

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

MAAPS



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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 focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, **with the goal of eventually gaining government approval for their medical uses.** Interested parties wishing to copy any portion of this publication are encouraged to do so and are kindly requested to credit MAPS and include our address. The *MAPS Bulletin* is produced by a small group of dedicated staff and volunteers. **Your participation, financial or otherwise, is welcome.**

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for Psychedelic Studies, Inc. (MAPS)
10424 Love Creek Rd., Ben Lomond, CA 95005
Phone: 831-336-4325
Fax: 831-336-3665
E-mail: askmaps@maps.org
Web: www.maps.org



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(facing page)

Albert Hofmann

Detail from Robert Venosa's signed, limited edition portrait of Albert Hofmann. Prints are now available in a limited edition of 50 exemplars. Printed on archival, acid-free Somerset Velvet paper, these prints measure 27"x 33", with an image of 23" x 28".

A Certificate of Authenticity, signed by the artist, accompanies each print. Proceeds will be split evenly between the artist and **MAPS-sponsored LSD and Psilocybin research.** Prices range between \$1000– \$3000. Please contact the MAPS office at orders@maps.org or (831)336-4325 for information regarding available prints. Also, see Robert Venosa's article on pg. 30 for background and more information about these prints.

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MAPS' 20th Anniversary Financial Report:

Fiscal Year June 1, 2005 to May 31, 2006

Rick Doblin, Ph.D., MAPS President

THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES (MAPS) came into legal existence on April 8, 1986, when I filed the Articles of Incorporation with the Florida Secretary of State. MAPS' 20th anniversary passed on April 8, 2006, during MAPS' Fiscal Year (FY) 2005-2006, which began on June 1, 2005 and ended on May 31, 2006. FY 05-06 was MAPS' most productive year yet, concluding with more income (\$1,156,017), expenses (\$1,025,475), and assets (\$783,522, of which \$266,621 is restricted to specific projects) than in any previous year.

Furthermore, MAPS' income in FY 2005-2006 does not include an additional \$250,000 that philanthropist Peter Lewis pledged to donate directly to Harvard Medical School's McLean Hospital, to support the MAPS-initiated, but no longer directly MAPS-sponsored, study of MDMA-assisted psychotherapy in subjects with anxiety associated with advanced-stage cancer (page 16).

MAPS is also benefiting from an increasing amount of donated labor of a highly skilled nature from people for whom salaries are not a necessity. This donated time is a crucial factor in MAPS' ability to undertake the range of projects that it does and to implement its projects in a professional manner. MAPS now has a larger staff and more volunteers than ever, along with expanded opportunities to conduct research and contribute to public education. In addition, we recently coordinated our most ambitious gathering yet, the co-creation of Entheon Village at Burning Man, where we held MAPS' 20th anniversary celebration (page 27).

MAPS is a research and educational organization that is, most essentially, a non-profit psychedelic and medical marijuana pharmaceutical company. Before presenting the nuts and bolts of FY 2005-2006, I'd like to offer a conceptual overview of what I consider to be the three basic stages of MAPS' development. This overview will help situate the discussion of FY 2005-2006 in a longer-term perspective.

These three stages succinctly outline the original vision for MAPS. Stage 1: Low Maintenance/High Performance; Stage 2: High Maintenance/High Performance; and Stage 3: No Maintenance/High Performance. Stage 1 has taken MAPS the last two decades to complete, Stage 2 is likely to take the next decade, and Stage 3 will last for several decades or longer.

Stage 1: Low Maintenance/High Performance

During MAPS' first two decades, after a great deal of sustained struggle, we became positioned to conduct the necessary research to develop psychedelics, but not yet marijuana, into legal prescription medicines in the US and abroad. We've helped contribute to a renaissance of psychedelic research around the world that has been forty years in the making. Psychedelic research teams around the world have obtained approval to conduct studies in human subjects using MDMA, MDE, psilocybin, mescaline, ketamine, ibogaine, DMT, and ayahuasca, but not yet LSD. This renaissance will fully arrive with the approval of LSD psychotherapy research. I expect this will occur in early 2007 in Switzerland, with the approval of Dr. Peter Gasser's MAPS-sponsored study of LSD-assisted psychotherapy in subjects with anxiety associated with end-of-life issues. When completed, this will become the first LSD-assisted psychotherapy study in 35 years.

The main reason that MAPS has been relatively low maintenance is that for the first twenty years of our existence, we've been almost entirely blocked in our efforts to conduct psychedelic and medical marijuana research by a seemingly endless series of political and scientific obstacles. Research intended to develop drugs into FDA-approved prescription medicines is expensive. In contrast, struggling and mostly failing to obtain permission for research is relatively inexpensive and takes

only a few staff and minimal expenses for protocol development and literature reviews. There's been extended periods of time when MAPS' agenda has been so difficult to advance that I'd take time off during the days to paint our house, just so I could experience what it felt like to actually accomplish something.

Another factor in MAPS' having remained low maintenance is that we've been able to leverage our funds to a substantial degree. Our most successful effort was helping turn \$15,000 into \$1.8 million, for the most methodologically well-designed study of the neurocognitive consequences of moderate to heavy Ecstasy use, reportedly the primary functional negative side effect of Ecstasy. We learned from a MAPS member about a unique population of people who had used MDMA but virtually no other drugs. We then invested \$15,000 in a grant to Dr. John Halpern, Harvard Medical School's McLean Hospital, for a pilot study with this population. Dr. Halpern used the data from the pilot study as the basis of a five-year, \$1.8 million grant application to the National Institute on Drug Abuse (NIDA), which he was awarded. Previously, our record was leveraging \$10,000 into \$1 million. MAPS had invested \$10,000, which we obtained from Peter Lewis, in protocol development and approval expenses incurred by Dr. Donald Abrams, UC San Francisco, for a study of marijuana in AIDS-wasting subjects. The study was approved by the FDA but NIDA refused to provide the marijuana. However, after several years, NIDA agreed to provide \$1 million but for a study of marijuana's risks in HIV+ subjects, which was the first study of the use of marijuana in a patient population in 15 years. We also worked with Dr. Abrams to leverage about \$50,000 MAPS spent on vaporizer research into a \$136,000 grant to Dr. Abrams from the California Center for Medicinal Cannabis Research (CMCR), for an FDA-approved clinical study in which vaporizers were compared to smoked marijuana.

The evidence supporting the rather bold claim that MAPS is a high performance organization is that we have managed to obtain permission for a series of psychedelic psychotherapy research projects around the world. Most importantly, our US MDMA/PTSD pilot study, conducted by Michael Mithoefer, M.D., and Annie Mithoefer, R.N., is about 3/4 complete and is generating remarkably promising results.

MAPS has been able to achieve high performance because we've been persistent, strategic, and have learned from our mistakes. Importantly, we've found enough joy and satisfaction in the struggle itself that our sustained lack of visible progress wasn't demoralizing. We've also been fortunate to collaborate with a highly diverse and skilled community of volunteers and professionals who share our mission and sense of the importance of reintegrating into our culture the states of mind and the healing, creative and inspirational experiences that psychedelics and marijuana can facilitate. MAPS was

MAPS FY 2005-2006

Income	\$1,156,017
Expenses	\$1,025,475
Net Change	\$130,542
Net Assets beginning of FY	\$652,980
Net Assets end of FY	\$783,522

Asset Categories

Assets: Restricted Funds – Liquid	\$266,621
Assets: Unrestricted Funds – Liquid	\$476,901
Assets: Remainder Interest in Home	\$40,000
Total Assets	\$783,522

Income Categories

Donations from Individuals ≥ \$1000	\$536,103
Donations from Foundations ≥ \$1000	\$277,465
Donations from Individuals < \$1000	\$125,067
Product sales: Books, Art, etc.	\$166,160
Other Income: Interest, Conf. Fee	\$51,222
Total Income	\$1,156,017

IRS 990 Expense Categories

Research Projects	\$247,156
Educational Projects	\$310,183
MAPS Bulletin, Website	\$65,271
Project-Related Staff/Office Expenses	\$196,826
Product Costs/Royalties for Art	\$84,134
Management and General	\$116,593
Fundraising	\$5,311
Total Expenses	\$1,025,475

ahead of its time for twenty years; now it feels like MAPS' time has arrived.

MAPS came into existence in 1986 as a result of my prior work, beginning in 1984, helping to coordinate a lawsuit against the Drug Enforcement Administration (DEA) in an effort to oppose the criminalization of both the non-medical and the medical use of MDMA. As a result of the defeat of our effort to protect the therapeutic use of MDMA, I started MAPS to work toward developing MDMA, and also other psychedelics and marijuana, into FDA-approved prescription medicines. MAPS' first stage of development is ending as we are finally initiating MDMA psychotherapy research in the US, Switzerland and Israel. Unfortunately, our medical marijuana research agenda is still fundamentally compromised by the federal monopoly on the supply of marijuana that can be used in FDA-approved research. Nevertheless, our lawsuit against the DEA has the potential to lead to the creation of our own privately-funded medical marijuana production facility at UMass Amherst, under the direction of Prof. Lyle Craker. If that potential is realized, we'll have achieved the necessary prerequisites to justify the initiation of a major research effort aimed at developing the marijuana plant, either smoked or vaporized, into an FDA-approved prescription medicine (page 13). These two DEA lawsuits, two decades apart, form a pair of bookends to MAPS' first stage of development.

Stage 2: High Maintenance/High Performance

We are now undertaking the delicate and thrilling task of transitioning into MAPS' second stage of development, the high maintenance/high performance stage, and are experiencing the inevitable growing pains of expansion. Now that MAPS has obtained regulatory approval to actually start conducting scientific research with psychedelics, we have the rare opportunity to attempt to prove to the satisfaction of the FDA, regulatory agencies in Switzerland and Israel, and eventually the European Medicines Agency, that psychedelic-assisted psychotherapy can be safe and effective for some patient groups. If our lawsuit against the DEA is successful, which we will know any day now, we may also have the opportunity to develop marijuana into a prescription medicine.

For the next decade or so, give or take a few years, MAPS will need to increase its budget for research by about five to ten times, expand by about ten times the number of research teams, locations, and subjects, and probably double or triple our staff.

MAPS is now sponsoring a series of Phase 2 pilot studies into the risks and benefits of MDMA-assisted psychotherapy in subjects with treatment-resistant posttraumatic stress disorder (PTSD), with studies underway in the US (page 14), Switzerland (page 15), and Israel (page 17). In addition, MAPS is working on starting two additional MDMA/PTSD pilot studies in two other countries, Canada and Spain. (For a detailed strategic analysis of why MDMA in the treatment of PTSD is our top priority, I've written a Clinical Plan which can be found at www.maps.org/research/MDMaplan.html). These MDMA/PTSD pilot studies will take the next two years to complete and analyze, and will involve about 70 subjects. If the results are promising, we'll then seek to initiate two large-scale multi-site Phase 3 studies, each with about 280 subjects, for a total of about 560 subjects. One of these Phase 3 studies will be conducted throughout the US and the other throughout Europe and Israel.

