order.**

A relatively strict set of inclusion/exclusion criteria has been selected for this first approved research investigation of this type in over thirty years. Additional information concerning our methodology and inclusion/exclusion criteria can be seen at www.canceranxiestudy.org.

The approved dose of psilocybin employed is 0.2 mg/kg, sufficient for what has appeared to be a significant psychoanalytic (more psychoanalytic than mystical) experience in all cases observed thus far. The model employed consists of lying quietly listening through headphones to pre-selected music and wearing eye shades. We are fortunate to have access on the clinical research unit to the room formerly used for sleep research, which has good sound insulation from outside noise. During treatment sessions subjects are encouraged to lie quietly in bed, listening to the music. At each hour point, we check the blood pressure and ask our subject how he or she is doing. For the first four hours we keep discussion to a minimum, encouraging subjects to lie down again and go deeply into the experience. For the final two hours, we engage in more detailed processing of the experience. Continued processing also occurs in the days, weeks and months following treatment.

After treatment has completed, contact is formally sustained for six months, including detailed follow-up questionnaires and inventories, with informal connection maintained in most cases well beyond the completion of formal data collection. All

subjects to date have reported positive experiences during the treatment they believed to involve administration of the active experimental medicine, psilocybin. Each of the subjects also recommended that subsequent protocols should include the opportunity for at least one additional “booster” session.

Valued members of our research team at Harbor-UCLA include Preet Chopra, M.D. and Marycie Hagerty, R.N. Funding for this psilocybin investigation has been provided by the Heffter Research Institute.

MAPS Medical Marijuana Hearing Before DEA Administrative Law Judge Underway, But Second Round Postponed Until December

Allen Hopper

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Senior Staff Attorney, ACLU Drug Law Reform Project

As those of you who saw an article by Professor Lyle Craker, Ph.D. in a previous issue of the MAPS bulletin and who faithfully read MAPS' monthly news updates know, MAPS is currently engaged in hearings before a DEA Administrative Law Judge (ALJ) seeking permission for Professor Lyle Craker to grow marijuana at U. Mass Amherst for use in MAPS-funded, government-approved studies with the goal of developing marijuana into a legal, prescription medicine. The American Civil Liberties Union's (ACLU) National Drug Law Reform Project is representing the professor, Lyle Craker, *pro bono*, along with lawyers from the Washington D.C. firms of Jenner & Block and Steptoe & Johnson.

The hearing was originally scheduled to last three weeks, spread out over August, September and December. The ALJ granted a DEA request to postpone the second week, however, so the hearing will not resume until December 12.

This hearing represents one of the latest fronts in the ongoing legal battle over medical marijuana. The U.S. Supreme Court held in June of this year, in *Gonzales v. Raich*, that the federal government can enforce federal marijuana laws against patients even in states where medical use of marijuana is legal under state law. During the *Raich* oral arguments, however, Justice Breyer signaled the way forward, stating that patients should ask the FDA to reclassify marijuana. Justice Breyer noted, "... medicine by regulation is better than medicine by referendum."

We'd like to take Justice Breyer up on his suggestion on behalf of the nearly 80 percent of Americans who support medical marijuana. Unfortunately, the federal government has set up a classic Catch-22: They say "we need more research," yet at the same time obstruct that very research. Under the current regulatory scheme, the only legal supply of marijuana for research in the U.S. is grown at the University of Mississippi under contract with NIDA.

No other controlled substance—including LSD, MDMA (ecstasy), heroin, and cocaine—is subject to this absurd NIDA monopoly. All can be procured by scientists from any number of DEA-licensed laboratories. Yet with marijuana, even after the FDA approves a research protocol and grants permission for a study to go forward, NIDA maintains virtually sole discretion over the provision of marijuana. And NIDA has refused, time and again, to provide marijuana for legitimate, FDA-approved research, bowing, instead, to the politics of the "war on drugs."

The only realistic way that scientists will be able to conduct the research necessary to take marijuana through the FDA-approval process so that it can be legally available as a prescription medicine is to develop an alternative source to NIDA. That is what Professor Craker seeks to do, barred only by DEA's refusal to grant him a license—a license the DEA is legally obligated to issue if so doing would be in the public interest. We're using this hearing to prove through expert testimony (including that of former senior policy analyst for the White House Office of National Drug Control Policy, Barbara

This hearing represents one of the latest fronts in the ongoing legal battle over medical marijuana.

Roberts) that it is, without question, in the public interest to grant Professor Craker's application.

Transcripts from the hearing thus far are available on both the MAPS and the ACLU websites (<http://www.maps.org/mmj/> and <http://www.aclu.org/medicalmarijuana/#profiles>). You have to read them to believe the lengths to which DEA will go to block medical marijuana research.

For instance, we called former California state Senator John Vasconcellos to testify about his state's Center for Medicinal Cannabis Research and his support for Dr. Craker's application. DEA lawyers on cross examination sought to discredit the Senator with questions about legislation he introduced over 15 years ago establishing a task force to set up curricula in public schools designed to improve students' self-esteem, and about him being featured in a conservative author's book titled "One Hundred People Who Are Screwing Up America." (Other evil-doers included in the book are Jimmy Carter and Barbara Walters). DEA tactics got even nastier when they cross-examined MAPS President Rick Doblin, pressing him about his personal use of marijuana. (See a Sacramento newspaper article about these DEA tactics at <http://www.maps.org/weblogs/rick/index.php?archives/11-Clash-over-pot-research-gets-personal-Sacramento-Bee.html>).

DEA refused to grant immunity to another witness we planned to call. An AIDS patient wanted to testify about his being forced to drop out of a California medical marijuana study due to bronchitis he developed from the low-quality marijuana NIDA provided for the study, but was concerned about testifying under oath to his use of medical marijuana. That use is legal under California law but, after the Supreme Court's decision in *Raich*, illegal under federal law. We requested immunity from DEA to ensure that this patient could tell his story to the ALJ without fear of being arrested and prosecuted in federal court. DEA refused and our witness understandably decided not to testify. After DEA's cross-examination of Rick Doblin, that decision not to testify made even more sense.

The ACLU welcomes the opportunity to work with MAPS in representing Professor Craker. We believe that scientists and doctors should be free to pursue the truth about all drugs and to conduct legitimate research without government obstruction or censorship rooted in the politics of the drug war. We believe that the public has a right to know the truth about the drugs and medicines they consume. And we believe that sick people have a right to safely access the medicines their doctors say they need to save their lives or alleviate pain without risking prosecution and imprisonment and without resorting to the black market. The time has come for DEA to hear the call of science and approve Professor Craker's application to grow medical marijuana for this critically necessary research.

Allen Hopper is a Senior Staff Attorney at the ACLU Drug Law Reform Project, where he leads the Project's marijuana law reform litigation efforts.

Unfortunately, the federal government has set up a classic Catch-22: They say "we need more research," yet at the same time obstruct that very research.



Allen Hopper speaks at a rally for the Wo/Men's Alliance for Medical Marijuana in California.

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SATURDAY, AUGUST 27, 2005

Marijuana Pipe Dreams

John Tierney

When the Supreme Court ruled in June that states could not legalize marijuana for medical uses, Justice Stephen Breyer voted with the majority. But during oral arguments, he suggested an alternative way for patients to get it: let the federal Food and Drug Administration decide if marijuana should be a prescription drug.

"Medicine by regulation is better than medicine by referendum," he said. In theory, that sounds reasonable. But what if the officials doing the regulation are afflicted with a bad case of Reefer Madness?

If you doubt this possibility, you should have been at a hearing that began this week at the Drug Enforcement Administration's headquarters. Lyle Craker, a professor of plant and soil sciences at the University of Massachusetts, asked an administrative judge to overrule the agency so he could grow marijuana for F.D.A.-approved research projects by other scientists.

Dr. Craker is a well-regarded agronomist who's being supported by the American Civil Liberties Union and both of his senators, Edward Kennedy and John Kerry. But for four years he's been stymied by the D.E.A., which first stalled and then finally denied his request for a permit.

There are precedents for his request, because researchers already get supplies of other drugs—like heroin, LSD and Ecstasy—from independent laboratories licensed to make them. But researchers who want marijuana have only one legal source: a crop grown in Mississippi and dispensed by the National Institute on Drug Abuse.

Scientists say they need an alternative partly because the government's marijuana is of such poor quality—too many seeds and stems—and partly because the federal officials are so loath to give it out for research into its medical benefits.

Discovering benefits, after all, would undermine the great anti-marijuana campaign that has taken hold in Washington. Marijuana is deemed to be such a powerful "gateway" to other drugs that it's become the top priority in the federal drug war, much to the puzzlement of many scientists, not to mention the police officers who see a lot of worse drugs on the streets.

People with glaucoma and AIDS have sworn by the efficacy of marijuana, and there have been studies by state health departments showing that smoking marijuana is especially good at controlling nausea. Scientists would like to test these effects, but they can't do good studies until they get good marijuana.

Critics of medical marijuana say that it's unnecessary because patients can obtain the benefits of its active ingredient, THC, through a drug that's already available, Marinol. But many patients say it doesn't work as well. They point to the case of the writer Peter McWilliams, who said smoking marijuana was the only way to control the nausea brought on by the mix of drugs he took for AIDS and cancer.

He was forced to switch to Marinol after a D.E.A. investigation led to his conviction for violating federal laws against marijuana. In 2000, several weeks before he was to be sentenced, he was found dead in his bathroom. He had choked on his own vomit.

Phillip Alden, a writer living in Redwood City, Calif., told me that marijuana was a godsend for him in dealing with the effects of AIDS. He said it eased excruciating pains in his fingertips, controlled nausea and enabled him to avoid the wasting syndrome that afflicts AIDS patients who are unable to eat enough food.

But Mr. Alden said only some kinds of marijuana worked—not the weak variety provided by the federal government, which he smoked during a research study.

"It was awful stuff," he said. "They started out with a very low-grade plant, rolled it up with stems and seeds, and then freeze-dried it so that they probably ruined any of the THC crystals. All it did was give me headaches and bronchitis. The bronchitis got so bad I had to drop out of the study."

Mr. Alden was scheduled to testify at this week's hearing, but he told me he had to withdraw because the D.E.A. refused to give him legal immunity if he admitted using marijuana not from the government. It's a shame the judge will be making a decision without hearing him, but I can understand Mr. Alden's hesitancy.

D.E.A. officials have already shown they're quite capable of persecuting someone who uses marijuana to deal with AIDS, and they may well be even more eager to go after someone who encourages research into their least favorite drug. When it comes to marijuana research, the federal policy is "Just Say Know-Nothing."

Ibogaine Outcome Study: A Progress Report on the Iboga Therapy House

I am pleased to announce that through the generous funding, assistance and mentorship of MAPS and after many long months of setbacks and challenges, the Iboga Therapy House is now a non-profit entity ready to open the doors of our ibogaine clinic in Canada.

Our program is based on a holistic harm reduction and health promotion-based approach to recovery and personal exploration. It is our goal to facilitate an improvement in the quality of life of those seeking recovery from chemical dependence to substances such as heroin, methadone and other opiates, crack, cocaine, methamphetamine and alcohol in a safe and supportive environment to support the psychospiritual and therapeutic exploration of deeper issues through processes facilitated by the powerful experience that ibogaine may catalyze.

This project aims to complement the range of existing drug treatment options with an Ibogaine therapy service that recognizes that reductions in problematic use, changes in patterns of use toward forms of use that are less problematic, and sustained periods of prolonged abstinence all contribute to healthier lifestyles, increase resiliency and in turn contribute to improvements in quality of life for the drug addicted population.

Our staff consists of two Emergency Medical Technicians (1st Aid Level 3) to be present in case of an emergency, nine facilitators with a wide range of skills to monitor and support the participants in their treatment, two of which are professional substance abuse counselors, plus a host of community volunteers offering aftercare services such as bodywork/massage therapy, ecstatic dance, guided breathwork, reiki, light exercise such as yoga and nutritional planning. Several doctors have also requested to observe the treatments.

As ibogaine is not regulated in Canada as it is in the US, this affords us a unique opportunity to conduct much needed research on ibogaine-assisted therapy.

MAPS will provide the evaluation and research component by conducting a one-year follow-up study using information collected from 20 people treated at the Iboga Therapy House. Valerie Mojeiko of MAPS and Leah Martin of the Iboga Therapy House will coordinate the study.

The evaluation tools have been chosen to be reliable, well validated, and repeatable. Special consideration is given to measures that assess several indicators of suc-

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cess in addition to abstinence. The primary measure is the Addiction Severity Index, a widely used index that measures seven problem areas to obtain a comprehensive picture of a person's life and lifestyle. Secondary measures include the Beck Depression and Anxiety Inventories, Subjective and Objective Opiate Withdrawal Scales, Peak Experience Profile (for measuring content of Ibogaine experience and how it relates to recovery), and pain and craving scales. We hope to show that ibogaine-assisted therapy is associated with extended periods of abstinence, and that intensity of the ibogaine experience will be associated with longer periods of abstinence.

A copy of the protocol design can be found on the MAPS website on the Ibogaine research page at www.maps.org/ibogaine

Over the last few months we have developed a program manual that is intended to serve as a protocol for our own upcoming program and as a potential model for ibogaine treatment and research in Canada.

It is of great interest to develop strategies for communicating with people in other fields of interest or study, to open dialogue about other psychedelics and entheogenic substances that have value as therapeutic agents of self-discovery. Increased interest and understanding of these potentials could lead to changes in the societal perception of psychedelics and lead to educated changes in drug policy, opening the door towards further research into a range of potential beneficial uses in legal contexts.

We are now accepting applications for Ibogaine-assisted therapy from chemically dependant applicants wishing to participate in our study. We plan to conduct our first treatments in November 2005 and to complete the treatment phase of this study in the spring of 2006. For more information about our program, how to apply and the costs of treatment please see our website at: www.ibogatherapyhouse.net

Many thanks to all the supporters of MAPS for your assistance in making this project a reality!

If you would like to make a donation to this project go to: www.maps.org/donate and specify "Iboga Therapy House"

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Eleusis Offers Ketamine Psychedelic Psychotherapy

Dear friends, colleagues and MAPS supporters:

I'm pleased to let you know that I have returned to my research in the field of psychedelic psychotherapy. Toward that end, I established Eleusis, a not-for-profit foundation dedicated to both scientific research and clinical application of Ketamine Psychedelic Psychotherapy (KPP). Planned research activities include evaluating the efficacy of KPP for recovery from alcohol, drug and food addictions and its potential for acceleration of psychospiritual growth. In the clinical area, the center specializes in the treatment of the above addictions, as well as treatment of existential and psychospiritual problems.

The treatment program at Eleusis combines KPP with a variety of additional alternative therapies and self-help techniques that support the insights gained from the psychedelic experience. These techniques include existential and transpersonal group psychotherapies, guided imagery and visualization, Holotropic Breathwork, yoga and meditation, among others. The three-week program offers more than 90 hours of encounter groups, interactive classes and didactic lectures in a peaceful residential setting.

I would also like to update you about my past efforts in this area that led to the foundation of Eleusis in 2003. Some of you may recall my previous reports in the Autumn 1995 and Summer 1996 MAPS Bulletins, where I shared with you the progress of my research protocol for the use of KPP in the treatment of alcoholism. The original protocol, entitled *The Ketamine-Assisted Therapy of Alcoholism*, was presented to the Safety Committee of the James A. Haley Veterans Hospital and was approved on March 26, 1996. It was then reviewed by the Research and Development Committee of the Department of Veterans Affairs and was approved on May 6, 1996. The research protocol was further submitted to the Research Committee of the Department of Psychiatry at the University of South Florida College of Medicine and was approved on May 31, 1996. It was then sent to the Institutional Review Board of the University of South Florida Health Science Center, where it was approved on July 3, 1996. Finally, the protocol was forwarded to the U.S. Food and Drug Administration, which issued to me an Investigational New Drug permit (IND #52,053) on November 29, 1996.

Due to organizational restructuring, however, implementation of the protocol was delayed for three years. Administrative leadership of Psychiatry Services at the Veterans Hospital changed three times, which ultimately delayed the beginning of the study. In addition, the Alcohol and Drug Abuse Treatment Program (ADATP) involved in the original protocol was re-organized during the same period. As a result, the inpatient substance abuse ward was closed, and the ADATP began providing only

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outpatient treatment, which required the protocol to be restructured.

While waiting for the changes at the Veterans Hospital to take place, I began using Ketamine Psychedelic Psychotherapy (KPP) for clinical applications in my private practice and, between fall of 1996 and spring of 1999, treated more than 70 clients. My initial success rate was approximately one-third lower than the one reported by MAPS-funded Russian Ketamine researcher Evgeny Krupitsky, M.D., in 1992, however, and, after repeated communication about the problem, we eventually identified the cause of this discrepancy. Psychedelic substances were virtually unknown in the former Soviet Union, and the vast majority of Dr. Krupitsky's patients had never had a psychedelic experience, while a significant number of my alcoholic clients had a history of abuse of psychedelic drugs. We eventually agreed that the novelty of the psychedelic experience is essential to more successful outcomes of KPP. Karl Jansen, M.D., another European scientist specializing in Ketamine research, confirmed this conclusion and recommended that we exclude patients with a past history of abuse of psychedelic substances.

I tightened my exclusion criteria and began accepting clients with no history of use of psychedelic substances, a past history of experimental use of psychedelic substances, or a history of sacramental use of psychedelic substances. In addition, I restructured my treatment protocol. Initially, I used KPP as a part of individual psychotherapy administered on an outpatient basis; however, I discovered that KPP is more effective when administered in a group setting in the structured environment of a residential program. Eventually, I started using KPP as a centerpiece intervention in my alternative residential rehabilitation program that incorporated existential and transpersonal group psychotherapies, and my success rate immediately began matching the one reported by Dr. Krupitsky in the *Alcoholism Treatment Quarterly*.

In the beginning, I planned to admit to my program only patients with Alcoholism. I quickly discovered, though, that more than 90 percent of my clients had concurrent addictions and nearly half of my clients had co-existing psychological problems. During the same time, in 1997, Dr. Krupitsky published an extensive review of the results of his Ketamine research in the *Journal of Psychoactive Drugs*. He reported that Ketamine Psychedelic Therapy is a safe and effective treatment not

only for alcohol dependence, but also for other drug dependencies (heroin, ephedrine), as well as reactive depression, neurotic disorders, post-traumatic stress disorder and avoidant personality disorders.

I became encouraged by this report and started accepting clients with other drug addictions, food addiction and dual diagnosis patients, as long as their primary diagnosis was Alcohol Abuse or Alcohol Dependence. I discovered that two-thirds of my clients responded well to KPP and recovered from Alcoholism. The same clients also maintained abstinence from their concurrent addictions, most commonly addictions to caffeine, sugars, fats, nicotine, cannabis, benzodiazepines, opiates and amphetamines. They also showed significant or good improvement of their co-existing psychological disorders and psychosomatic illnesses, most commonly generalized anxiety disorder, social phobias, primary insomnias, acute and repeated stress disorders, pain disorder, panic disorder, depressive disorder, posttraumatic stress disorder, tension and migraine headaches, somatization disorder and chronic fatigue syndrome. Additionally, I determined that more than half of those clients who did not respond favorably to KPP had a long history of severe control issues and/or persistent difficulties in maintaining long-term interpersonal relationships.

Based on my practical medical experience, I verified Dr. Krupitsky's findings and empirically learned that Ketamine Psychedelic Psychotherapy is an effective tool in the treatment of a variety of addictions, psychological disorders and psychosomatic illnesses, as indicated above. After gaining personal experience in the clinical application of this highly effective procedure, I eventually stopped using other, less effective modalities in my private practice and started specializing in Ketamine Psychedelic Psychotherapy only. In 1998, TBS/CNN featured our KPP residential program on the American Frontiers program entitled *Psychedelic Revisions*.

Meanwhile, organizational restructuring of the Veterans Hospital Psychiatry Services was completed, and the research protocol was scheduled to begin in June of 1999. Unfortunately, in 1999, I sustained repeated injuries that left me totally disabled for the next two-and-a-half years. After extensive rehabilitative therapy, while still partially disabled, I returned to part-time practice in June of 2002. I immediately asked the James A. Haley Veterans Hospital to allow me to complete the original Ketamine research protocol. Regrettably, the new admin-

istrative leadership of the Veterans Hospital Psychiatry Services was not at all supportive of this important study and declined to allow me to continue my research. I spent another year appealing this negative decision before eventually accepting the new chief's unsupportive attitudes toward psychedelic psychotherapy.

I also attempted to secure help from Parke-Davis Pharmaceutical, the maker of the brand name of Ketamine. Unfortunately, the Parke-Davis license for exclusive use of the Ketamine brand had already expired and the company had no financial incentives to fund my study. Finally, I accepted the fact that neither a governmental agency nor a private corporation would assist me in the Ketamine research. The Department of Veterans Affairs would not

allow me to complete my study due to the controversy of psychedelic psychotherapy, and the corporation would not fund my research without an ironclad guarantee of profit.

For these reasons, I have resolved to continue pursuing my goals independently and established Eleusis, a research center and freestanding residential facility for alternative treatment of alcohol, drug and food addictions. Eleusis is also

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obtaining status as a 501(c)(3) tax-exempt organization and is currently in the process of applying for two National Institutes of Health grants through the office of Complementary and Alternative Medicine. One grant will be submitted to NIAAA to request funding for a study entitled "Ketamine-Enhanced Psychotherapy for the Treatment of Alcohol Abuse and Dependence." The second grant will be submitted to NIDA to request funding for a study entitled "Ketamine-Enhanced Psychotherapy for the Treatment of Opioid Abuse and Dependence."

I will continue to keep you informed about my progress in both the research and clinical arenas. If you would like to learn more about Eleusis, please visit our web site at www.eleusis.us

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Paranormal Phenomena and Psychoactive Drugs: Fifty Years of Research



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Following on from my article for the *Bulletin*, Summer 2004, the MAPS-funded project to review the literature on research into paranormal experiences with psychoactive drugs is now complete.

It incorporates more than 200 scientific papers spanning fifty years of research and is due for publication in spring, 2006 as a chapter in *Advances in Parapsychological Research* 9, edited by Stanley Krippner et al., and published by the Parapsychology Foundation (www.parapsychology.org). The chapter borrows widely from anthropology, ethnobotany, psychiatry, psychotherapy, and not least from parapsychology, but this multidisciplinary approach also owes much to the non-academic explorers of parapsychopharmacology, be they psychonauts, occultists, or shamans. While consideration is given to a range of paranormal phenomena the review is primarily concerned with what is known as extrasensory perception (ESP)—telepathy, precognition, and clairvoyance—as well as out-of-body experiences (OBEs) and near-death experiences (NDEs). The report includes psychedelic/neurochemical models of paranormal experience; field reports of intentional and spontaneous phenomena incorporating anthropological, anecdotal, and clinical cases; surveys of paranormal belief and experience; and experimental research. There also includes a methodological critique with recommendations for further experimental research.