To supplement our MDMA/PTSD research, MAPS is initiating a parallel effort to study psychedelic psychotherapy as a treatment for anxiety associated with end-of-life issues. These studies build upon the pioneering research in the late 1960s and early 1970s into the use of LSD-assisted psychotherapy with cancer patients. As mentioned earlier, MAPS has initiated a study of MDMA-assisted psychotherapy in subjects with anxiety associated with advanced-stage cancer (page 16). We're also working to sponsor clinical research with LSD in subjects with anxiety associated with end-of-life issues and are in the early stages of trying to develop a study of psilocybin in cancer patients with anxiety. These protocols are designed to lead to the study and practice of psychedelic psychotherapy in the dying process, in which a sequence of different psychedelics could be used, sometimes alone or even in combination, according to the clinical judgment of the therapists and the choices of the patients. These pilot

studies will also be completed within about two years.

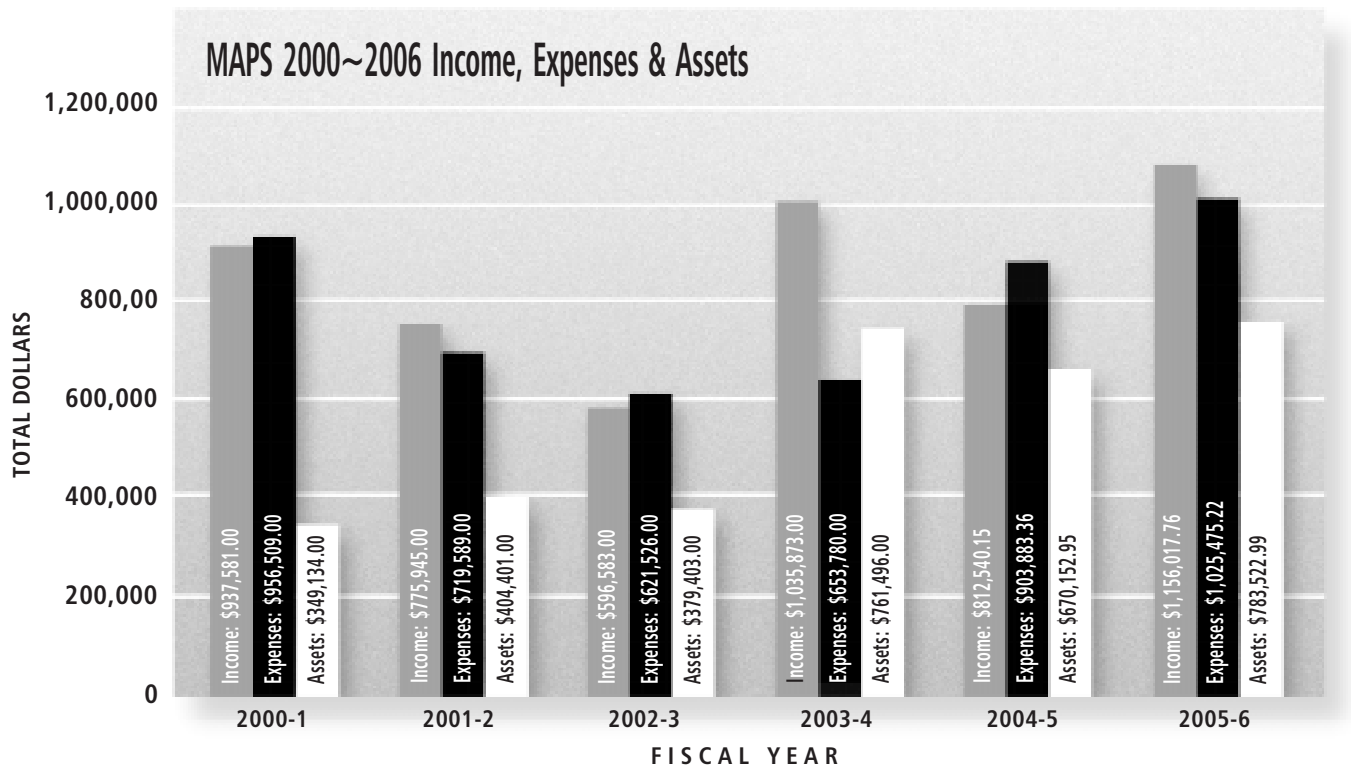
MAPS is diversifying its research by looking at two different patient populations and several different psychedelic substances. Before MAPS embarks on raising and spending \$5 million on two large-scale Phase 3 studies, we will be able to compare results in subjects with PTSD and in subjects with anxiety associated with end-of-life issues. In this way, we can select the drug and patient combination that is most likely to result in regulatory approval for a psychedelic drug for a specific clinical indication. Of course, if the pilot studies in subjects with PTSD and in subjects with anxiety associated with end-of-life issues are all promising, we'll try to go forward into Phase 3 studies for both indications.

In order to achieve our objectives of obtaining approval for psychedelics and marijuana as prescription medicines, MAPS needs to continue to transform into a high maintenance/high performance organization.

Stage 3: No Maintenance/High Performance

If all goes well during MAPS' second stage of development, MAPS will have conducted sufficient research to persuade regulatory agencies to approve specific psychedelics and perhaps also marijuana as legal prescription medicines. MAPS will have emerged as a fully approved non-profit psychedelic (and hopefully marijuana) pharmaceutical company with multiple legal prescription medicines for sale. MAPS will manufacture (or contract out the manufacture) of these medicines and will sell them on a commercial basis as prescription medicines. MAPS will thus enter into a no maintenance/high performance phase in which profits on the sale of our prescription medicines will be used to fund additional research designed to expand the number of our prescription drugs that are approved for an ever wider number of clinical indications. MAPS is thus one of the rare non-profits that offers donors the potential of helping to create a self-sustaining organization.

MAPS' income from the sale of its prescription medicines will be limited, however, because MAPS will not have any patent rights on either the substances or their specific uses. As a result, the prescription medicines that MAPS will sell will be offered on a generic basis subject to competition from other manufacturers who will not have to replicate our research but will merely have to show that their drugs are chemical equivalents of the drugs that MAPS has obtained permission to market. Further limiting sales is the therapeutic model itself, since psychedelics are administered under supervision as adjuncts to psychotherapy, and would be ingested only a few times during a sustained period of mostly non-drug psychotherapy. This lack of patentability, along with the therapeutic model that doesn't involve daily administration but only occasional psychedelic sessions, combined with the substantial "controversy" factor, has dissuaded any of the existing pharmaceutical companies from



attempting to develop psychedelics into prescription medicines. Therein lies the opportunity for MAPS.

The financial potential of marijuana as a prescription medicine is a somewhat different story. Marijuana is often intended to be used on a daily basis for many years, for example in people with persistent conditions such as Multiple Sclerosis, chronic pain, HIV/AIDS, not to mention many others. As a result, the profit potential for marijuana as a medicine is likely to be substantially larger than for psychedelics. Nevertheless, profits will be limited because patients with a chronic disease have a long-term predictable use pattern and will have the financial incentive to either grow their own marijuana or have someone grow for them. Since MAPS is a non-profit organization, our goals would be to facilitate such uses through the sale of seeds and cloned plants instead of trying to maximize sales. Though it's highly debatable, I think it's likely that marijuana will be legalized within the next twenty years or so, further limiting the profit potential of medical marijuana. Furthermore, the pharmaceutical industry is researching a large number of marijuana extracts, isolated cannabinoids, and numerous patentable modifications of various cannabinoids, some of which may be superior medicines for certain specific indications.

During this third phase of MAPS' organizational development, MAPS will also work to establish and develop our own chain of psychedelic clinics, where psychedelic medicines will be administered to patients. This is where the greatest potential lies for income, in that the fees paid for therapeutic services will be considerably

higher than the cost of the drugs themselves. For example, an LSD session that can last 8 hours with two co-therapists could cost \$1000 to \$2000, while the LSD itself might cost \$10 or less. There will be other organizations that also establish their own clinics, with MAPS both welcoming and assisting these organizations. Some of these organizations could be affiliated with particular religious groups, or run by people with a range of therapeutic methods and models. Despite both generic competition in the sale of our products and competition from other providers of psychedelic clinics, income from both the sale of MAPS' legal medicines and the delivery of psychedelic medicines in our own clinics will generate sufficient funds to support additional research, to expand the range of medical uses and the scientific understanding of the human psyche, and to fund our public education efforts.

Stage 4 of MAPS' development, if there is to be one, is for others to envision and implement. This Stage will be funded in part by the arrival, probably in 30 or 40 years, of \$1 million (in today's dollars) from the sale of a home in which MAPS currently has a remainder interest, left to MAPS in 1995 in a bequest by Eric Bass.

Now, on to the nuts and bolts of MAPS FY 2005-2006. For detailed information, MAPS' IRS Form 990 is posted at www.maps.org/fiscal/990/2006.pdf

MAPS Income

MAPS' income in FY 2005-2006 was \$1,156,017, which can be divided into three different categories:
1) Donations and income for MAPS' direct operational

expenses and projects; 2) Sales of books, merchandise and art; and 3) Donations for projects conducted by other organizations, for which MAPS acts as fiscal sponsor. In FY 2005-2006, MAPS received donations of \$824,574 for our operational expenses and projects and \$166,160 from the sale of the MAPS Bulletin, books, and art (mostly portraits of Albert Hofmann by Dean Chamberlain and Alex Grey, signed by Albert). Of our remaining income, MAPS received donations of \$165,266 for projects conducted by other people or organizations (\$75,175 for SAFER's educational projects, \$62,004 for the Erowid web site, \$18,409 for Alan Shoemaker's Amazonian Shamanism Conference, \$5,393 for a film about Stan Grof, and \$4,285 for the Wo/Men's Alliance for Medical Marijuana).

In terms of our total income, MAPS received \$536,103 from individuals who donated \$1000 or more, with the largest donations from John Gilmore (\$245,000), Shawn Hailey (\$60,000), a bequest by Lyn Ehrnstein (\$35,524), Anonymous (\$20,000), Rene Ruiz (\$19,000), Michael Honack (\$12,000), Mark Anderson (\$11,282), Ami Shinitzky (\$10,000), Joby Pritzker (\$10,000), Susan Pritzker (\$10,000), Robert Field (\$10,000), Vanja Palmers (\$10,000) and others. MAPS also received \$277,465 from foundations that donated \$1000 or more, with the largest donations from the Marijuana Policy Project (\$135,475), Anonymous (\$50,000), Anonymous (\$40,000), the Audrey and Martin Gruss Foundation (\$25,000), the Libra Foundation (\$10,000), and others.

MAPS also received a total of \$125,067 in unrestricted donations under \$1000, from a total of about 1500 members. In 2007, we're going to implement a direct mail campaign, with the goal of doubling our membership within two years.

MAPS Assets

Total assets at the end of FY 2005-2006 were \$782,522. Of these assets, restricted funds amounted to \$266,621 and unrestricted funds amounted to \$516,901. Of the unrestricted funds, \$40,000 is not liquid and is from the value of a remainder interest that MAPS was given in a \$1 million home that will probably come to MAPS in 30 or 40 years. Since MAPS' fiscal year runs from June 1–May 31, and since MAPS receives most of its unrestricted operational funds in December, these unrestricted assets include funds for operational costs that need to be spent through the remainder of 2006. A major value to MAPS of having unrestricted funds is that I can pledge to support certain research projects when they are still early in the protocol development and approval stage, encouraging research teams to work hard to obtain

approval knowing that some funding will definitely be available if the study is fully approved. Then, once approved, I can try to raise funds specifically restricted to that research project, freeing up unrestricted funds for me to make pledges of support to new research teams.