Since their earliest popularization among the intelligentsia, psychedelics, above all other psychoactive substances, have been noted for their potential to induce ostensibly paranormal phenomena, for a plethora of reasons. Much of this reasoning is owed to the time-honored observation that paranormal experiences such as ESP or psychokinesis, collectively termed *psi*, largely occur during altered states. Alterations in the perception of self, space, and time available through the use of such substances are of particular value to parapsychological concepts, which defy the usual rules governing these factors. In a less immediate sense, psychedelic drugs are also capable of broadening ideas about reality on an ongoing and durable basis, opening people up to the possibility of all kinds of transpersonal experiences. Perhaps more obviously, neurochemicals are doubtless involved in subjective paranormal experiences and there exist some well-evidenced and reasoned conjectures about the role of tryptamines, β -carbolines, and ketamine in the function of OBEs, NDEs, and apparent psi

experiences (see Jansen, 2001; Roney-Dougal, 1991, 2001; Strassman, 2001).

Pooling reports from a variety of sources, the literature is replete with accounts of the spontaneous occurrence of ostensibly paranormal phenomena with the recreational, clinical, and experimental use of psychoactive drugs. Most of the clinical observations come from psychedelic-assisted psychotherapeutic sessions, rather than from psychiatric reports, and at one time it was estimated that ESP occurs with good supporting evidence in about two percent of such therapy sessions. Considering all the sources, a whole range of paranormal phenomena are often found to manifest in unusual and unexpected ways, and the most prominent feature of these reports is that they tend only to occur with psychedelic, rather than other psychoactive drugs. This finding can be found rooted in the traditional divinatory and shamanic use of entheogens reported in historical, anthropological, and ethnobotanical studies and is further echoed by several surveys conducted among modern urbanites. The surveys indicate that people who report paranormal experiences are significantly more likely to have used psychedelic drugs, with those reporting more frequent use of these drugs being more likely to have an experience.

Of those reporting the use of psychedelics, 18–83% reported psi experiences—most commonly telepathy but also precognition—actually occurring during drug use. Perhaps surprisingly, only rarely were psychedelics found to be related to the occurrence of psychokinesis, but they were cited as a fairly common cause in out-of-body experiences, a phenomenon that seems to occur with most every drug of this type, but particularly with dissociatives. Furthermore a weak but consistent relationship was also found between the reported use of psychedelics, paranormal experiences, and kundalini experiences, widening the debate on the natural role of endogenous drugs such as DMT. Belief in the paranormal and a reduced fear of the paranormal were also found to correlate consistently, although quite weakly, with the use of psychedelics, begging further investigation of their use in breaking down fears of the unknown.

Supporting the anecdotal reports, the relationship with paranormal experiences, belief, and fearlessness tended to be either reduced or reversed with respect to cocaine, heroin, and alcohol. That there is virtually no recorded folkloric use of these substances for psychic purposes compared to the widespread shamanic use of psychedelic substances for such means is a further testament to the

unique power of this class of drugs for inducing subjective paranormal experiences. While it is recognized that subjective reports are not scientifically rigorous in establishing the veridical nature of these experiences, they do enhance our understanding and offer a rich phenomenological spectrum of evidence around which to orientate further research. Furthermore, the similarity in reports between those occurring spontaneously in exploratory, therapeutic, and accidental contexts and those induced intentionally in the traditional ritual context gives further credence to the shamanic use of these substances for paranormal purposes. Regrettably, very little of the survey research has considered the paranormal phenomenology of differing drugs but has instead generally just considered psychedelic drugs as a whole. In response to this I am currently analyzing data from my own survey into differing trends in drug-induced paranormal experience conducted with the help of the *Bulletin* readers, who I would like to thank, the results of which should be published soon.

In consideration of the real efficacy of psychedelics to induce ESP the review also evaluates the contribution of more than a dozen experimental projects that have been conducted, primarily with LSD or psilocybin, but also with mescaline, marijuana, *Amanita muscaria*, and, recently, ayahuasca. The results of these experiments, which began in the 1950s, varied in the degree of their success, most likely in relation to the methodology involved. The most successful experiments tended to utilize participants experienced with the use of psychedelics, and also utilized free-response testing procedures, rather than forced-choice scenarios where participants often reported becoming very bored with the repeated tasks. In retrospect it is easy to see how the more naïvely-designed projects lost any chance of sensibly testing for anything, let alone psi, once their inexperienced participants began succumbing to the mystical rapture of their first trip.

Despite the fact that working with tripping participants and using quite involved methodologies can be challenging, the results to date are very promising of the possibility of stimulating psychic abilities with psychedelics experimentally, although further research with better experimental controls and improved methodology is necessary. Nevertheless, experience dictates that factors of set and setting are fundamental to the psychedelic experience and future researchers should consider integrating aspects of the shamanic use of entheogens into their work to ground it. Researchers may even consider conducting fieldwork within traditional scenarios and other naturalistic environments of psychedelic use. Other possible experimental techniques advised include hypnotic procedures to stabilize or re-induce the experience, paired voyages with emotionally-bonded participants, the use of electrophysiological measures of non-cognitive psychic awareness, and first-person precognition test procedures that marry the subjective and the objective and can be conducted solely with the experimenter as participant.

Psychedelic research into parapsychology also has the potential benefit of identifying psychological and methodological factors conducive to the apparent expression of ESP through the magnifying effect of these substances. Some debate still exists as to the reality of psi, though most from critics working outside of the experimental research and it is becoming increasingly more difficult to explain away the growing evidence. Meanwhile, psychedelics could be helpful in better understanding the process of psi and the psi experience. For instance, the curious dearth of reports of psychokinesis in this review apparently indicates something about the expression of 'pharma-psi', inviting virgin research into the nature of psychic healing with shamanic plants.

Weaving the many investigative stands of this research together it is clear that psychedelic and parapsychological research have much to share in exploring the rich tapestry of human potential. There are also obvious implications for aligned fields, and in informing psychiatric and psychotherapeutic professionals of the capacity of these drugs to induce subjective paranormal experiences it is advised not to assume that these experiences are delusional, although this may sometimes be the case. Going beyond any a priori prejudices against the exceptional, it may be of great benefit to see paranormal experiences, particularly those induced chemically, as meaningful insights into the experient's personal growth. At the transpersonal juncture between what has been considered as either medicine, madness, or magic, such 'psi-chedelic' experiences are perhaps best considered holistically in relation to the concepts of spiritual emergence and holotropic states, within the framework of Stanislov Grof's 'psychology of the future' (Grof, 2000).

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Santo Daime Community's Healing System— An Alternative Medicine

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I recently completed a thesis for a Masters in Psychology at Saybrook Graduate School and Research Center in San Francisco, CA that focused on the system of healing used in the Amazonian village Céu do Mapiá. Located in the southwest portion of the Brazilian state of Amazonas, Mapiá is the central community of the Santo Daime religion, one of three Brazilian religions centered on the use of ayahuasca. This thesis provides a description of a healing system that incorporates several spiritual traditions with the wisdom of the ancient Amazonian shamans. The study also indicates that it is possible to have a valid system of Complementary and Alternative Medicine (CAM) centered on the use of an entheogen.

Methodology

Under the direction of Stanley Krippner, Ph.D., Jeanne Achterberg, Ph.D., and Jodi Lang, Ph.D., I formulated a study with the goal of providing a comprehensive description of Céu do Mapiá's system of healing from the perspective of its practitioners, and placing it in the larger context of alternative medicine. This goal was accomplished by applying the body of historical data, along with this author's firsthand experience during eight visits to Céu do Mapiá, to specific parameters for describing systems of CAM.

A task force created by the U.S. NIH Office of Alternative Medicine (later renamed NIH National Center for CAM), and published by O'Connor et al. (1997) provided the parameters utilized in this study. These parameters consist of 40 questions grouped into 13 categories: lexicon, taxonomy, specific material medica, etc. If a system of healing is able to provide comprehensive answers to these questions, it verifies that the system qualifies as CAM. The answers to these parameters also provide a description of the healing system, which is useful in formulating more detailed studies of the system.

The results of this study showed that, according to the NIH, the system of healing in Céu do Mapiá does qualify as a system of CAM.

The System of Healing in Céu do Mapiá

The system of healing in Céu do Mapiá is centered on the traditions of the Santo Daime religion, and more specifically the sacramental use of ayahuasca, known in this tradition as *Santo Daime*, which means "Holy Give me." Santo Daime has visionary and purgative effects, both believed to be curative. It is also seen as a teacher that shows practitioners how to live healthier and more harmonious lives. This healing system also utilizes and incorporates aspects from several spiritual and therapeutic traditions including, Umbanda Spiritism, floral therapy, homeopathy, bioenergetics, and allopathic medicine. These practices are enhanced by utilizing the wealth of biological resources available in the Amazon rainforest.

Several of the healers in Mapiá have an extensive knowledge of the many powerful plant and animal remedies of the local forest. In 1997, after years of working in this area, these healers created a non-profit, non-governmental organization called the Forest Medicine Center with the purpose of preserving the knowledge of the forest people and the ancient pajés, or indigenous Amazonian shamans. The Forest Medicine Center provides nat-

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ural medicinal products to the local community free of charge, and provides educational services to the locals and visitors of the community.

Over the last several years, the leaders of the Mapiá community have been developing new communities in other areas of the Amazon forest. This expansion has allowed the leaders of Mapiá's healing system to form unions with other indigenous healers of the region. These unions have enhanced Mapiá's system of healing, and they have helped the Forest Medicine Center to achieve their goal of preserving the knowledge of the Amazonian healers.

Implications

On a general level, this study illuminates that it is possible to have a legitimate system of Complimentary and Alternative Medicine centered on the use of an entheogen such as ayahuasca. On a more specific level, the description of this system of healing indicates that further research on the therapeutic practices of the Santo Daime would be valuable to determine the mechanisms of action and the efficacy of these practices in the treatment of a variety of psychological and physical ailments. The various medicines utilized in the Forest Medicine Center could also be further evaluated to identify possible remedies for common ailments, and to provide further evidence of the value and importance of the rainforest. It is essential, however, that this research be done in a way that respects the rights and the ethics of the people to whom these medicines and technologies belong. As the forest healers are the teachers of this ancient tradition, they are also the most proficient researchers. Future studies, therefore, should be carried out in partnership with these healers, by bringing them the scientific and monetary resources needed for them to present these medicines to the world themselves, if they so choose.

Current Projects / Proposal

While continuing my work towards a Ph.D. at Saybrook Graduate School, I am in the process of formulating a proposal for further research on the system of healing in Céu do Mapiá. In the mean time, I am working with the leaders of the Mapiá community to organize ecological/spiritual, Amazonian adventure tours in their many deep forest communities. For further information I can be contacted by email at the address listed above.

I am now also seeking donations for the continuing projects of the Forest Medicine Center. The donations will be utilized to build a new infrastructure and provide needed resources for the Forest Medicine Center to better study, process, store, and administer their medicines. The expanded infrastructure will also be used as a classroom/laboratory to educate the local people about the forest medicines.

Those interested in making a contribution may do so by donating restricted funds to MAPS (specify for this project). One hundred percent of the tax deductible donation will be forwarded to this project.

"On a general level, this study illuminates that it is possible to have a legitimate system of Complimentary and Alternative Medicine centered on the use of an entheogen such as ayahuasca."

MAPS at Burning Man



Brandy Doyle
brandy@maps.org

Amid the colorful parade of art cars, the pounding of dance beats, and the milieu of fantastically costumed participants, dozens of Burners opted to spend their afternoons sitting still in a quiet dome, and listening to—what else?

The results from scientific research on psychedelic psychotherapy.

For the first time, MAPS brought our own theme camp to the dusty environment of Black Rock City, the 30,000+ community of the annual Burning Man festival. Also for the first time, we hosted the annual Palenque Norte talks, organized by Lorenzo Haggarty. The talks, this year called the MAPS/Palenque Norte series, serve as an on-playa psychedelic conference.

Thanks to the experience and enthusiasm of Bop Camp, a group of energetic Chicago Burners with whom MAPS joined forces this year, we had a fantastic set-up, prominently placed along Burning Man's main drag, the Esplanade. Our camp boasted two large domes, a teepee, a kitchen, and incredible people from all over the country. Over 50 people lived in MAPS Camp for the week, bringing together old and new friends to celebrate MAPS' mission and participate in the indescribable event that is Burning Man.

Working at Sanctuary

Though this was our first attempt at a MAPS-themed camp, it was the third year that volunteers from MAPS have joined the Black Rock Rangers (a volunteer team that patrols the event and assists participants) in staffing Sanctuary. Sanctuary is a safe space created by the Rangers to temporarily shelter folks who are having a tough time at the event, including those having difficult psychedelic experiences. MAPS has offered our expertise in working with this group, bringing psychiatrists, therapists, and experienced peers to sit with Sanctuary visitors.

Returning from past years were myself, Dr. John Halpern and Dr. Andrew Sewell of Harvard Medical School's McLean Hospital, Sandra Karpetas and Leah Martin of the Iboga Therapy House, trauma therapist Kate Sorenson, MAPS staffer Valerie Mojeiko, and MAPS

With the help of so many skilled and compassionate volunteers, we were able to send many participants back out to the playa whose difficult experiences, psychedelic and otherwise, were transformed into positive ones.

president Rick Doblin. New this year were Brian Richards Psy.D., and Matt Johnson Ph.D, both from Johns Hopkins as well as many other new volunteers. This year, we had so many requests from would-be volunteers that we offered a brief mandatory orientation early in the week, allowing us to introduce a number of new faces to our team.

Most of our core volunteers have also participated in Ranger training, and some of us, including myself, also work as Rangers.

Throughout the week, our volunteers assisted the Rangers at Sanctuary. We staffed Sanctuary in eight-hour shifts, 24 hours a day, so that we had at least two members of our team working at all times, from Tuesday morning until Monday morning. During that time, almost 100 visitors came through Sanctuary. Most were brought by Rangers, though some were brought by campmates or came on their own.

Their reasons for coming to Sanctuary were diverse. Some were simply lost and cold, needing a place to regroup before finding their friends. Some were facing emotional and relationship problems. Those under the influence of psychedelics were just as diverse in their needs, wanting a supportive listener, practical help finding lost campmates, or simply a quiet place to reflect. We did our best to help each person with their unique needs, above all providing a safe space for their experience to unfold.

Under the direction of the Black Rock Rangers, MAPS volunteers provided a valuable service to the Burning Man community, logging over 300 person-hours in Sanctuary. We helped to decorate the space, donated clean bedding and snacks, and we participated in keeping a thorough log of visitors. With the help of so many skilled and compassionate volunteers, we were able to send many participants



MAPS logo by koko paulli

back out to the playa whose difficult experiences, psychedelic and otherwise, were transformed into positive ones. We're particularly proud that nobody going through a difficult psychedelic experience had to be taken by ambulance to a hospital for emergency psychiatric services.

We also provided a valuable service to the Burning Man organization. By helping those in difficult psychedelic states move through them before they escalated, we reduced the need for law enforcement or medical intervention. This in turn reduces the perception that Burning Man is a dangerous, drug-soaked event, a perception that could threaten its survival. By lending our expertise to the organization, we are able to plug into a cooperative system that links event organizers, law enforcement, medical staff, and hundreds of volunteers, helping to ensure the safety and sustainability of Burning Man.

Building community: The MAPS Camp and Palenque Norte

The Palenque Norte lecture series is named for the psychedelic conferences convened by the late Terence McKenna in Palenque, Mexico. Though the lectures were held in one of the largest domes on the playa, several of this year's talks were so well-attended that some people had to stand outside. Five days of events included panels on ayahuasca and ibogaine, several psychedelic researchers presenting their results, and mind-expanding discussions on the nature of reality and our place in it.

After dark, the sculpture was lit in blue and green, and the spokes on the wheels were animated, spinning through the night. Inside, DJs also spun through the night, as did the fire spinners who moved to the music.

Speakers included familiar names like popular author Daniel Pinchbeck, virtual reality guru Bruce Damer, MAPS President Rick Doblin and MAPS-funded researcher Dr. John Halpern, as well as a number of new faces. Johns Hopkins drug researchers Brian Richards Psy.D. and Matthew Johnson Ph.D. spoke about the spiritual and scientific aspects of psychedelic psychotherapy, respectively. Holotropic Breathwork practitioner Sheelo Bohm offered two Holotropic Breathwork workshops. For a complete list of the speakers and their topics, go to <http://www.matrix-masters.com> and click on the Palenque Norte box. While we intended to record the talks, because of a misunderstanding this unfortunately did not happen. However, you can download Palenque Norte talks from past years at the site above.

The talks were held in a huge parachute-covered dome, measuring 30 feet tall and 60 feet across, generously donated by Cliff Wilkerson for this purpose. It was a recognizable landmark, adorned with a metal sculpture of Albert Hofmann on his bicycle, which commemorated the LSD inventor's famous ride home during his (and the



Audience members use the stage for extra room during Daniel Pinchbeck's talk, which filled our camp's 60 foot dome to capacity. Photo by Valerie Mojeiko

world's) first intentional LSD trip. After dark, the sculpture was lit in blue and green, and the spokes on the wheels were animated, spinning through the night. Inside, DJs also spun through the night, as did the fire spinners who moved to the music. Hung with giant batik tapestries, by day the dome was just as beautiful, an inspiring setting for the lectures and workshops.

The MAPS Camp was a success because of the efforts of dozens of people, an example of the “radical participation” that characterizes Burning Man. From DJs to chefs to construction crews, the people who made up this group offered amazing gifts. While I initially planned to list some of the people who made this project happen, I gave up when I realized that there are too many whose contributions deserve recognition.

All of these contributions helped us to bring MAPS to Black Rock City, a community whose values make it one of the most receptive to MAPS' mission anywhere. Burners prize both individual expression and responsibility, not to mention collective freedom and community responsibility. As we work to create a world in which policy is shaped by reason and compassion, not money and politics, Burning Man is a great place to find allies.

Planning for next year—you're invited!

We are already planning to make MAPS' Burning Man project bigger and better next year. To improve our work in Sanctuary, we're coordinating with the Rangers and with our team to generate and implement suggestions. These changes include more preparation for volunteers, better data collection, an improved shift schedule, and a clearer division of responsibilities. We're excited to build on this



MAPS President Rick Doblin enjoying his last day at the burn.
Photo by John Halpern.

project, creating a structure that will allow us to continue growing and improving.

We had such a great experience this year that MAPS has begun preparations to celebrate our 20th anniversary at Burning Man 2006. (In an interesting coincidence, this is Burning Man's 20th anniversary, too). Again collaborating with the Burners—formerly-known-as-Bop Camp, MAPS hopes to offer more talks, more interactive workshops, a separate large dome for visual art, and more ways for everyone to get involved. If you'd like to help, please

contact MAPS staffer Valerie Mojeiko at valerie@maps.org. We will need help of all sorts, including financial, to make this happen.

We chose to mark our anniversary at the event partly because so many MAPS supporters attend Burning Man anyway, making it easier for many people than other suggested locations (like Sarasota and Jamaica). We also chose it, however, because Burning Man is a place where MAPS is in action. What better way to mark 20 years of MAPS than at an event that brings together working, learning, and playing? Join us as we celebrate the accomplishments of the past, work to answer the needs of the present, and dare to imagine the possibilities of the future.



Participants ecstatically chase a water truck near MAPS Camp. Photo © dimitre.com.

Personal Experiences from the MAPS Camp at Burning Man

This year's MAPS Camp "story" was one that can be told from 80 to 100 different points of view. From where I'm coming from, something very profound and important took place out there in the Black Rock Desert. Although the infrastructure and lines of communication were far from perfect, the organic nature of how the camp got along was mind-blowing. And that had nothing to do with psychedelics, at least not directly. With several of its core members at this year's burn dedicated to the cause of healing and sharing information, the MAPS vibe was infectious. I realized that one of my main goals this year while I was being a nomad was to help, guide, or improve the quality of the burn. They say there are magnetic qualities to the people one attracts. The official MAPS group attracted groups of people from far and wide, of many different generations, with similar intentions of

healing and passing on knowledge. After this year's burn, this extended community is now part of MAPS, including the several thousand spirits who passed thru to participate in whatever way they happened to.

From the researchers, yogis, nomads, goddesses and gods, mathematicians, writers, fire dancers, musicians, artists, comics, builders, communications experts, sages, and chefs- MAPS camp had it all this time around. I can only hope the momentum from this year explodes into a force unimaginable with as much humility and grace that 2005 espoused.

Daniel Simborg
Chicago, IL

The Temple of Dreams goes up in flames on the last night of the Burn as somber onlookers remember lost loved ones.
Photo © dimitre.com.



Hi,

I just wanted to send a shout out to all the people who made the MAPS dome at Burning Man happen. I had a great time there on a number of days and evenings, both listening to very informative talks and dancing the night away. Thanks for creating such an educational, fun and safe space for people to enjoy!

Tim Brown
Philadelphia, PA

I'm already planning for next year in the desert. I plan to volunteer even more of my time at the camp—it's really the best way to experience Burning Man. With plans for a bigger MAPS Camp, there will be more to do, and more interesting people to meet in that out-of-the-ordinary environment.

What I can count on is a week of outlandish fun and instant intimacy, getting to know people in a very deep way in a short time. I can't wait.

Jack Lieberman
San Anselmo, CA

I thought our camp was highly functional. Each meal served enough people on time, all of us helped on construction (and later deconstruction), and overall we ran smoothly. I loved how we all looked out for one another. It really felt like family. . . I thank all who crossed my path especially those who opened their hearts to me. I will never forget my first burn and my week as a rookie in MAPS Camp.

Gala
Chicago, IL

John,

I am writing you to say thank you so much for your kindness and healing. Thanks to you, I am on the path to healing, and I no longer feel that my actions were a waste anymore. You took care of so many people that I should tell you who I am. I came in following a very extreme multi-layered psychedelic and alcohol induced frizz out.



David Rinaldi puts the final touches on "Albert" before hoisting him to the top of the dome. Photo © dimitre.com.

The fallout resulting in my stay in the medical tent where I had a seizure from not taking my meds the night before. I also had initiated a series of cascading emotional issues revolving around the two other people I came to Burning Man with. Namely my wife and her lover and friend. We ended up opening the floodgates with pure honesty, and are well into the beginnings of some much needed healing. We are all planning on going back next year, however my wife and I have decided that if we decide to bring others, that the ratio be balanced next time, and that J. is most welcome, pending on his ability to either stay monogamous, or accept the challenge and difficulties, and benefits that G. and I enjoy in our particular style of relationship.

G. and I actually bounced back stronger than before, and we were doing very very well prior to this. She is urging me to explore healing in the Shamanic sense. I feel that my path has changed course, and my life has been giving me some very heavy and clear directions towards this path. . . Anyway, thank you for being in Sanctuary. You are a remarkable healer.

D.J.
Sanctuary Visitor

Celebrate LSD and Albert Hofmann in January

MAPS President Rick Doblin Interviews Conference Organizer Dieter Hagenbach

This January, MAPS will be sending a crew of researchers to Basel, Switzerland for a symposium on LSD to celebrate the 100th birthday of Albert Hofmann. The conference hosts an amazing lineup of over 50 speakers including Stanislav Grof Ph.D., Ram Dass, the Shulgin's, Alex Grey and Albert Hofmann himself. MAPS President Rick Doblin will be speaking, as will researchers Michael Mithoefer M.D., John Halpern M.D., Charles Grob M.D. and Valerie Mojeiko. The symposium will present an in-depth review of all aspects of LSD: informing and discussing history, experiences, implications, and assessing risks and benefits.