Of the restricted funds, \$70,277 is for LSD/psilocybin research (raised mostly from the sale of Albert Hofmann-signed art by Dean Chamberlain and Alex Grey, to fund part of Dr. Gasser's Swiss LSD/end-of-life anxiety study); \$68,053 is for the Project Start-Up Fund: UMass Amherst (John Gilmore donated \$100,000 to enable MAPS to fund initial costs of projects in early stages before other donors are likely to feel the projects are solid enough to justify support, ideally with the fund replenished if projects start); \$64,692 is for the overall MDMA psychotherapy research effort; \$44,498 is for the Harvard LSD/Psilocybin cluster headache study; \$13,000 is for the marijuana vaporizer study (which we have been unable to conduct since NIDA refused to sell 10 grams for this study); \$5,100 is for the Women's Entheogen Fund; and \$1000 is for a study examining creativity and psychedelics.

MAPS Expenses

MAPS' cash expenses were \$1,029,457, and expenses after depreciation according to IRS accounting rules amounted to \$1,025,475. These expenditures are detailed in the expense summary chart on page 7. A fuller discussion of each line item is presented below.

In summary, MAPS spent \$247,156 on research projects, \$310,183 on educational projects, \$65,271 on our *Bulletin* and website, and \$196,826, for project-related staff and office expenses. MAPS also spent \$84,134 in royalties and expenses for art and product sales, \$116,593 on management and general expenses, and \$5,311 on fundraising. Our largest research expense was the US MDMA/PTSD research project, on which we spent \$161,448 for direct expenses.

As with most non-profit organizations, MAPS' salaries are lower than those for jobs in the private-sector with comparable skills and responsibilities. However, as we grow, my goal is for MAPS to become able to afford competitive salaries. For a list of MAPS' staff and the current salaries they earn, see the text below providing details about the salary category.

Conclusion

That's the overview for FY 2005-2006; each of the expense categories are described below. Questions or comments are welcome. It's a privilege to be able to do this work. I am profoundly grateful to all MAPS members, who pay the bills that empower your MAPS staff to engage in our truly worthy struggles.

SUMMARY 2005-2006**Research Projects**

Ayahuasca EEG	\$594.13
Ibogaine Follow-Up	\$15,594.53
Iboga Therapy House	\$1,700.00
MDE German Passie Couples Therapy	\$387.00
MDMA Analysis (Ecstasy Pill Testing)	\$3,000.00
MDMA Cancer/Halpern (Harvard)	\$4,311.11
MDMA/Defense Mechanism	\$5,030.00
MDMA Israel	\$19,337.50
MDMA/NIMH Grant	\$4,132.00
MDMA Lit Review	\$8,185.13
MDMA PTSD-SC	\$161,448.95
MDMA PTSD-Spain	\$317.82
MDMA PTSD-Swiss	\$9,496.32
MJ Production Facility/UMass Amherst	\$5,537.50
Psilocybin/LSD Cluster Headache	\$8,084.50

Research Projects Subtotal **247,156.00**

Education Projects

Amicus Curiae Brief (Raich Medical Marijuana)	\$590.91
Book-LSD My Problem Child	\$15,991.64
Book-Secret Chief Revealed	\$66.00
Book-The Ultimate Journey	\$5,850.80
Burning Man 2005	\$10,429.61
Burning Man 2006	\$2,370.45
Conference-Basel/Hofmann	\$11,507.18
Conference-Boom	\$1,515.53
Conference-DPA	\$3,191.26
Conference-Mindstates	\$5,000.00
Conference Peru	\$18,409.22
Conference Psytopia	\$1,824.00
Conference-Sheshamans	\$970.19
Erowid Website	\$62,004.76
DEA/ALJ Lawsuit	\$46,625.48
DEA/UMASS Cong. Sign on Letter	\$13,298.08
Event-MPP Fundraising	\$1,000.00
Film-Grof	\$5,393.13
Film-Shulgin by Littlefield	\$50.00
MAPS Forum	\$4,620.34
MAPS Staff Retreat	\$400.00
S.A.F.E.R./UC Boulder Colorado State	\$75,175.00
Video-Difficult Trip Guidance	\$1,415.04
Women's Alliance for Medical Marijuana (WAMM)	\$4,285.00
Women's Entheogen Fund	\$18,200.00

Education Projects Subtotal **\$310,183.00**

MAPS Bulletin/Website/Internet

Bulletin	\$27,859.27
Internet	\$6,460.20
Web Administration	\$27,105.14
Web Content/Res Page/Info@	\$3,847.13

MAPS Bulletin/Web Subtotal **\$65,271.00**

Fundraising

MAPS Ads, Memb. Drive **\$5,311.37**

Staff/Operating/Project-Related and Management/General

Information	\$650.69
Copies	\$776.04
Phones	\$11,660.56
Postal	\$13,823.97
Conference Fees	\$570.00
Professional Services	\$6,285.00
Staff Travel	\$25,773.01
Salary & Benefits & Taxes	\$211,737.45
Fees-Bank, Etc	\$4,258.16
Equipment Rental	\$2,494.03
Office Moving Expenses	\$3,430.00
Office Rent Sarasota	\$8,259.24
Office Rent Love Creek	\$12,000.00
Office Supplies	\$6,996.74
Computer/Office Equipment	\$4,704.11

Overall Subtotal **\$313,419.00**

Project-Related Staff/Office Subtotal **\$196,826.00**

Management & General Subtotal **\$116,593.00**

Product Cost/Royalties for Art

Books and Tapes	\$7,462.56
Hofmann/Chamberlain Portrait (Regular)	\$21,606.92
Hofmann/Chamberlain Portrait (Large)	\$15,500.15
Huxley/Chamberlain Portrait	\$3,060.00
Shulgin/Chamberlain	\$4,749.97
Hofmann/Grey Portrait	\$31,754.75

ProductCost/Royalties Subtotal **\$84,134.35**

Grand Total **\$1,025,475.00**

Ayahuasca EEG - \$594.13

MAPS supported Frank Echenhoffer, Ph.D. for his study evaluating the effect of ayahuasca on EEG readings. (See the Spring 2005 MAPS Bulletin or www.maps.org/news-letters/v15n1-html/eeg.html)

Ibogaine Follow-Up - \$15,594.53

MAPS sponsored the protocol design and pilot testing of a study of the long-term outcome of opiate abusers treated with ibogaine at the Iboga Therapy House. The protocol has been approved by a Canadian Institutional Review Board (IRB). (See the Autumn 2006 MAPS Bulletin or www.maps.org/ibogaine)

Iboga Therapy House - \$1,700

MAPS donated \$1,700 to Vancouver's Iboga Therapy House for medical equipment. The Iboga Therapy House will be one of the treatment sites for the MAPS-sponsored follow-up study. (See www.ibogatherapyhouse.net)

MDE Passie Couples Therapy - \$387

Torsten Passie, M.D., a German research psychiatrist, is in the protocol development and approval stage for a study of MDE (methylenedioxymethylamphetamine, a substance similar to MDMA) as an adjunct to traditional couples therapy. MAPS brought Dr. Passie to Israel to speak at a conference about MDMA and psychedelic research, which was attended by members of the Israeli Ministry of Health and Anti-Drug Authority. The conference helped MAPS obtain permission for the MDMA/PTSD research in Israel. (See the Summer 2005 MAPS Bulletin or www.maps.org/news-letters/v15n2-html/conference.html)

MDMA Analysis (Ecstasy Pill Testing) - \$3,000

The ecstasydata.org pill testing project, currently out of funds, was co-sponsored by MAPS, DanceSafe, and Erowid. It allowed people to anonymously send pills to a DEA-licensed laboratory for analysis, with the results posted online. (See the Spring 2005 MAPS Bulletin or www.maps.org/news-letters/v15n1-html/testing.html)

MDMA Cancer/Halpern (Harvard) - \$4,311

MAPS supported the protocol design and approval process for a study by John Halpern, M.D., Harvard Medical School, exploring the use of MDMA-assisted psychotherapy in the treatment of advanced-stage cancer patients with anxiety. (See article on page 16)

MDMA/Defense Mechanism - \$5,030

This ongoing study, conducted by Pål Johansen, licensed psychologist (NPF) and Ph.D. candidate at the Trondheim Psychotherapy Research Program at the Norwegian University of Science and Technology, and Teri S. Krebs, B.S., Program in Neuroscience, Boston University, analyzes audio and video recordings of therapy sessions from MAPS-sponsored studies of MDMA-assisted psychotherapy study, coding the patient's use of a comprehensive set of psychological defense mechanisms. 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. (See the Winter 2005 MAPS Bulletin or www.maps.org/news-letters/v15n3-html/mdma_pilot_outcome.html)

MDMA/PTSD Israel - \$19,337

These expenses were for a scientific conference in Israel on MDMA and psychedelic research, coordinated by MAPS and attended by members of the Israeli Ministry of Health and the Israeli Anti-Drug Authority, and for protocol development and approval expenses for a study evaluating MDMA-assisted psychotherapy as a treatment for terrorism- and war-related PTSD. This MDMA/PTSD study is fully approved and will be led by principal investigator Moshe Kotler, M.D., Chair of the Department of Psychiatry at the Sackler School of Medicine at Tel Aviv University and former chief psychiatrist of the Israeli Defense Forces. The male-female co-therapist team will consist of Rael Strous, M.D., and Rakefet Rodriguez, M.D., Though conducted in Israel, the study will also be submitted to FDA under MAPS' Investigational New Drug (IND) application for MDMA and therefore fits into MAPS' mission of developing MDMA as a prescription medicine approved by both the FDA and the European Medicines Agency. (See article on page 17)

MDMA/NIMH Grant - \$4,132

MAPS funded the preparation of a grant to the National Institute of Mental Health (NIMH) for the development of a treatment manual for MDMA-assisted psychotherapy for PTSD. Not unexpectedly, the grant was rejected. Based on the reviewer's comments, it is clear that we will need to wait until our US MDMA/PTSD study is completed and we have promising pilot data before resubmitting another grant application. (The application is posted at www.maps.org/research/mdma/ptsd_study/grant0605)

MDMA Literature Review - \$8,185

MAPS Research Associate Ilsa Jerome, Ph.D., continued the ongoing review of all peer-reviewed scientific literature on MDMA published throughout FY 05-06. When applying to the FDA and Institutional Review Boards with a new protocol, it is necessary to have a comprehensive review of all factors related to risk. The literature review has been submitted as part of our Israeli and Swiss MDMA/PTSD protocols, and was a necessary part of those applications. (See www.maps.org/mdma/protocol/litreview.html)

MDMA/PTSD Study in South Carolina - \$161,448

The first FDA-approved study of the therapeutic use of MDMA, Dr. Michael Mithoefer's ongoing Phase 2 MDMA/PTSD pilot study, was MAPS' most strategically

critical and costly research project in FY 05-06. This study will be completed in FY 06-07. Dr. Michael and Annie Mithoefer have been the core of our MDMA clinical research therapy training program, fulfilling a vital function by providing training for MAPS' MDMA/PTSD research teams from Israel and Switzerland, and by contributing to the development of MAPS' MDMA/PTSD treatment manual. The results of the study have been promising so far, with 17 out of 20 subjects enrolled. Dr. Mithoefer is especially seeking veterans with PTSD for the remaining subjects in his study. (See article on page 14)

MDMA PTSD-Spain - \$317

Jose Carlos Bouso, Ph.D. candidate, is preparing to work on the design and approval process for a new version of his MAPS-sponsored MDMA/PTSD study, which was halted in 2002 due to political pressure. We are hopeful that since we have now obtained government approval for MDMA/PTSD studies in the US, Switzerland, and Israel, it will be politically feasible to resume research in Spain. Bouso's original MDMA/PTSD protocol was the first government-approved MDMA psychotherapy study in the world, and treated six patients successfully. (See www.maps.org/mdma/spain/index.html)

Swiss MDMA/PTSD - \$9,496

Dr. Peter Oehen's MAPS- and Swiss Medical Assoc. for Psycholytic Therapy-sponsored MDMA/PTSD study has received full government approval from the Ethics Committee (Switzerland's IRB equivalent), SwissMedic (Switzerland's FDA equivalent), and BAG (Switzerland's DEA equivalent). This study will also be submitted to FDA under MAPS' Investigational New Drug (IND) application for MDMA in the treatment of PTSD. The first experimental session took place on October 19, 2006. (See article on page 15)

MJ Production Facility/UMass Amherst - \$5,537

MAPS and Prof. Lyle Craker, Director of the Medicinal Plant Program at the UMass-Amherst Department of Plant, Soil and Insect Sciences, have been working since June 2000 to obtain a DEA Schedule I license for a MAPS-sponsored medical marijuana production facility. Ending the six-decades-long government monopoly on the production of marijuana for research purposes is the key prerequisite to MAPS being able to justify sponsoring FDA clinical trials with marijuana to determine if it has the potential to be approved as a prescription medicine. During FY 05-06, our lawsuit against DEA for rejecting Prof. Craker's application for a license was heard before a DEA Administrative Law Judge, attracting considerable attention from medical groups, politicians, and the media. The \$5,537 was paid directly to UMass-Amherst for Prof. Craker's time spent working on the application and lawsuit. MAPS obtained a grant from the Marijuana Policy Project for these funds. (See article on page 13)

Psilocybin/LSD Cluster Headache - \$8,084

MAPS supported Andrew Sewell, M.D., and John Halpern, M.D., McLean Hospital, Harvard University, in collecting and analyzing hundreds of case reports detailing the use of LSD and/or psilocybin for treatment of cluster headaches. The reports were gathered from Erowid.org and Clusterbusters, an organization run by and for people with cluster headaches. In June 2006, Dr. Sewell published an article featuring these case reports in *Neurology*, the official journal of the American Academy of Neurology. Based on this data, MAPS assisted Drs. Sewell and Halpern in working on a protocol for a prospective study of psilocybin and LSD in people with episodic cluster headaches. (See www.maps.org/research/cluster/psilo-ld/#cluster)

Amicus Curiae Brief

(Raich Medical Marijuana) - \$590

MAPS submitted Amicus Curiae briefs for Angel Raich's Supreme Court case decided last June, and for her new "Right to Life" 9th Circuit Court case. (The briefs are posted at www.maps.org/mmj/mpp_amicus_11.30.05.pdf and www.maps.org/mmj/AvR101304.pdf)

Book—LSD: My Problem Child - \$15,991

MAPS published a new edition of Dr. Albert Hofmann's autobiography, which had been out-of-print for two decades. We timed its publication to coincide with the international symposium in honor of Dr. Hofmann's 100th birthday in January 2006. Sales have been relatively swift. We also have a limited number of hardcover copies for sale, signed by Albert (See www.maps.org/catalog)

Book—The Secret Chief Revealed - \$66

Royalties to author Myron Stolaroff.

Book—The Ultimate Journey - \$5,850

These costs are for pre-production of Dr. Stanislav Grof's latest book, *The Ultimate Journey: Consciousness and the Mystery of Death*. This includes staff time for editing, layout, and indexing. (See www.maps.org/catalog)

Psychedelic Emergency Services at Boom - \$1,515

The organizers of Boom Festival, which takes place in Portugal every other August, contracted with MAPS to provide psychedelic emergency services at this year's festival. These expenses were for travel expenses for MAPS' psychedelic emergency services team. Boom contributed \$9,600 to MAPS, mostly in FY 06-07, plus tickets and food for 8 core staff members and 15 volunteers.

Burning Man 2005 - \$10,429

MAPS developed its work assisting the Black Rock Rangers in staffing the Sanctuary tent and in providing experts in psychedelic research to speak at a lecture series. (See the Winter 2005 MAPS Bulletin or www.maps.org/news-letters/v15n3-html/burningman.html)

Burning Man: 2006 - \$2,370

MAPS held its 20th anniversary celebration at Burning Man in 2006. These expenses were for staff work on the lecture series and for coordinating psychedelic emergency services. (See article on page 27)

Conference: Basel/Hofmann - \$11,507

The Spirit of Basel and the Gaia Media Foundation hosted a symposium, "LSD: Problem Child and Wonder Drug," in honor of Dr. Albert Hofmann's 100th birthday, bringing together over 2000 participants and presenters. MAPS brought several speakers to discuss topics related to psychedelic therapy, including Drs. Michael Mithoefer, John Halpern, Andrew Sewell, Charles Grob, and MAPS staffers Rick Doblin and Valerie Mojeiko. We also used this trip to coordinate with the Swiss MDMA/PTSD therapy team. (See the Spring 2006 MAPS Bulletin or www.maps.org/hofmann100/index.html)

Conference: Drug Policy Alliance - \$3,191

Staff costs for travel and lodging at the November 2005 International Drug Policy Reform conference in Long Beach, CA, featuring nearly 1,000 participants and over 70 sessions. Rick Doblin represented MAPS in three session panels. MAPS Director of Communications Jag Davies and former MAPS staffers Julia Onnie-Hay and Falon Mihalic ran a MAPS information table, and the costs of their attendance were significantly reduced by Robert E. Field's scholarship program for budding drug policy reformers. (See the Spring 2006 MAPS Bulletin or www.maps.org/news-letters/v15n4-html/building_a_movement.html)

Conference: Mindstates - \$5,000

MAPS staffers Rick Doblin, Julia Onnie-Hay, and Valerie Mojeiko ran an information booth and gave several presentations about MAPS' strategy for psychedelic research development. Mindstates organizer Jon Hanna put together an excellent conference, but lost a significant amount of money. Since the conference served an important function, MAPS raised \$10,000 to offset Jon's debts. Shawn Hailey donated \$5,000 directly to Jon, and \$5,000 was donated by John Gilmore to MAPS, restricted for Jon.

Conference: Peru - \$18,409

To help facilitate the Amazonian Shamanism Conference in July 2005 and July 2006, MAPS processed credit card orders on their behalf and forwarded 100% of ticket sales received to the conference organizers. In exchange, Soga del Alma donated a free conference registration (value \$250) to MAPS staffer Julia Onnie-Hay, who gave a presentation about MAPS and ran a MAPS information table at the conference.

Conference: Psytopia - \$1,824

Travel expenses for MAPS staffer Valerie Mojeiko to attend the conference and make presentations about

MAPS. The conference was not as advertised; for more, see Jon Hanna's article in the Winter 2005 *Entheogen Review*.

Conference: Sheshamans - \$970

MAPS staffer Julia Onnie-Hay attended this conference, gave a presentation about MAPS, and ran a silent auction that raised over \$500 for MAPS' Women's Entheogen Fund. Conference organizer Diane Darling also donated \$1137 to MAPS from the profits of the conference.

Erowid.org Website - \$62,004

MAPS is the fiscal sponsor for Erowid.org, an educational website focused on providing information about psychoactive plants and drugs. Erowid is the most frequently visited psychoactive drug information site on the web. Erowid does not accept advertising on its site, which could generate significant income, but prefers to provide information in a non-commercial, non-judgmental context. Erowid relies on donations to support staff costs.

DEA/ALJ Lawsuit - \$46,625

\$32,290 of this sum was for legal fees paid to DC law firm Jenner & Block, the lead law firm in MAPS and Prof. Craker's lawsuit against the DEA for rejecting Prof. Craker's application to DEA for a Schedule I license to create a MAPS-sponsored marijuana production facility at UMass-Amherst. The remaining sums were for travel and expenses for witnesses and for transcripts of the court proceedings. The first \$100,000 of Jenner & Block's fees were covered by Phil Harvey's Liberty Project. The ACLU provided the assistance of Senior Attorney Allen Hopper pro bono. Additional pro bono legal services were provided by Emanuel Jacobowitz of the law firm Steptoe & Johnson. The legal costs of MAPS' DEA ALJ lawsuit were also offset by a \$35,500 grant from the Marijuana Policy Project. We're awaiting the Judge's ruling. (See article on page 13 and www.maps.org/mmj/DEAlawsuit.html)

DEA/UMASS Cong. Sign on Letter - \$13,298

MAPS staffer Jag Davies and MAPS associates Kelly Burns, Abby Bair, Jessica Fleuti and Michael McFadden worked on and off over a period of two months out of the Drug Policy Alliance office in Washington, D.C., lobbying members of the US House of Representatives to sign on to US Rep. John Olver's letter to DEA in support of Prof. Craker. This effort, aided by local chapters of SSDP, NORML, ASA, and other localized drug policy reform organizations, yielded a total of 38 signatures from Congressional representatives. (See www.maps.org/mmj/DEAlawsuit.html#1)

Event: MPP - \$1,000

Richard Wolfe donated \$1,000 to MAPS for staffers Rick Doblin and Valerie Mojeiko to attend the Marijuana Policy Project's gala at the Playboy Mansion, to meet with potential donors.

Film: Grof - \$5,393

MAPS was fiscal sponsor for a film about Dr. Stan Grof and his work. MAPS allocated 100% of the funds to the project.

Film: Shulgin/Littlefield - \$50

MAPS has served as fiscal sponsor for Canadian filmmaker Connie Littlefield's documentary about Ann and Sasha Shulgin, which is still under production.

MAPS Forum - \$4,620

This sum is the amount paid to Jon Frederick for maintaining and moderating the MAPS Forum.

MAPS Staff Retreat - \$400

In February 2005, MAPS staffers spent a weekend in a rented house on Jewfish Key, a small island in Sarasota Bay. We discussed the re-vamping of the membership and sales office, job tasks, and the potential of re-location of the MAPS office to the San Francisco Bay Area. Matt Atwood, former director of SSDP and IDEAL Reform, joined us for the weekend, acting as a consultant by providing feedback about non-profit management and MAPS' membership and sales procedures. This staff retreat contributed to the decision to re-locate the MAPS office to California.

Safer Alternative For Enjoyable Recreation (SAFER) - \$75,175

MAPS is fiscal sponsor for SAFER's educational activities. SAFER sponsors harm reduction education at college campuses across the country, primarily in Colorado.

Educational Video - \$1415

MAPS staffer Jag Davies wrote and directed the 20-minute educational video "Working with Difficult Psychedelic Experiences." This project is intended for young adults and is part of MAPS' harm reduction education agenda. It is now posted for viewing at www.maps.org/wwpe_vid

Wo/Men's Alliance for Medical Marijuana (WAMM) - \$4285

MAPS is fiscal sponsor for WAMM, a Santa Cruz-based non-profit cooperative medical marijuana patient association.

Women's Entheogen Fund (WEF) - \$18,200

This fund was established to support and facilitate women's involvement in psychedelic research. This year's recipients were Sandra Karpets (\$5,000), Amelia Barlow (\$5,000), Sylvia Thyssen (\$5,000), and Fire Erowid (\$2,500). An additional \$700 was used to subsidize speakers for the SheShamans conference.