Following is an interview with the conference's organizer, Dieter Hagenbach conducted by MAPS President Rick Doblin. Doblin and Hagenbach discuss the conference, Hofmann, and thoughts on the future of psychedelics.

Hagenbach, born in 1943, studied architecture and art before beginning a career as a bookseller and publisher, and later as a literary agent and publicist. He is director of the Gaia Media Foundation, a non-profit organization which strives to convey a holistic and up-to-date understanding of the potential of the human consciousness using electronic media, lectures, exhibitions, and symposiums.

Rick Doblin: What do you hope to accomplish with the conference?

Dieter Hagenbach: A much-needed broader understanding about what LSD is, what it did, and what it did not, what it influenced, and the impact it has made—in the arts, in music, society, science, politics, etc—All this for the benefit of both the audience (experts and interested lay persons) and the media.


RD: What motivated you personally to undertake the major amount of work that a conference of this magnitude will require?

DH: As mentioned in our announcement, LSD has been, still is, and will always be a challenge. The reasons and explanations why are so manifold that I can't name them all.

On a professional level, as a publisher and as the founder of the Gaia Media Foundation, the human consciousness and evolution have always fascinated me. That's one motivation for the symposium we are staging. It's also certainly the personal experiences with LSD, which eventually led me to a much better understanding of myself and the rest of the world and the universe. Experiences which gave me, along with meditation, yoga, and other practices, unique and incomparably deep insights, which only to outline would take much more time and space; especially the notorious, but after all life-changing, "religious" experience. So that's another motivation.

Last but not least, it's my long friendship with Albert Hofmann, and the countless wonderful and rewarding conversations we had from back in the 1970s up to now, as well as the editing and publishing his book "Insights—Outlooks". Or the many occasions when I saw him at his home with people

THE SPIRIT OF BASEL



Problem Child and Wonder Drug

International Symposium
on the Occasion of the 100th Birthday
of Albert Hofmann

13 to 15 January 2006
Convention Center Basel, Switzerland

www.LSD.info

Presented by Gaia Media Foundation

like William S. Burroughs, R. Gordon Wasson, Ann and Sasha Shulgin, to name just a few. Of course, this has been shaping my life and my work, and is still another motivation to organize a symposium about LSD, something which, quite naturally, leads far beyond those 3 letters . . .

RD: What do you think it is about Albert that he has inspired so many people?

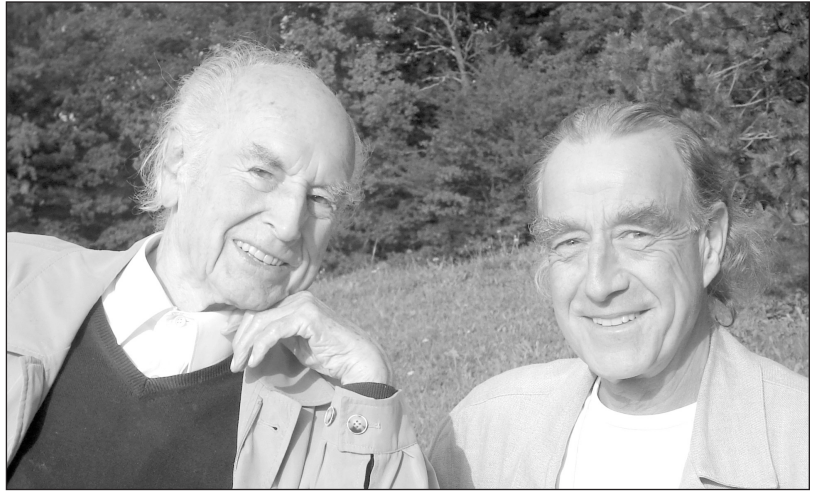
DH: I don't think that I am the right person to answer this question. I would say it's his really big heart, his curiosity for life and the universe in general, the way he went from a scientist, i.e. a chemist at Sandoz, to a philosophically inspiring person, a wise human being, another "Old Man from the Mountain" . . .

RD: Assuming you could conduct any sort of research you wanted to with LSD and with psilocybin, what would it be?

DH: I would want an increase of, and the appropriate support on all levels and from all sides for the research which has started (and subsequently been suppressed) since the discovery of LSD. From the early experiments and studies in Canada, at Harvard, and in Prague, to the present-day research and studies planned in Switzerland and the US. As to private "research" I'd wish for more—and much needed—competent information, education, and guidance, which would finally allow safety and legal use of this most potent of all psychoactive substances.

RD: Basically, Western culture stomped on mystery ceremonies with psychedelics about 1600 years ago when the Eleusinian Mysteries were shut down by the Catholic Church. Ever since, psychedelics have been kept underground, except for a brief period in the 20th century when psychedelic research flowered before being shut down again. Do you think that we really have a good chance now of integrating these experiences and substances into legal frameworks, or is the human species still not ready?

DH: I would say that the human species always used and was always ready for psychedelics. There's clear evidence in almost every culture throughout human history, and this is mentioned and outlined in hundreds of books and papers. But humanity and culture has always been the subject of manipulation and thus suppression. So we always have a good chance, again and again!



Albert Hofmann and conference organizer Dieter Hagenbach pose in Albert's garden.

I would say it's his really big heart, his curiosity for life and the universe in general, the way he went from a scientist, i.e. a chemist at Sandoz, to a philosophically inspiring person, a wise human being, another "Old Man from the Mountain" . . .

Mindstates 2005: Building Bridges between Transcendence and Technology, Spirituality and Science

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The setting of Mindstates VI in the city of San Francisco, legendary as it is for hippies and the North American psychedelic community, seemed appropriate for what was described to me as the largest psychedelic community gathering in the United States” and provided a potent background for my introduction to the premier psychedelia conference of North America. Taking an early morning walk through Golden Gate Park on the third and final day of the conference, I found myself wondering, “Where are all the hippies? This is San Francisco!” I reflected on Susan Blackmore’s presentation given two days earlier on her controversial theories about memes, or genetic cultural transmitters, and realized I was clearly looking for the stereotypical memes of the American 1960s counterculture being expressed by colorful or unusual clothing; no shoes/no clothing; long, unusual, or no hair; eye-catching makeup, tattoos, jewelry, piercings; having a musical instrument; feeding animals; doing something illegal; acting unusual, wandering, meditating; artistic performance; friendly behavior; and/or drug use.

I didn’t find such meme representation at Golden Gate Park, but it was abundant at the Palace of Fine Arts, a grand and amazing space dominated by elegant fountains and pillars. Inside the conference space was an explosion of the features I had looked for at the park. Available in this space was colorful art, many kinds of music, books on a wide array of subjects, jade pipes and statues, herbal medicines, a chill-out space with pillows, and vendors offering information on their projects: Erowid, the Center for Cognitive Liberty and Ethics, NORML, DanceSafe, and of course, MAPS. The environment was festive and stimulating, like a tropical marketplace, a space both public and welcoming while intimate and dense.

On Friday, Mindstates organizer Jon Hanna kicked off the event with a commencement address to the several hundred attendees, giving thanks to everyone involved in making the Mindstates vision a reality. The vibe was distinctly casual, as Hanna introduced the first presenter, Susan Blackmore, as a “friend who made me question the existence of God.” Jokingly, he added, “I used to [believe in God], but now I’m agnostic.” Hanna, perhaps also jokingly,

The environment was festive
and stimulating, like a
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expressed the sentiment that a person can’t be a scientist and believe in God. This was the first glimmer I got regarding the schism between those leaning toward either objective scientific or subjective spiritual approaches to studying and celebrating psychedelics.

Blackmore described memes as “technologies of transcendence,” saying that, “Drugs, rituals, chanting, dancing, and other means of achieving altered states are all memes. The states they can induce are not.” Basically, according to Blackmore, a person can copy the technology, but can’t copy the transcendent experience induced by the technology; smoking a spliff is a meme, being high is not a meme. Blackmore described meditation as meme-weeding, concluding, “transcendence (enlightenment) is not a meme, but we can use meme-devouring memes, like meditation, to clear the way for thought.”

The question-and-answer session with Sasha Shulgin, Ph.D. and wife Ann Shulgin that followed later in the day continued the casual, friendly atmosphere. These psychedelic elders drew a crowd that asked very specific questions regarding the effects of combining different drugs and the positive and negative effects of drugs, with much interest devoted to 2CB and research chemicals. The main advice they offered in regards to experimentation was to start small and be patient. Ann remarked, “...It’s not the drug giving you the experience, it’s your own psyche. The drugs give you different keys to various doors within.”

Apparently for many of the Mindstates participants, one of the most beloved of keys is magic mushrooms, as there was a whole panel dedicated to fungi. Harvard Divinity School graduate Tom Riedlinger gave a talk entitled “*La Noche Asombrado*: Gordon Wasson’s Night of Awe,” describing the experiences of the first documented European-Americans to take sacred mushrooms in Mexico, Gordon Wasson and his buddy Allen Richardson. Wasson had publicized his experience of participating in a *valada* (ritual)

Lights were lowered in the auditorium and two dreadlocked female dancers performed on stage to the music and visual presentation on a huge screen . . . At the end of the presentation, the audience was asked, “What kind of culture are YOU building?”

facilitated by now-legendary *curandera* Maria Sabina, in a 1957 *Life Magazine* article.

Going way further back than the 1950s, Dr. Mike Crowley gave an in-depth analysis of the “Secret Drugs of Buddhism.” Crowley cited much evidence in Buddhist and Hindu iconography of mushroom use by the early founders of these religions; for example, Ushnishaśitatapatra is a Buddhist goddess whose name literally means “crown bump, white parasol lady” and artistic depictions of her remarkably similar appearance to an *amanita* mushroom.

Moving gracefully from the disciplines of religion to that of psychiatry, Dr. Charles Grob shared with the audience his psychotherapy research with psilocybin in terminal cancer patients. He discussed the work of psychedelic therapy pioneers, both scientists and shamans, saying, “It’s important to value and respect what prehistoric ancestors and indigenous people did to incorporate psychedelics in a healing set and setting to optimize safety.”

Grob noted that Western allopathic medicine has failed to heal alcoholism, still only offering the Alcoholics Anonymous-style 12-step program, whereas psychedelics like ibogaine, LSD, and ayahuasca actually treat the disease through activating psychospiritual epiphany and mystical breakthrough.

Anthropologist Linda Rosa Corazon also talked about *curandera* Maria Sabina and her use of mushrooms as sacraments. Corazon’s contribution presented contemporary psychedelic psychotherapy as a modern form of ancient shamanism. She discussed the persecution of advocates of psychedelic psychotherapy in the United States and most of the world, and also shared her experiences in cultures where modern shamanistic practices are tolerated, such as Mexico, where she leads shamanic tours. While Linda expressed that she feels psychedelic psychotherapy should be called “spiritual healing” (citing such spiritual work with psychedelics by the Native American Church and Santo Daime church), she clearly voiced support for scientific inquiry into such spiritual healing, praising MAPS for pursuing ways to open psychedelic psychotherapy clinics.

On Saturday, the conference started with “Designer Minds,” a highly technical talk given by Ramez Naam about the power of technology (such as psychedelics) to alter the human body and mind.

Next came an artistic expression from Crystal & Spore, a group of young men and women from the rainforest

in British Columbia, entitled “Ecstatic Evolution: Dance Music Culture and Transcendent Technology.” One of the speakers introduced the presentation by inviting, “If this was a warehouse, I’d say get up and dance, but since you’re sitting, enjoy the ride.” He described what was to follow as a, “shamanic dance of polyshamanism-synergy.” Lights were lowered in the auditorium and two dreadlocked female dancers performed on stage to the music and visual presentation on a huge screen. Two men read poetry and talked about the work of Crystal & Spore: building sustainable visionary culture based on co-evolution through electronic dance parties and artistic expression. At the end of the presentation, the audience was asked, “What kind of culture are YOU building?”