Bulletin - \$27,859

Printing and mailing costs for the MAPS Bulletin, MAPS' primary means of communication with its members. MAPS also sends the Bulletin for free as an educational tool to about 400 scientists, government officials, drug war prisoners, and influential academics. Even though the Bulletin has been available on the MAPS website for nearly a decade, the hard-copy issues of the Bulletin are still important to MAPS' educational and community-building mission. We're also gradually expanding the use of our monthly e-mail updates as an inexpensive and quicker way to communicate with MAPS supporters.

Internet - \$6,460

Internet access, both for servers hosting the MAPS website itself and for access for our office computers.

Web Administration - \$27,105

Expenses paid to independent contractors for managing the security of the MAPS website and customizing software. The maps.org website is MAPS' primary educational resource. It averaged over 3000 unique visitors per day during FY 05-06.

Web Content - \$3,847

MAPS staff expenses related to formatting and posting documents for the website, updating content, and updating our page about psychedelic research projects around the world.

Copies - \$776

Expenses for photocopies, which were minimal because we post documents on our website when possible.

Information - \$650

This category is for books, subscriptions, and other educational materials needed for the MAPS staff.

Fundraising - \$5,311

These expenses are for the MAPS online auction, several fundraising events, keyword advertisements with Yahoo and Google, and MAPS information tables at events.

Phones - \$11,660

One consequence of staff, researchers, and volunteers spread out across the world is higher phone costs than we would like. Although we try to communicate via email whenever possible, there are many situations when phone conversations are necessary.

Postal - \$13,823

Postal costs are for MAPS membership renewal mailings, shipping of MAPS merchandise, and MAPS mail communications all over the world.

Conference Fees - \$570

Fees for MAPS staff to attend a few conferences.

Professional Services - \$6,285

About half of this sum is for accounting services such as annual reports and payroll. The other half is for computer troubleshooting and consulting.

Staff travel - \$25,773

As our international clinical research agenda has gained traction, with key Phase 2 MDMA/PTSD studies in Switzerland and Israel being initiated this year, and other research projects throughout the US, staff travel continued to increase.

Salary, benefits & taxes - \$211,737

As with most non-profit organizations, MAPS' salaries are lower than those for jobs in the private-sector with comparable skills and responsibilities. The lower salary is compensated for by the satisfaction of working on issues that have personal and social relevance. Over time, as MAPS grows as an organization, our goal is to pay competitive salaries. We also welcome and are benefiting from an increasing amount of donated labor of a highly skilled nature from people for whom salaries are not a necessity. This donated time is a crucial factor in MAPS' ability to undertake the range of projects that it does and to implement its projects in a professional manner.

The following salary information is for current salaries as of the end of 2006, and reflects both current compensation packages and staffing levels. As a result, the total is greater than the \$211,737 spent in FY-2005-2006. I'm reporting the current salaries in order to give the most accurate picture at the time this financial report is received. MAPS President, Rick Doblin, earns \$55,000 per year, with no benefits. Director of Operations and Clinical Research Associate, Valerie Mojeiko, earns a combination of salary and benefits valued at \$51,100 (base salary \$33,800), Director of Communications, Jag Davies, earns salary/benefits of \$40,600 (base salary \$29,120), Membership and Sales Manager, Sarah Hufford, earns salary/benefits of \$40,000 (base salary \$27,040), Technology Specialist and Events Coordinator, Josh Sonstroem, earns salary/benefits of \$35,800 (base salary \$27,040). For half-time work, Director of Financial Operations, Nicole Tavernier-Luebcke, earns salary/benefits of \$30,300 (base salary \$18,720).

Fees: Bank, etc - \$4,258

Corporate fees for state registration, wire transfer fees, other bank and credit card fees, etc.

Equipment Rental - \$2,494

Pitney Bowes postal equipment for the office.

Office Rent: Sarasota- \$8259

In the old Sarasota office, rent was quite inexpensive: about \$600 per month.

Office Rent: Love Creek - \$12,000

MAPS has incurred a raise in rent costs after moving to

California in late May, now \$3000 a month. Of that amount, \$1200 is considered rent and \$1800 is part of the benefits package for MAPS staff who live at the Love Creek facility. The \$12,000 represents the deposit on the new Love Creek office.

Office Supplies - \$6,996

Includes customized envelopes, various printed handouts, brochures, book flyers, and regular office supplies.

Computer/Office Equipment - \$4,704

Three of the computers in the main MAPS office (iMacs originally purchased in FY 99-00) died during FY 05-06, and that, along with an increase in staff, spurred us to purchase four new late-model computers: two iBook laptops, a G4 iMac, and a Mac mini, the new server computer for our office network. Also furniture, copiers, scanners, etc.

Books & Tapes Purchased for Resale - \$7,462

Merchandise that we re-sell.

SM Hofmann/Chamberlain Portrait - \$21,606

Royalties and production expenses for 50 signed prints of a standard-size portrait of Albert Hofmann by Dean Chamberlain, and expenses for mailing.

LG Hofmann/Chamberlain Portrait - \$15,500

Royalties and production expenses for 25 signed prints of a large portrait of Albert Hofmann by Dean Chamberlain, and expenses for mailing.

Huxley/Chamberlain Portrait - \$3,060

Royalties and production expenses for 50 signed prints of a portrait of Laura Huxley by Dean Chamberlain, and expenses for mailing.

Shulgin/Chamberlain - \$4,749

Royalties and production expenses for 50 signed prints of a portrait of Ann and Sasha Shulgin by Dean Chamberlain, and expenses for mailing.

Alex Grey/Hofmann Portrait - \$31,754

Royalties and production expenses for 50 signed prints of Alex Grey's portrait of Albert Hofmann, and expenses for mailing.

Any questions or comments about the financial aspects of MAPS are most welcome. We strive to use the funds donated to us in an efficient and strategic manner. With the continued support of MAPS members, and with the growth of MAPS' membership base and research projects, MAPS has the unique potential to develop into the non-profit psychedelic and medical marijuana pharmaceutical company that we are all envisioning together.



– Rick Doblin, Ph.D., MAPS President

Marijuana Production Facility Hangs in Balance: DEA Administrative Law Judge Recommendation Expected... Any Day



Jag Davies
jag@maps.org

Now that Democrats
control both
the House and
the Senate,
we're in a
great position
to pressure DEA
to accept a positive
recommendation,
if that is
the outcome
of our lawsuit.

WE'RE ON PINS AND NEEDLES. Any day, perhaps by the time you read this, we will know a lot more about the future course of medical marijuana research and policy reform for the coming years.

When lawyers representing Professor Lyle Craker, Ph.D., and the DEA submitted final legal briefs on May 8 after a nine-month hearing, we anticipated a recommendation from DEA Administrative Law Judge (ALJ) Mary Ellen Bittner in three to six months. At the time of this writing, it has now been six months. Craker's MAPS-sponsored medical marijuana production facility, and, more importantly, the ability to conduct FDA-approved clinical trials investigating marijuana's potential as a federally-approved prescription medicine, hang in the balance. Prof. Craker and MAPS have been attempting for over five years to obtain a Schedule I license from the DEA, the only regulatory hurdle blocking us from ending the federal government's long-standing monopoly on the supply of research-grade marijuana.

Currently, the National Institute on Drug Abuse (NIDA) has a monopoly on the supply of research-grade marijuana, but no other Schedule I drug, that can be used in FDA-approved research. NIDA uses its monopoly power to obstruct research that conflicts with its vested interests. MAPS had two of its FDA-approved medical marijuana protocols rejected by NIDA, preventing the studies from taking place. MAPS has also been trying without success for almost four years to purchase 10 grams of marijuana from NIDA for research into the constituents of the vapor from marijuana vaporizers, a non-smoking drug delivery method that has already been used in one FDA-approved human study.

If DEA ALJ Bittner makes a favorable recommendation, it will be an extraordinarily unique window of opportunity to break NIDA's marijuana monopoly and take the first steps toward developing

marijuana into a federally-approved medicine. Unfortunately, though, a positive recommendation is not a guarantee that Prof. Craker will receive his license, because the DEA can still choose to accept or reject the ALJ's recommendation. That's right, the DEA does NOT have to follow the recommendations of the Administrative Law Judge appointed to oversee its decisions.

That's why we're now focused on preparing to pressure the DEA to accept Judge Bittner's recommendation if she does recommend that the DEA should issue a Schedule I license to Prof. Craker. We already have support from 38 Congressional Representatives, Massachusetts Senators Kerry and Kennedy, and numerous key medical and public health organizations. Now that Democrats control both the House and the Senate, we're in a great position to pressure DEA to accept a positive recommendation, if that is the outcome of our lawsuit.

For the last several months, MAPS has been working with David Ostrow, M.D., director of the Medical Marijuana Policy Advocacy Project, funded by the Marijuana Policy Project (MPP), to lobby the AMA to pass a two-fold resolution that would both urge DEA to approve private production facilities for marijuana and stop arresting patients in states that have approved the medical use of marijuana. Success at the AMA was beyond our reach, but worth the effort.

If we do receive a positive recommendation from Judge Bittner, we will need all supporters to contact their Congressional Representatives, so look out for an important announcement soon, if it hasn't come already! •

For background information, media coverage, and the latest updates:
www.maps.org/mmj/DEAlawsuit.html

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



Michael Mithoefer, M.D.
mmmit@bellsouth.net

PROGRESS CONTINUES to be slow but steady. Since the last update (*MAPS Bulletin*, Autumn 2006), three more subjects have been enrolled, so we only need three more to reach our target of twenty. One potential subject is currently in the screening process and another is scheduled for screening in early November.

We now have final outcome data on the first person to complete a third MDMA-assisted session since the option for that session has been added to the protocol. She had a marked decrease in symptoms following three open-label MDMA sessions, after receiving placebo

on two occasions during the double-blind stage of the protocol with little response. The second person to participate in a third session will have her final symptom measures in November. It is our impression that the third session was helpful for her as well. All results thus far are still preliminary, because the study is ongoing.

As allowed in the revised protocol, we have continued to administer a supplemental dose of 62.5 mg. of MDMA approximately two hours after the initial dose. There have been no adverse events resulting from this additional dose, and the fact that it extends the period of MDMA's strongest effects seems to be helpful, though we do not yet have enough data to analyze whether that effect makes a difference in outcome.

We are nearing completion of this pilot protocol
and are beginning to plan for the possibility
of moving into FDA Phase 3 trials.

There has now been a second subject who had a strong response to placebo. She elected not to continue to the optional open-label MDMA Stage. We expected that the all-day intensive therapy sessions accompanying placebo administration along with all the non-drug follow-up therapy sessions would lead to significant response in some people in the placebo group. Preliminary data indicate, though, that our placebo response rate is within the general range seen in most psychiatric drug treatment research.

We have still not succeeded in recruiting any veterans with war-related PTSD, despite our Institutional Review Board (IRB)-approved postings to online veterans' support groups. A volunteer recently offered to help us design and implement more sophisticated internet marketing, using a website linked to the MAPS home page. Once this is designed, we will need to get IRB approval to use it. In the hope of studying at least a few veterans, we are considering applying to the FDA and IRB to add a continuation of the study with five more slots open only to people with war-related PTSD. If this is granted, we will still consider the current pilot study to be completed when 20 subjects have finished, and will move forward with data analysis and publication of the results.