Sunday’s talks demonstrated that the world the people of Mindstates are building is one where psychedelic research, therapy, medicine, and sacramental use are legal and safe. Frank Echenhoffer, Ph.D. described his study on how the EEG brain scans of frequent ayahuasca drinkers (twelve international individuals in Brazil who participate with the Uniao de Vegetal church) under the influence of the brew compared to their brain scans while not under the influence. Echenhoffer found that all changes in brain waves indicated increased alertness and enhanced neural and cognitive complexity. He explained how this was the first study of its kind, offering both optimal scientific and experiential setting, making the scientists into psychedelic facilitators as well. Much energy and thought was put into making the participants in the study comfortable, trying several different kinds of brain caps for the scans, putting aluminum foil on the windows of the space where the study was held in order to deflect heat, and providing the usual accessories of an ayahuasca ritual, a rattle and a bucket. Echenhoffer described how the brainwaves studied through the EEG study indicate that an ayahuasca experience is similar to a lucid dream.

The harm reduction panel reflected a strong current in the psychedelic community focused on promoting holistic wellness with the use of psychedelics. Dr. Julie Holland, in her talk “Medical Ecstasy: A Harm Reduction Model for MDMA Use” gave an excellent presentation on the safety of MDMA in psychotherapeutic settings and talked about some of the MAPS-supported international research.

Sandra Karpetas of the Iboga Therapy House in Vancouver, British Columbia, talked about providing safe

spaces for psychedelic experiences in her presentation about the CosmiKiva and Burning Man Sanctuary projects. She described these sanctuaries the project seeks to create as psychedelic crossroads—offering art, water, snacks, info, toys, and a team of facilitators for people experiencing difficult or overwhelming psychedelic experiences at festivals and other events. Durk Pearson and Sandy Shaw concluded the harm reduction panel with “Dodging the Bullets with Protective Nutrients,” which was, like many of the presentations, dominated by an involved question-and-answer session where the audience learned how to protect their health with vitamins and otherwise enhance the benefits and decrease the harms of psychedelic use.

Along with Erowid, the MAPS website was mentioned in many presentations as the foremost resource for information on psychedelia. Scientific research sponsored and supported by MAPS was cited frequently. MAPS President Rick Doblin got a standing ovation after his presentation, “Psychedelic Psychotherapy Research and the Psychedelic Community.” MAPS’ vision of “Science over Politics” meshed beautifully with the Mindstates theme of “Technology and Transcendence.” In this forum, Doblin explained the ultimate MAPS vision as the creation of a network of legal psychedelic psychotherapy clinics. Doblin stated that culturally-reintegrated use of psychedelics would lead toward increased tolerance for human diversity and basic coexistence, and ultimately toward human survival. “There is hope but not a lot of time,” said Doblin. Doblin’s presentation ended with an active and urgent question-and-answer session, oriented toward the practical questions of how the legal psychedelic psychotherapy clinics would be funded, who would be qualified to run them, and how legalization could work.

I left the Mindstates conference and San Francisco full of confidence that the psychedelic community can change the world in a positive way. It was clear that in spite of our ideological diversity, we all share a common vision of a world where culturally-sanctioned healing with psychedelics can exist. Such a concrete and specific goal provides a much-needed light at the end of the tunnel in a culture where larger, more abstract goals such as world peace often bring us together. Mindstates was a crossroads between spirituality and psychology, medicine and healing, a place with a fair share of skeptics as well as a fair share of neo-shamans, but a place where we could all agree to work on one tangible goal.

At Mindstates VI, it became apparent that representatives of the psychedelic community that were present were acting as midwives for a new era, one in which cultural reintegration of psychedelic use will be possible. In this new era, psychedelic drugs and sacraments that the U.S. government fears, such as ayahuasca and iboga, offer promise as powerful medicines in healing drug addiction. In this new era, harm reduction and psychotherapeutic uses are promoted over irresponsible and haphazard use of psychedelics. In this new era, scientists, skeptics, spiritual mystics, artists, and other psychonauts are networking on an international level. And in this new era, scientific research will inform public policy on health issues. I came away from this conference with the distinct impression that what we, the psychedelic community represented at Mindstates, know scientifically and subjectively is exciting; the mystery of what we don’t know is even more exciting. MAPS continues to lead in the exploration of the mystery that is the frontier of consciousness.

Mindstates was a crossroads between spirituality and psychology, medicine and healing, a place with a fair share of skeptics as well as a fair share of neo-shamans, but a place where we could all agree to work on one tangible goal.

An Energetic Atomic Bomb of Good: A Review of the First Annual Amazonian Shamanism Conference

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At the July 2005 Amazonian Shamanism Conference in Iquitos, Peru, the Eagle and the Condor flew together, fulfilling an ancient prophecy respected by many Native Americans of the western hemisphere. This, anyway, is how some *curanderos* characterized the meeting of healers from North and South America to exchange knowledge and power. Most of the several hundred participants, dominated by European-Americans, came with strong interest in the psychedelic brew ayahuasca, the “vine of the soul” or “vine of the dead,” a foul-tasting, brown liquid made from many plants of the Amazon rainforest, but always including “the vine” (*Banisteriopsis caapi*) and “the leaf” (usually *Psychotria viridis*). Many came in search of healing and visions. Although the Amazonian Shamanism Conference did not have the word “ayahuasca” in the title, the masses were drawn to the conference by the chance to drink the brew in the Amazon and to listen to famous researchers, such as Dr. Dennis McKenna, talk about ayahuasca.

Presentations and Ceremonies

Alan Shoemaker and his wife Mariella de Shoemaker organized the week-long conference by alternating days of conference talks with opportunities to visit a *curandero* for ayahuasca ceremonies. The conference itself was an ambitious project, facilitated with the help of many local Peruvian students who acted as hosts and resources. Indigenous peoples from the Bora, Yagua, Shapibo and other Amazonian tribes sold crafts in an open-air market area where the conference participants browsed between talks in the open-air auditorium. The conference offered dense scientific and artistic presentations given by famous European-American experts and other researchers of ayahuasca. Among them were the well-known anthropologist Luis Eduardo Luna, Ph.D., Clinical Psychology researcher at the California Institute of Integral Studies, John Heuser, French ethnologists Annick Darley, Ph.D. and Frederick Bois-Mariage, Ph.D., and Richard Doyle, Ph.D. professor of rhetoric at University of California-Berkley.

Dennis McKenna, Ph.D. was a major headliner of the conference, giving the first presentation, “Ayahuasca and Human Destiny” based on his recent article in the latest

edition of the *Journal of Psychoactive Drugs*. That opening talk oriented the audience toward the shared vision of ayahuasca as a tool in developing sustainable culture. “We must learn to become stewards of nature, to nurture nature, so we may learn to nurture ourselves,” explained McKenna. Throughout all of the talks, ayahuasca was collectively regarded, in McKenna’s words, as a “great tool of the culture of life.” Some presentations, such as the one by Dr. Roberto Inchaustegui Gonzales, proclaimed there is evidence that ayahuasca may be able to cure HIV/AIDS and cancer.

The scientists and shamans presented similar anecdotal data on ayahuasca, and the scientists’ presentations appeared to support statements made by some of the *curanderos*. For example, a *curandero* said to a group of participants at the dinner table, “Ayahuasca makes our brain more intelligent and improves circulation.” Later in the conference, Dr. Frank Echenhoffer of the California Institute of Integral Studies presented research on the EEG brain scans of twelve long-time users of ayahuasca (from the Brazilian *Uniao de Vegetal* church) under the influ-

ence of ayahuasca, showing increased neurological complexity during ayahuasca sessions compared to their brain scans while sober.

Participating in the ayahuasca ceremonies was the highlight of nearly everyone’s experience at the conference. It was in these ceremonies that we really had the chance to learn about Amazonian shamanism. About ten *curanderos*

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(and only one female shaman, famous *curandera* Norma Paduro) were at the conference, representing Peru, Ecuador, Colombia, and Brazil.

Planning on drinking ayahuasca on maybe one or two nights, I participated in four ceremonies over the week. As a participant in the Santo Daime church, where the rituals are very structured, with uniforms, specific hymns, prayers, and dances, the first ceremony I partook in, at a site in the forest with about thirty other people, struck me as unstructured and touristy. I decided to participate

in another ceremony in a new environment, at the home of a recommended curandero near the airport in Iquitos, and had such a productive session that I went back to that home for two more ceremonies.

On those three nights, about ten of the conference participants showed up at the humble family house around sunset. When night fell and the curandero's children were

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going to sleep, we sat in plastic chairs or on the concrete floor around the perimeter of the curandero's main living room. The curandero spoke for a while in Spanish about ayahuasca and the healing work, then we drank about a half cup of the most potent, earthy ayahuasca I had ever encountered. The lights went off, and while the curandero

sang icaros in a fusion of languages to facilitate the healing work. About midway through the ceremony, the curandero called each participant up one by one to sit on a wooden table in front of him (which could be quite a feat in the pitch-dark room), where he did personal healing work, speaking with the person, shaking his *shirapas* over the body, and singing specialized icaros. The *gringo* apprentice would come around the room doing energetic healing work, whistling and sucking and blowing tobacco smoke over each person. After about five or six hours, the lights were turned back on and the participants quietly socialized or reflected in the curandero's beautiful, tropical yard.

Diversity, Dieta, and Ayahuasca Tourism

From what I witnessed, the healing styles, ethnic backgrounds and lifestyles of the curanderos were diverse but there was significant common ground. A strong example of the diversity in healing practices of contemporary Amazonian shamans was in the case of marijuana use; some curanderos forbid the use of marijuana before, during, and after the ceremonies, whereas a minority do use it to facilitate the healing. One explained, "Marijuana is a teacher plant when used in the right way but it can produce a negative energy when used to escape or for fun. It can make you imbalanced and you think you're well, but no, you become fearful and depressed and even violent, but in the people this happens to, they don't notice. If the person has good discipline, marijuana can be a teacher plant." This also corresponds to the teaching of some Santo Daime leaders.

In discussions regarding *dietas* (purification diets) at the conference, there were lots of variation over when the dieta should be taken and what foods and behaviors were taboo, but the avoidance of sugar, salt, and sex was

shared. One curandero explained, "Sex is like electricity, it has positive and negative energies that scare away the spirits...garlic and hot peppers also have this current and are to be avoided." While taboo on garlic and hot peppers did not elicit much protest from the participants, the most frequently protested taboos were those on sex, sugar, salt, alcohol, and caffeine.

The indigenous and *mestizo* ethnicities of the curanderos contrasted with the mostly European-American audience. The explosive interest of European-Americans in the ayahuasca-using shamanistic traditions of South America was not generally seen as cultural appropriation by the curanderos with whom I spoke. Both positive and negative effects of this surge in ayahuasca and shamanistic tourism were expressed by the curanderos, other South Americans, as well as some conference participants. Many participants were uncomfortable with the fact that visitors foreign to the Iquitos area and the Amazon in general spoke on the podium more than the Amazonian shamans themselves.

Indigenous peoples all over the world are losing their cultural ties to and respect of their healing traditions, but at the same time are able to profit economically from such traditional and tribal performances. These performances, while touristy and staged, do encourage the younger generations to reintegrate shamanism into their modern lives; the Peruvian young adults that were assistants at the conference were all intrigued by the interest of European-Americans in ayahuasca and several chose to drink ayahuasca for the first time with some of the conference participants. In that sense, ayahuasca tourism helps to keep the ayahuasca healing arts alive.