On October 19 we submitted a request to the IRB to do long-term follow-up research on people who complete the existing protocol. Currently, our final measure of PTSD symptoms occurs two months after the last MDMA-assisted therapy session. We are now proposing to re-administer the Clinician Administered PTSD Scale (CAPS) one year (or longer for subjects who have already completed the study) after the last MDMA-assisted psychotherapy session. This project will be conducted over the phone by Mark Wagner, Ph.D., the psychologist who conducts all of our screening and follow-up testing. We will also ask people to fill out a questionnaire to gather additional information about their experience following participation in the study.

In conjunction with this request to do long term follow-up, we also asked the IRB for a modification and clarification of their media policy regarding our study. Thus far, in keeping with the requirements of the IRB, we have asked subjects not to speak to the media until the entire study is over. We think it would be

MDMA/PTSD Psychotherapy Study in Switzerland Launched

sufficient, and more reasonable, to ask subjects to refrain from speaking to the media only while their own active participation in the study is in process, rather than having to wait until the entire study is completed. This will be especially true if we extend the study by adding long-term follow-up.

The study's Data Safety Monitoring Board (DSMB) will have its final meeting in December or early January, after the 15th subject has completed the final follow-up outcome measure, which takes place two months after the final experimental session. The function of the DSMB is to review partial data at various points of completion and to determine whether the study should continue as designed, continue in a modified fashion, or be halted due to safety concerns. The DSMB has already met four times—after two subjects had been enrolled into the study, after five subjects had been enrolled, and also following completion of the study by the 5th and 10th subjects. These previous reviews found no safety concerns and recommended that the study continue to recruit subjects.

It's gratifying that, two and a half years after enrolling our first subject, we are nearing completion of this pilot protocol and are beginning to plan for the possibility of moving into FDA Phase 3 trials. It's also exciting that parallel MAPS-sponsored Phase 2 studies investigating MDMA-assisted psychotherapy for PTSD are moving forward on two other continents, in Switzerland and Israel. •

• IN SEPTEMBER 2006, the Ethics Committee (Swiss IRB equivalent) approved an amendment to my previously approved MAPS-sponsored MDMA/PTSD protocol to allow for monitoring of EEG/ERP (electroencephalographic/evoked response potential) measures in collaboration with Franz Vollenweider, M.D., at the Psychiatric University Hospital of Zürich. These additional measures were described in detail in the previous MAPS Bulletin.

• So far four potential subjects have completed telephone screening, and the first patient has passed all screening procedures and is now enrolled. This subject had the first MDMA-assisted session on Oct. 19. Both doses of MDMA were well-tolerated with no adverse effects, and no significant elevations of blood pressure. The psychotherapeutic process received a strong thrust forward during this initial session. The second session is already scheduled. This first session was also a test of the study procedures, and on the whole everything worked out as planned, with no unexpected difficulties.

The psychotherapeutic process received
a strong thrust forward during this initial session.

• We are recruiting patients for the study by sending letters to therapists and institutions engaged in psychotraumatology. Later, we will reach out to all psychiatric institutions and psychiatrists in private practice throughout Switzerland. Recruiting subjects for the study could be challenging because the rate of PTSD is lower in Switzerland than in other countries. Switzerland has not been engaged in any wars for a long time, and has not been affected by terrorism on a large scale. Most of the patients we see suffering from PTSD were traumatized by sexual assault, accidents or crime-related violence. On the other hand, Switzerland is home to many refugees from countries with recent armed conflicts, such as the Balkan states, or countries where torture is still common. The incidence of PTSD in these populations is much higher. However, linguistic and cultural barriers make psychotherapeutic treatment difficult, and oftentimes these potential subjects are unfortunately not eligible for our study.

• Nevertheless, we are optimistic that we will find enough subjects to complete the study. Now that it has full government approval and has been initiated, it is receiving increasing public attention. We are also receiving a growing number of inquiries by e-mail from people asking for MDMA-assisted psychotherapy or wanting to participate as volunteers in a research program. As this study continues to draw interest, I hope it will educate others about the unique therapeutic potential of MDMA and psychedelics. •



Peter Oehen, M.D.
peter.oehen@hin.ch

Update on the **MDMA-Assisted Psychotherapy Study** for Treatment-Resistant Anxiety Disorders Secondary to Advanced Stage Cancer

WE HAVE BEEN WORKING for three years plus now to get this study active. MAPS was instrumental in the crucial initial phases of this project as long-standing MAPS members well know from our prior updates to the *MAPS Bulletin*. Though MAPS no longer has any direct role in this study or connections to my institution, this work remains of great interest (of course!) so I am delighted to provide MAPS with our latest news. This study, for those that aren't aware of it, is a pilot-study to evaluate whether MDMA-assisted psychotherapy can help treatment-resistant patients with an anxiety disorder secondary to their diagnosis of advanced stage cancer. If participation is complete, all subjects will receive MDMA on two separate occasions with eight of 12 (total) subjects receiving nearly-full to full doses of MDMA and the remaining four receiving very low doses that should then function as a control group.

We've made a lot of predictions already about timing, and the surprises to "speed bumps" that we've encountered along the way have pushed our start date into the future much further than I could ever have anticipated. But I will offer yet another prediction in this *Bulletin* and it is that we should see our first subjects enrolled in this study around the beginning of 2007, and should start the MDMA-assisted psychotherapy sessions in early 2007. Why so? Well, all government approvals are in place and remaining IRB items are few and minor. Before getting to this stage with our IRB, the review process has been (and continues to be) extremely careful and cautious: patient protections must be as perfect as possible and therefore many additional revisions required re-evaluation by a full IRB committee. The next anticipated review by a full committee should occur after five subjects complete their participation. Ongoing concern to ensure patient safety does result in many layers of careful scrutiny and over-

sight! In addition to myself, up to 10 other physicians are involved in conducting or monitoring this study.

From a clinical research perspective, this small pilot study could prove to be a fundamental building block for a line of research into clinical utilities for a drug that most Americans are only familiar with because of its illicit use

as "ecstasy." The oversight issues therefore can be quite complicated and easily can result in periods of slow progression to study activation. But the need for this type of research is clear and especially so for patients who are further debilitated from clinical anxiety associated with end-of-life issues. We intend to find out if MDMA-assisted psychotherapy helps the dying in fundamental ways not achieved with standard approved treatments. With meaningful improvements to quality of remaining life, we have great hope for the promise of this therapy. Though substances like MDMA may be controversial because of their abuse liability and/or illicit use, research like we are attempting in this study should not be considered controversial. Why? Because the study is held to the best standards and methodology, FDA approval indicates as well that this work is in the public interest, and because physicians have an obligation to seek improvements in the care of patients. I am happy to report that our assembled research team will now face the greatest challenge of all because we will soon start to find out if we do, in fact, have something of compelling use for patients who struggle with anxiety as they face their mortality. When we publish our data, no matter the outcome, our efforts will, we hope, lead to improved options for these patients to choose from. Many thanks to MAPS for

past direct support, continued "moral" support, and your continued advocacy and interest in realizing important clinical research that others might label impossible. 2007 is shaping up quite nicely. •



John H. Halpern, M.D.
Harvard Medical School

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MAPS' Clinical Research Monitoring Team Works in Israel



Josh Sonstroem
josh@maps.org

The Israeli
MDMA/PTSD study
is unique in that
it will only be
enrolling subjects
whose PTSD
is primarily a
result of war
or terrorism.

AS MAPS' NEWEST staff member, I sit here writing in a relatively bleak and 'postmodern' hotel lobby overlooking the citadel of David in the old city of Jerusalem. It has been a long and interesting few days here, days chock full of new information and, albeit, somewhat challenging circumstances. The reason for this visit to Israel was three fold: first and foremost, to perform the initial study initiation visit for Dr. Moshe Kotler's fully-approved MAPS-sponsored study evaluating MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder (PTSD); second, for MAPS President Rick Doblin, Ph.D., to attend a joint Palestinian-Israeli conference on drug policy and the legal regulation of medical marijuana in Israel, coordinated by Israel's progressive Green-Leaf political party; and third, for Rick and MAPS Director of Operations Valerie Mojeiko to conduct the first Israeli Safe-Rave training program about harm-reduction techniques for people using psychedelics in non-therapeutic contexts such as parties and festivals.

Israeli MDMA/PTSD Study Site Initiation Visit

The Israeli MDMA/PTSD study is unique in that it will only be enrolling subjects whose PTSD is primarily a result of war or terrorism. In Israel, PTSD is a particularly salient problem because there are a lot of Holocaust survivors, and also because the country has been in a state of perpetual war since its inception. Furthermore, since almost every Israeli is required to serve in the military upon completion of high school, many young people are exposed to psychologically traumatic events and suffer from their long-term consequences. Thus, since citizens and soldiers have been involved in war- and/or terrorism- related violence, it will unfortunately be relatively easy to recruit subjects.

Like the MAPS-sponsored MDMA/PTSD studies in the US and Switzerland, this study is structured to provide information about two primary objectives: 1)

Improvement in PTSD scores during and after treatment, using the Clinician Administered PTSD Scale (CAPS, the standard measure of PTSD symptoms), and 2) Determination of safety and potential for adverse reactions directly related to the main and/or supplemental dose of MDMA. Based on data already obtained from Dr. Michael Mithoefer's MAPS-sponsored MDMA/PTSD Phase 2 pilot study, and on anecdotal reports, we expect to see reductions in PTSD symptoms for subjects receiving the fully-active dose of MDMA and no serious adverse events. The subjects in this study are required to have a CAPS score of 50 or higher and to have attempted without success at least one other form of clinical treatment for PTSD prior to participation in this study. The goal of our series of Phase 2 pilot studies is to develop data to help us design larger Phase 3 studies. The ultimate goal of these MDMA/PTSD studies is to provide data that is necessary to demonstrate safety and efficacy for approval of MDMA as a prescription medicine from the US FDA and the European Medicines Agency.

As part of my new responsibilities at MAPS, one of my jobs will be to help MAPS Volunteer Clinical Program Manager Amy Emerson and MAPS Director of Operations and Clinical Research Monitor Valerie Mojeiko in the design and creation of Case Report Forms and other study materials for MAPS-sponsored research studies. I've had to learn quickly about several aspects of clinical research monitoring, and the regulations governing study procedures according to both FDA and European Medicines Agency standards. Meanwhile, this has given me a feel for the work flow of initiation visits, monitoring techniques, organizational management, study structure and form creation/evaluation/reporting. To be honest, it's mind-boggling how much work and attention to detail the execution of a pharmaceutical study requires.

Rather than
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that contains
a threshold dose
of MDMA...

The trip from Tel Aviv to Beer Yaakov Mental Hospital, the nearby study site, was breathtaking. On the first day, Tuesday, we traveled from our hotel near the beach in Tel Aviv to the study site in a small town not too far past the outskirts of the city. The campus was initially constructed as army barracks by the British military during their occupation of Israel, and was converted in the 1950s to its present purpose.