On the other hand, in nations where most people must struggle to earn a basic living, ayahuasca tourism also has given rise to a whole slew of essentially fake shamans who do not have the knowledge and/or healing intention in the ceremonies they conduct. In one of the precious moments when one of the shamans had the microphone, Elias Mamallacta, son of another famous curandero, stated, "Ayahuasca is the sacred mother of humanity and that is why we must take care of her. She can't be sold. Many use her as a business. These are not pure, true people." Part of the marketing of ayahuasca ceremonies to foreigners involves appealing to the foreigners' notion of traditional tribal culture. For example, the curandero I worked with over the week wore a baseball cap turned backwards, baggy jeans, and a t-shirt, while others wore feathers, beads, and face paint; those in the exotic garb attracted far more participants than the curandero who did not dress up. A rise in *brujoismo* (competitive sorcery) was also cited as a major problem with the popularization of ayahuasca by resource-laden foreigners. Still, in spite of all of the competition and diversity, a curandero speaking at the conference earned much applause when he said, "If we are not united, they will blow us up. Together, we are an energetic atomic bomb of good."

Science and Spirituality

The Amazonian Shamanism conference, like the San Francisco Mindstates conference this summer, was a celebration of the bridge between science and spirituality that has been re-evaluated in the West over the past century. A strong example of the dance between scientific and spiritual or intuitive insights about ayahuasca came through John Heuser's presentation, "Internet-Reported Ayahuasca and Analogue." Heuser presented a very scientific, objective study of the trends in symbols arising in ayahuasca visions as reported on www.ayahuasca.com, and he was reluctant to venture beyond the objective walls of science to express his subjective/personal observation when asked if there exist similarities between entities reported in the study and traditional South American entities reported outside the study. He did answer the question, at the audience's encouragement; it was, as many there with personal experience felt, a resounding, "Yes." Not scientific, but true by consensus.

One participant reflected his reaction to the conference talks after an intense night of ayahuasca when he remarked to me in the midst of a long presentation about the neuroscience of DMT, "Ayahuasca laughs at our science." The need for scientific research on ayahuasca was perhaps overshadowed by the emphasis on direct personal experience; ayahuasca was not described as a psychedelic drug as much as it was a plant medicine or plant teacher. As unscientific as it is, the sentiment that the psychoactive properties of plants are beyond scientific explanation was expressed frequently in discussions I heard. By the end of the conference, McKenna said during his concluding presentation about DMT, "Science does not and will not hold all the answers."

This sentiment grew in popularity as the week progressed. When my roommate at the hotel described the extraction of two demons from her back at an ayahuasca

ceremony she participated in the previous night, I wasn't surprised or skeptical at all. A neuroscientist from England, she had come to experience healing of her physical and spiritual self, intentions of which I was aware. I had already heard about the exorcism from other conference participants; there had been about a dozen witnesses to my roommate's apparent possession, manifested by her speaking in rapid Spanish with two male, demonic-sounding voices also coming from her mouth. After the ceremony, she reported that she felt better than she had in years.

For me, ayahuasca is divine medicine from the forest, a very beautiful and valuable gift to humanity in these times. At the first Amazonian Shamanism Conference, I felt at home; many conference participants who came for a variety of reasons related to interest in ayahuasca expressed their experiences as ones of profound healing and growth. The opening words of the conference, spoken by Alan Shoemaker, had been, "They said it couldn't be done!" Yet it was, thanks to the hard work and important vision of Alan Shoemaker, his wife Mariella, their friendly staff, participating curanderos and the hundreds of people interested enough in ayahuasca to travel to Iquitos. It was a deep honor to attend this conference and the ceremonies.

I was delighted by the supportive response from many Peruvian conference participants, some of whom requested information about MAPS in Spanish. A local artist stated that the work of MAPS to culturally reintegrate psychedelics into society is important even in Peru, saying, "Ayahuasca is legal here, but most people think that we who drink ayahuasca are crazy." At the Amazonian Shamanism Conference, I found that MAPS is truly becoming an international organization with a global vision. I traveled back home to the MAPS office in Sarasota, Florida, energized to continue our work of building a culture of life and a world where shamanistic healing practices, such as those witnessed at the Amazonian Shamanism Conference, are legal and available to all.

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Working Toward a SAFER Marijuana and Alcohol Policy



Mason Tvert
Executive Director, SAFER
mason@saferchoice.org

SAFER Alternative For Enjoyable Recreation (SAFER) is a grassroots marijuana policy organization founded in January 2005. MAPS kindly serves as SAFER's 501(c)(3)

agent of record, allowing us to receive tax-deductible contributions as a non-profit educational organization.

Our organization—like many other drug policy organizations—envision a society in which the private adult use of marijuana is treated similarly to the private adult use of alcohol. And like many of those organizations, we believe the means to achieve that vision is the promotion and establishment of a system in which marijuana is taxed and regulated in a manner such as alcohol.

Unlike any organization, however, the overarching goal of SAFER is to effect sociopolitical change conducive to such tax-and-regulate efforts by drawing a direct comparison between marijuana and alcohol. Polling and other testing shows a strong correlation between those who believe marijuana is less harmful than alcohol and those who believe marijuana should be taxed, regulated and made legally available to adults. SAFER serves as a test-project to determine whether this is in fact a causal relationship through which we can build support for marijuana taxation and regulation by spreading the message that alcohol is in fact the more harmful drug.

Our mission, therefore, is to educate the public about the relative safety of marijuana as an alternative to alcohol, which is undoubtedly the more harmful drug both to the user and to society. For example, alcohol consumption kills about 85,000 people and is involved in more than 3 million violent crimes in the United States each year. (Mokdad, 2000) (Greenfeld, 1998) It is also heavily associated with the majority of domestic violence and sexual assault cases. Marijuana use clearly does not lead to such serious societal problems, and most research has found that using marijuana actually inhibits such behavior in many people. (Hoaken, 2003) Furthermore, alcohol use can lead to alcohol poisoning and overdose deaths—more than 1,000 Americans die from unintentional alcohol overdoses each year—whereas there has never been a marijuana overdose death in history. (Yoon, 2003) So why do our laws prohibit adults from making the safer choice

to use the next most prominent and less harmful substance—marijuana—instead of alcohol?

Not surprisingly, many of our pious opponents accuse SAFER of encouraging the use of marijuana. Well, if more marijuana use means less dangerous alcohol use and abuse, then they're damn right. As we all know, prohibition does not work. What we are seeing here is selective prohibition, and it is causing a whole new set of problems. Thus, it is time we address a fatal flaw in the laws of our cities, states and nation, and that flaw is that current law encourages and promotes the use of alcohol. Pardon me for sounding like one of the drug warriors—not to mention a prohibitionist circa 1920—but what about the children? What kind of message are we sending to people about the acceptability of alcohol use?

As a matter of fact, SAFER was created in response to the rash of student alcohol overdose deaths on college campuses around the country, particularly a number of them in Colorado during the Fall 2004 semester. It became clear that not only had the so-called "culture of alcohol" turned deadly, but it was being fueled by campus policies that not only made student alcohol use seem acceptable, but actually encouraged students to use it instead of the next most available, yet far less harmful substance on college campuses: marijuana.

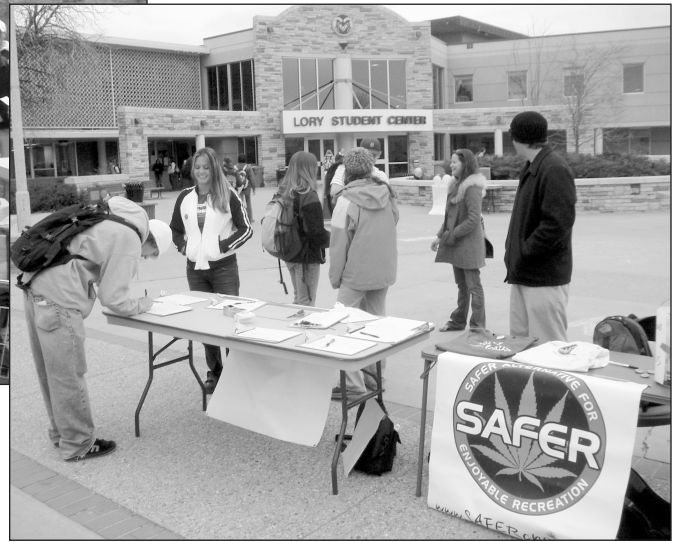
Our first project involved organizing students at the two largest universities in the state—the University of



SAFER Executive Director Mason Tvert featured on a Colorado FOX morning program alongside a DEA special agent. Photo by SAFER



Left: SAFER draws a crowd of reporters during a protest at the University of Colorado's Coors Event Center. Below: SAFER collects signatures at Colorado State University. Photos by SAFER.



Colorado-Boulder (CU) and Colorado State University (CSU). SAFER helped students at both schools establish a chapter of the organization, and—more importantly—initiate and pass student referendums at each school demonstrating the notion that, given the harm of alcohol compared to marijuana, university penalties for student marijuana violations should not exceed those for student alcohol violations. SAFER coordinated successful signature drives on each campus, followed by equally successful campaigns and GOTV drives that produced sizeable victories in both April student elections (68-32 at CU, and 56-44 at CSU). More importantly, the overwhelming success of the referendums put the two universities' administrations in the precarious position of having to cite state and federal law to defend their unwillingness to implement potentially life-saving alcohol-related policy changes.

SAFER applied pressure to the administrations throughout this project by implementing an innovative and intensive press strategy. We successfully capitalized on the opportunity to spread our message to a mass public audience, as we repeatedly earned coverage in campus, local, state and national print and television news outlets. Whether it was holding a rally in front of an administrative building or holding up bed sheets in front of the Coors Events Center on the CU campus (reading: "Coors is a dangerous drug dealer," "Coors kills. Pot does not," etc.), SAFER captured the ear of the media, initiating a much needed public dialogue about our nation's hypocritical stance and imprudent priorities when it comes to public policy concerning alcohol and marijuana. We will continue to lobby CU and CSU to adopt the recommended policy changes, as well as export our organization to colleges elsewhere in Colorado, particularly in Denver.

In May 2005, SAFER introduced the Alcohol-Marijuana Equalization Initiative to the City of Denver, and we subsequently collected about 12,900 signatures—more than double the 5 percent of Denver voter signatures needed—to place it on the city ballot. If adopted by voters in November, the initiative—now known as I-100—would

amend city ordinances to make the possession of one ounce or less of marijuana legal for adults 21 and older in Denver.

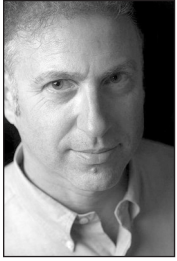
SAFER is currently in the thick of its campaign to pass I-100, and it is expending every effort to draw public awareness to the initiative and its message, not to mention the polls in Denver. The campaign has already received a great deal of press attention, and we have just begun to implement our volunteer-based, grassroots campaign. Along with a decentralized phone bank and large-scale literature distribution plan, we are actively working to raise the funds necessary to purchase supplemental materials such as yard signs and mailings, that could dramatically increase our chance for success.

Come November 1, it is hoped Denver voters will take a giant stride toward marijuana tax and regulation, by adopting a safer, more equitable marijuana and alcohol policy.

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Trance Formation: The Spiritual and Religious Dimensions of Global Rave Culture



Robin Sylvan, Ph.D.

Over the course of nearly two decades, the rave scene has evolved into much more than simply an electronic dance music party. For thousands of people around the world, it has become an important source of spirituality and the closest thing they have to a religion. *Trance Formation* is the first book to comprehensively explore the spiritual and religious dimensions of global rave culture.

Robin Sylvan combines colorful firsthand accounts, extensive interviews with ravers, and cutting edge scholarly analysis to paint a compelling portrait of global rave culture as an important new religious and spiritual phenomenon that also serves as a template for mapping the future evolution of new forms of religion and spirituality in the twenty-first century.