After a short tour of the facility, we were met by psychiatrist Rael Strous, M.D., one of the two co-therapists for our study (Dr. Rakefet Rodriguez is the other co-therapist). Dr. Strous is an intense character, vibrant and bustling with positive energy. I could sense immediately upon our introduction that he will make an excellent therapist for this study. After a series of brief introductions, Amy, Valerie, Rick, and myself were led to the office of the hospital director, Moshe Kotler, M.D., the principal investigator for our study. After a short meeting in which some final logistical problems were addressed and a plan of action solidified we were led across the campus to the office of Dr. Strous. to discuss more regulations and logistical plans for the execution of the study over the next year or so. Amy created a helpful power point presentation and an excellent agenda for the meeting. Of course, as usual, there were complications. Some people couldn't make it to the meeting that day, and Amy and Valerie had to rearrange their agenda on the spot. But in the end we all felt that the meetings actually went better because we were able to spend more one-on-one time with the study assistants on the first day, giving them an overview of the structure of the study and making explicit their responsibilities in transcribing the study data from the source records onto the case report forms required by the FDA.

After a short break we were led on a tour of the new research building where the MDMA therapy sessions will take place. Although none of the new furniture had been put into place yet, the building had a pleasant feel, clean and well-organized. We concluded the rest of the day by going over some of the finer points of the study with study assistants Joy and Hadar and their responsibilities.

One interesting aside—we had noticed that in Israel there seemed to be no wild dogs but lots and lots of wild cats—but upon leaving the hospital and walking up the street we noticed two absolutely filthy, tiny, and adorable Rottweiler puppies seemingly abandoned on the side of the road. Needless to say, we couldn't just leave them there to starve so we picked them up (Rick had to climb through some very dense thickets to chase out the smaller of the two puppies) and brought them back to the gate. We were entirely uncertain as to how the staff of the hospital would react to us bringing them inside, but sure enough, they were both understanding and loving to our unexpected deliveries. They brought them milk and food, laughing and cooing all the while. We left the puppies in their care and headed back to the hotel, content that we had done our *mitzvah*, our good deed for the day.

We woke up early the next morning, Wednesday, and traveled by train from Tel Aviv to the hospital, allowing us to further absorb the landscape and architecture of the countryside beyond the city. Rick didn't attend, since he was speaking at a conference in Jerusalem. Again we arrived at the gate and walked over to the office to begin our meeting with co-investigators Rael and Rakefet and the independent assessor Moshe Z. After the mandatory tea and cakes, Amy gave her power-point presentation and led this team through an overview of the regulations for the study and the various requirements for reporting the data. It went wonderfully, and even I finally began to get a handle on all the acronyms and testing requirements for the study. After Amy concluded, we made our way over to the pharmacy with Rakefet to discuss the protocol for capping and labeling MDMA with the pharmacist. The MDMA had previously arrived in Israel in August, during the war with Lebanon,

There is one major design aspect of the Israeli study's protocol that is different from MAPS' US MDMA/PTSD study, but similar to the Swiss study. Rather than an inactive placebo (with no MDMA or any psychoactive drug) this study uses an active placebo that contains a threshold dose of MDMA (25 mg primary dose, 12.5



mg supplemental dose). This active placebo may provide a minimal change in blood pressure and some barely perceptible psychological effects to sometimes ‘trick’ the therapists and/or subjects into being unsure of the dose.

Arab-Israeli Joint Conference on Drug Policy

The first Arab-Israeli conference on Drug Policy was held at Hebrew University in Jerusalem. About 60 people attended to hear speeches by MAPS President Rick Doblin, Dr. Lester Grinspoon (US medical marijuana expert recently retired from Harvard Medical School, and author of *Marijuana: The Forbidden Medicine*), former chairman of the Green Leaf Party, Boaz Wachtel, and Dr. Rachel Hamburger, chief scientist of the Israeli Anti-Drug Authority. Unfortunately, with only one Palestinian in attendance, who reported that drugs such as marijuana and MDMA were, in her opinion, forbidden by the Koran since they can produce “unconsciousness”, there was not as much chance for dialogue as the conference organizers had hoped. Nevertheless, several impassioned and data-filled talks with given and the participants exchanged lots of information, primarily about the medical use of marijuana and drug policy in the US and Israel.

Diplomatically, Rick took the opportunity to begin his talk by noting the courage it took for the Palestinian speaker and for Dr. Hamburger to present their views, which in some respects were contrary to those held by most of those in attendance. He also noted the almost decade-long relationship he and MAPS have built with Dr. Hamburger and other officials at the Israeli Anti-Drug Authority and thanked Dr. Hamburger for her support of the Israeli MDMA/PTSD study. He then noted that the Israeli Ministry of Health, as the final condition prior to the

approval of the study, had requested that the Director of the Israeli Anti-Drug Authority put in writing his office’s support for the study, which, amazingly, he did. Rick then outlined MAPS’ psychedelic research studies around the world and noted that our medical marijuana research efforts have been fundamentally obstructed by our lack of an independent source of supply of marijuana that can be used in research (see story on page 13), whereas in contrast MAPS has been able to obtain legal supplies of MDMA, psilocybin and other psychedelics.

Safe Rave Training

Our third task was to conduct an initial training in harm reduction techniques and to facilitate the formation and organization of a core Safe-Rave group in Israel. On Tuesday night we met in East Tel Aviv with a small group of the Green Leaf party members and student activists and two organizers of all-night dance parties in various outdoor locations in natural settings.

As some meetings in Israel go, it was difficult to keep everyone’s attention focused on the task at hand—everyone wants to talk at the same time and no one ever turns off their cell phone. Only when we screened MAPS’ new educational video, “Working With Difficult Psychedelic Experiences,” were we able to hold everyone’s attention. The video, now available on the MAPS website (maps.org/wwpe_vid), received positive responses from everyone at the meeting and we received creative criticism and feedback about what should be changed or incorporated into the next version. In fact, the former chairman of the Green-Leaf Party, Boaz Wachtel, was interested in subtitling and re-editing a version in Hebrew geared toward their specific needs and political climate. Mostly, Valerie explained the principles of psychedelic emergency work

The team
mobilized for
the first time
after the training
to provide
Israel’s first
Safe-Rave
space...

 Primary Dose	Sponsor: MAPS 18424 Love Creek Rd. San Jose, CA 95005 USA Protocol: M-P3
	3,4-methylenedioxymethamphetamine (MDMA)
	Tracking #: _____
	Date Administered: ____/____/____
	Subject #: _____
Administer per protocol. CAUTION: Limited by law to investigational use Store at room temperature in a locked area	

 Supplemental Dose	Sponsor: MAPS 18424 Love Creek Rd. San Jose, CA 95005 USA Protocol: M-P3
	3,4-methylenedioxymethamphetamine (MDMA)
	Tracking #: _____
	Date Administered: ____/____/____
	Subject #: _____
Administer per protocol. CAUTION: Limited by law to investigational use Store at room temperature in a locked area	

Is there
any hope
for peace
and resolution
to the conflicts
that have
ravaged this land
for millennia?

(create a safe place; sitting, not guiding; talk through, not talk down; difficult isn't necessarily bad), and tried to address concerns about publicly providing Psychedelic Emergency Services at parties, as well as practical advice about establishing a schedule for the team members to work in shifts and creating a safe, comfortable space.

The team mobilized for the first time on the Friday after the training to provide Israel's first Safe Rave space at a party in a remote location in the Negev desert near the Dead Sea. There were three outdoor events that night and that Israeli team chose the event at which they thought they'd be most needed. Rick and Boaz also attended the event. Fortunately, there were no psychedelic emergencies but the dancers and other people in attendance felt safer and more relaxed knowing that help was available should it be needed.

Coincidentally, US political activists Adam Eiding and Robin Bell, in Israel to film the harvesting of Palestinian-grown olives by a team of Arab-Israeli peace activists, for olive oil for use in Dr. Bronner's soaps, were also able to attend the event in the Negev. As sunrise dawned over the Negev, planning was done for a lobby campaign to urge the DEA to approve Prof. Craker's application for a license for a MAPS-sponsored medical marijuana production facility, should the DEA Administrative Law Judge recommend approval of the license.

It is our hope that by reducing the harms that can result from the recreational use of psychedelics, and by changing the ways that individual drug-

users look at taking drugs, we can empower them to transform the politics as well. This is the grassroots level of MAPS' approach to changing drug policy, which protects the advances we are making in the research context from a possible backlash that could be caused by tragedies related to non-medical use.

Upon leaving Israel one has to ask: Is there really hope for peace and resolution to the conflicts that have ravaged this land for millennia? After my first visit to this holy land I have to say—I don't know—there is so much intolerance and hatred embedded in these people, these religions, this land. Personally, I find it hard to conceive of any possibility of lasting peace and healthy coexistence without there first being a radical transformation of the way in which people believe. Critical thinking and rationality must replace the skewed lens of faith. There are three impressions that will always stick with me about my first journey to Israel. First, how I have never seen so many fences in my life—tall wire fences, hard metal fences, chain link fences, barbed and razor wire, opaque plastic fences—every type and variety of fence you can imagine layered and stacked on top of one another. Second, that the sound of an asylum is the sound of cheap rubber sandals scraping across a cement floor. And third, that Israelis love to argue, as one of our Israeli friends put it so succinctly, 'It's in their blood.' In spite of all these things, I believe that change really can occur and that all of the projects that MAPS is coordinating in Israel are movements in the right direction. May we all come and go in peace... •

ECSTASY

and Cheerleading:

A Basic Risk Comparison

Jag Davies, jag@maps.org

A January 8, 2006 *Boston Globe* article, “The Most Dangerous Sport in School,” reported on several instances of catastrophic, sometimes deadly, cheerleading accidents. Apparently, like taking prescription medications, living in a polluted city, and driving a car, recreational sports such as cheerleading are activities that our society views as having serious, but acceptable, risks.

How, then, does this compare historically to the risks society deems as unacceptable, such as those associated with the recreational use of Ecstasy? I did some research to find out.

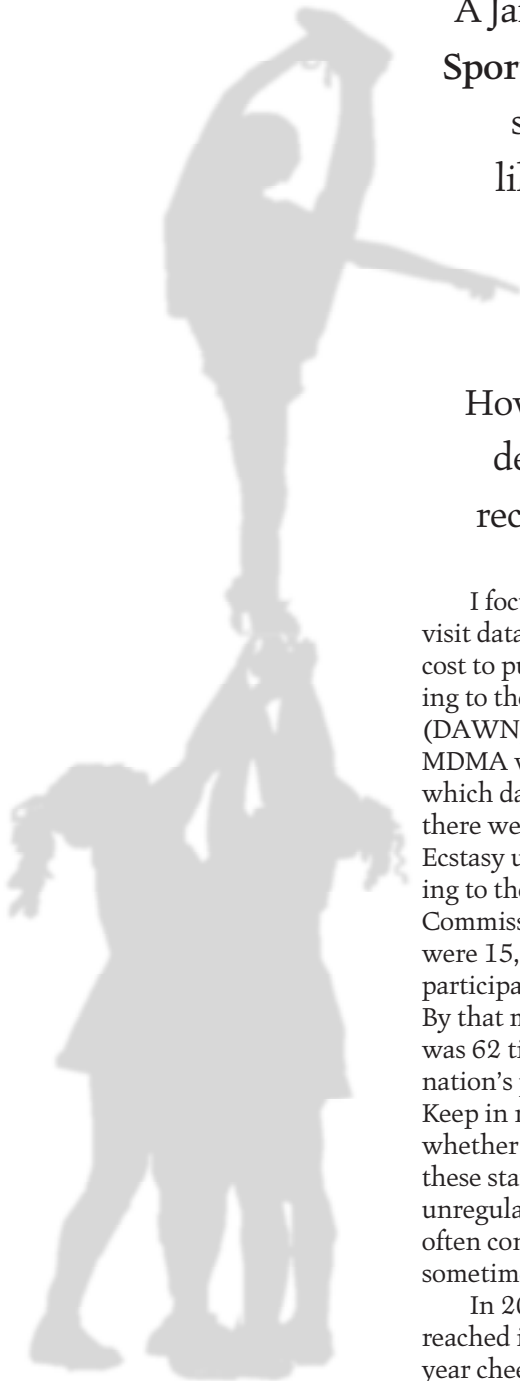
I focused on Emergency Room (ER) visit data, the most common indicator of cost to public health. For example, according to the Drug Abuse Warning Network (DAWN), in 1994—nine years after MDMA was criminalized, but the first for which data is available from SAMHSA—there were 253 ER visits as a result of Ecstasy use in the US. Meanwhile, according to the US Consumer Product Safety Commission (USCPSC), in 1994 there were 15,792 ER visits as a result of participation in organized cheerleading. By that measure, in 1994 cheerleading was 62 times more of a threat to our nation’s public health than Ecstasy use. Keep in mind that most users don’t know whether their Ecstasy is pure MDMA, so these statistics reflect the risks of using unregulated black-market Ecstasy, which often contains other substances and sometimes does not even contain MDMA.