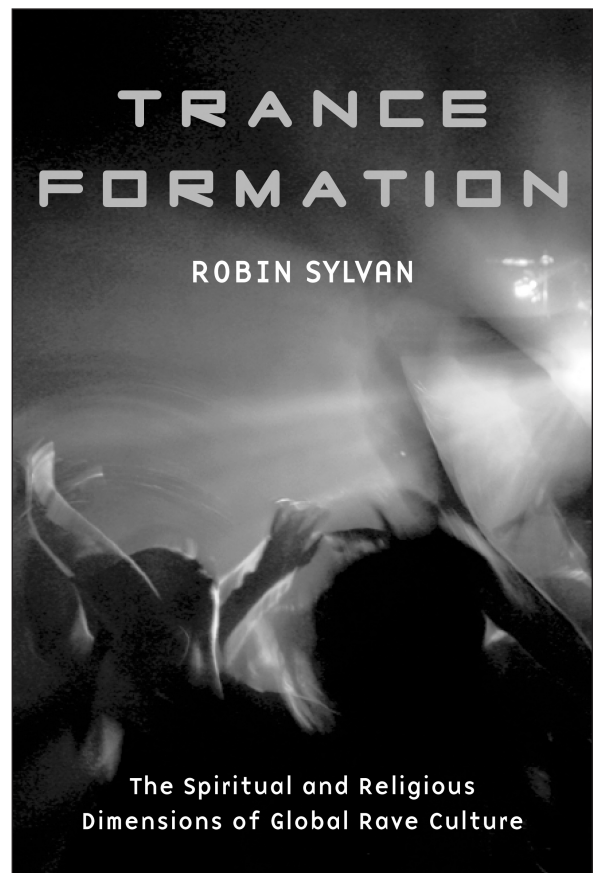
Trance Formation is an ethnographically rich look into the spiritual dimensions of rave culture from a theoretically informed religious studies perspective. Robin Sylvan takes the reader on a colorful journey from San Francisco to London, from Burning Man to the Love Parade, and reveals a synaesthetic spiritual world of sound, sight, motion, and deep trance. As religious studies converges on a new understanding of emerging forms of spirituality, *Trance Formation* will be welcomed by scholars and students, music-lovers and trance-dancers, spiritual seekers and fans of cutting edge culture, as well as the ravers about whom this book is written.

"Millions of people on every continent of planet Earth, regularly coming together in ecstatic trance-dance celebrations held and energized by pulsing electronic beats, are having the deepest spiritual experience of their lives. In this thoroughly fascinating study, religious scholar Robin Sylvan makes a convincing case for regarding the global rave culture as an authentic expression of a unifying spiritual vision that integrates across all languages, religions and nationalities. Reading this book, as well as going to a rave, will leave you inspired and hopeful for our sadly fractured world."—Ralph Metzner, Ph.D., co-author of *The Psychedelic Experience* and author of *The Unfolding Self*.

Robin Sylvan, Ph.D., is the founder and director of The Sacred Center, a spiritually-oriented educational organization in the San Francisco Bay Area. He has taught in both mainstream academic and alternative experiential contexts. He is the author of *Traces of the Spirit: The Religious Dimensions of Popular Music*, and has been a music aficionado and spiritual seeker for most of his life.

Trance Formation is \$85.00, available online at www.routledge-ny.com (or from www.amazon.com).

Robin Sylvan takes the reader on a colorful journey from San Francisco to London, from Burning Man to the Love Parade, and reveals a synaesthetic spiritual world of sound, sight, motion, and deep trance.



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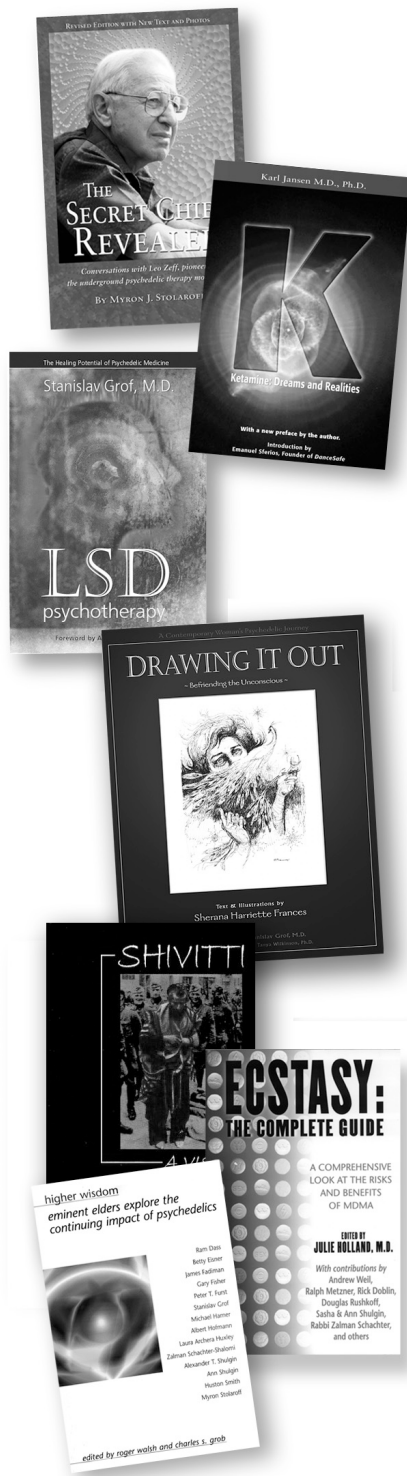
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MAPS MEMBERSHIP INFORMATION

MAPS IS A MEMBERSHIP-BASED ORGANIZATION working to assist researchers worldwide to design, fund, conduct, obtain governmental approval for, and report on psychedelic research in humans. Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax-deductible donations from members.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (3,4-methylene-dioxymethamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now primarily focused on assisting scientists to conduct human studies to generate essential information about the risks and therapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses.

ALBERT EINSTEIN WROTE: "Imagination is more important than knowledge." If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please join MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of those who care enough to take individual and collective action.

THE MAPS BULLETIN

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



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



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



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



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



Jag Davies, Special Projects Coordinator, considers the War on Drugs both a product and an emblem of the larger socio-political problems we must confront in the 21st century: racist exploitation, the military- and prison-industrial complexes, and our fundamental rights to civil and cognitive liberty. Jag is currently writing and directing an educational video for teenagers and their parents about integrating difficult psychedelic experiences.

**Through my LSD experience and my new picture of reality,
I became aware of the wonder of creation, the magnificence
of nature and of the animal and plant kingdom. I became
very sensitive to what will happen to all this and all of us.**

—Albert Hofmann



Peyote-influenced Art— Huichol Yarn Paintings

Tom Mayers

Magical, mystical, mythical, the Huichols are an authentic Native American peyote-using people that have inhabited Central and Western Mexico for the past thousand years or more.

Yarn painting is a relatively modern adaptation of an art that the Huichols practiced when they were first encountered by modern anthropologists. They would take bees wax and put it on wood, stone, or bowls made of gourds and press string or yarn into the wax to make a picture that tells a story about the Huichols' beliefs and religion.

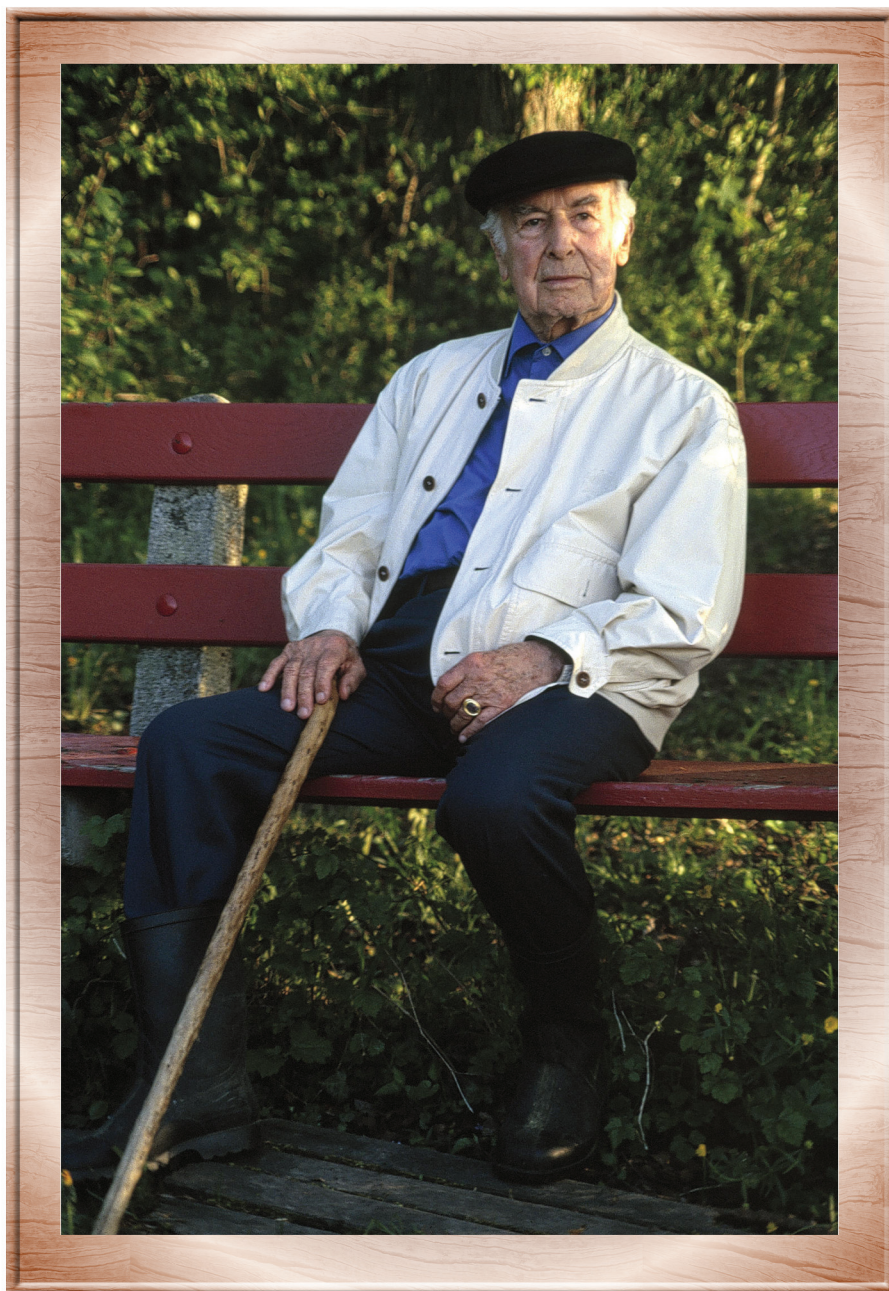
In 1971 I bought my first yarn painting in Tepic, Nayarit, Mexico and showed it to Rick Doblin at New College. He was fascinated by the art and story of the Huichols. About 25 years ago one of the great Huichol shamans of modern times told me to buy their artwork and help his people. These yarn paintings to be sold here are done in the village of Eligo Carrillo Vicente. The craftsmanship is excellent and the yarn is finer than the old yarn paintings, allowing the artist to show more detail. I have bought these paintings to continue helping the Huichol to sell their art and to tell their unique story. When you buy a yarn painting you are helping the Huichol and MAPS. Half of the money made on the sale of these paintings goes to MAPS. The other half goes to the Huichol who made them and covers my expenses in bringing them to you.

Each painting will bring brightness to your house. They are a window into an ancient American culture and are an authentic example of sacred Native American art.



The artist, Eligo, and his wife. Photo by Tom Mayers.

THIS ISSUE DEDICATED TO ALBERT HOFMANN
ON THE OCCASION OF HIS 100TH BIRTHDAY.



ALBERT HOFMANN, Ph.D.
CHEMIST, FATHER OF LSD
BORN JANUARY 11, 1906