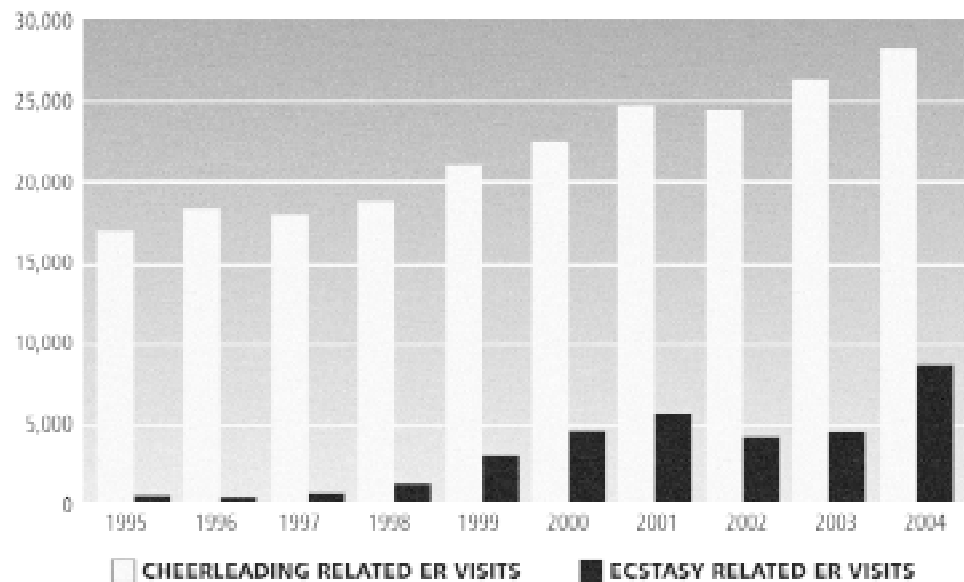
In 2001, when past-year Ecstasy use reached its peak, the total number of past-year cheerleaders (3.8 million) and Ecstasy users (3.25 million) were relatively similar¹. Still, past-year participa-

tion in organized cheerleading was four and a half times more likely than past-year use of Ecstasy to have caused a medical crisis necessitating a visit to ER.

To look at those numbers another way, in 2001, one out of every 152 organized cheerleading participants sought ER treatment, while only one out of every 585 past-year Ecstasy users sought ER treatment. Note that this data does not account for the differences between users; a cheerleader who practices daily and an Ecstasy user who takes the drug once a month are both counted here simply as participants. It is also worth noting that a study of ER admissions in the Netherlands found that most patients (89%) with an Ecstasy-related complaint did not require treatment beyond the initial visit with a doctor².

In 2003, DAWN implemented a new methodology for calculating drug-related ER visits, and my estimate of 4,442 for that year is based on the only data available, an interim estimate from July–December 2003 of 2,221. In 2004, once the “new” DAWN had been implemented,





their estimate for Ecstasy-related ER visits nearly doubled to 8,621, much higher than the previous high of 5,542 in 2001, but still a far cry from the whopping 28,414 cheerleading-related ER visits that year. DAWN recommends not comparing the “old” DAWN to the “new” DAWN³, but, taking this into consideration, the “old” DAWN is still valuable data, in fact the only data, available for 1994-2003.

Just Say No to Cheerleading?

Do these statistics mean that cheerleading should join Ecstasy in the shadowy underground of prohibited activities? Most would argue that cheerleading offers benefits that balance its risks, and that with careful preparation and education, these benefits make the risk of injury an acceptable one, even for young people. Unfortunately, the public debate on Ecstasy is limited by both an exaggeration of risks and a silence on benefits. Without a clear look at the actual impact of its use on individuals and on society, the costly decision to prohibit Ecstasy is difficult to justify.

As mentioned earlier, most of the risks associated with Ecstasy are a direct consequence of prohibitionist public policy. These risks include poor access to realistic harm-reduction educational materials, health risks related to ingesting unregulated material, and delay in medical treatment due to fear of criminal prosecu-

tion, imprisonment, stigma, and employment discrimination. Even in rare situations when Ecstasy does cause acute health-related problems and/or dependence, abuse, or addiction, prohibition accentuates these problems.

The economic cost of prohibition of certain drugs is also risky public policy, as billions of dollars are spent every year on propaganda, law enforcement, mandatory treatment, and prisons, forgoing billions of dollars from regulation and taxation that could be spent on honest education, voluntary treatment, and other pressing societal needs. Instead, these billions of dollars fuel underground criminal networks while squandering precious government credibility.

Most relevant to MAPS' mission is the risk that MDMA's potential therapeutic benefits will be lost on our society. While young people can still access street Ecstasy almost as easily as taking cheerleading lessons, prohibition has delayed for decades our ability to investigate MDMA's potential as a medicine and a tool for healing. •

1. “Past-year” refers to someone who has participated in organized cheerleading or consumed Ecstasy at least once in the past year.

2. Spruit, I.P. “Ecstasy use and policy responses in the Netherlands.” *Journal of Drug Issues*, 1999; 29(3): 653-678.

3. “New DAWN: Why It Cannot Be Compared with Old DAWN” explains this in greater detail: <http://dawninfo.samhsa.gov/pubs/shortreports/>

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Ayahuasca and Spirituality: Empirical Research on Experiencing the Divine

...this study demonstrates that the ceremonial use of ayahuasca often has a positive effect on participants' spiritual well-being...

FOR MY RECENTLY COMPLETED dissertation, I empirically examined the relationship between the ceremonial use of ayahuasca and spirituality. Although there are already many ethnographic and anecdotal reports drawing connections between participation in ayahuasca ceremony and enhanced spiritual well-being, I wanted to investigate how these claims held up to widely-accepted behavioral models in the psychology of spirituality.

To best determine the impact of the ceremonial use of ayahuasca, I only studied subjects who were naive to the experience. To identify subjects, I worked with groups in California and Canada who regularly host traditional ayahuasca ceremonies led by Peruvian shamans. Working with participants over a six-month period, beginning just before their first ayahuasca experience, gave me valuable insight into their spiritual lives and the effects of the ceremony in the following months.

The study utilized a mixed design method, using written accounts, interviews and conventional quantitative measures, such as the Peak Experience Profile, the Spiritual Well Being Scale, and the Mysticism Scale. I used these instruments to compare the ayahuasca ceremony groups to a control group that was not taking part in ceremonies.

The control group was not significantly different in demographic characteristics. Additionally, neither the baseline Mysticism Scale score nor the Spiritual Well Being Scale score was significantly different between the control and the experimental group. There was also no difference in baseline scores between the Canada group and the California group taking part in the ayahuasca ceremonies.

The written accounts showed common spiritual themes: 1) the presence of light and geometric patterns; 2) a sense of honor, respect, gratitude and/or awe; 3) a sense of connection; 4) personal reflections and insights; and 5) sacredness, in terms of a higher power or of God.

More than 75% of ceremony participants grew interested in increasing their spiritual practice or starting new practices. I found that individuals who experienced greater and more positive peak experiences also underwent greater and more positive changes in long-term spiritual well-being.

Surprisingly, for the California group, quantitative results showed no significant difference in Mysticism and Spiritual Well-Being scores between the group of people participating in ayahuasca ceremonies and the control group after the ceremony up to one month following the ceremony. However, the Canadian group did have significant changes in spiritual well-being compared to the control group following the ceremony. Numerous variables, such as differences in location, culture, shaman, and ayahuasca brew could have caused some ceremony participants to have increases in spiritual well-being, when others did not. Through the researchers' observations and interviews with participants, there did not seem to be a difference in potency between the two brews. Because this study concentrated on examining the differences between different ayahuasca ceremony participants and a control group, I was unable to focus more deeply on some of the differences that manifested within each group.

Still, this study demonstrates that the ceremonial use of ayahuasca often has a positive effect on participants' spiritual well-being, even after just one ceremony, and particularly when participants have strong, positive peak experiences. Based on the initial findings reported here, it will be valuable to continue investigating the effects of ceremonial use of ayahuasca on spirituality; there's a great deal more to be learned from these rich experiences. I consider this study part of a larger trend toward the re-integration of psychedelics into society, and toward the recognition of the potential of altered states of consciousness to be healthy tools for personal growth and spiritual exploration. •



Stephen Trichter, Psy.D.,
stephen@explorespirit.org,
is a clinical psychologist and
Executive Director of ExploreSpirit,
an organization devoted to
the exploration of
spiritual consciousness:
www.explorespirit.org

My Personal Experience with Cancer, Psychedelics, and Medical Marijuana

By Liana

Liana can be contacted at
askmaps@maps.org

I'm a 52-year-old neuropsychologist, wife, mother, and grandmother who was diagnosed with ovarian cancer in 2002. Fortunately, it was discovered early and did not appear to have spread beyond one ovary. After surgery and chemotherapy, my doctors thought there was a very good chance that the cancer would not recur. There was no sign of recurrence until January 2005, when the score on my CA125 (cancer marker blood test) started to rise, suggesting that the cancer was back.

Having believed for many years in the therapeutic use of psychedelics, I decided it was time to put my money where my mouth was.

When I was first diagnosed in 2002, I was certain I'd be fine. Now that it looked as though I was having a recurrence, however, for the first time it seemed possible that this just might kill me. Thanks to prior psychedelic and other life experiences, I didn't consider myself to be particularly afraid of death, but the thought of the suffering and pain associated with death from cancer was quite frightening to me. I also still had too many things I wanted to do, particularly helping to raise my granddaughter. I was quite distraught about the possibility of dying within the next few years. Although I managed to get to work and functioned okay there, when my mind wasn't occupied with work it was hard to think about anything but my uncertain future.

I remembered an article I had read years ago in the *MAPS Bulletin* ("Ayahuasca and Cancer: One Man's Experience," 1998, Volume VIII, No. 3, p. 22-27) by Dr. Donald Topping. He seemed to have been able to cure a recurrence of liver cancer during an ayahuasca session. (He unexpectedly lived for several more good years, although he did eventually succumb to cancer.) Having believed for many years in the therapeutic use of psychedelics, I decided it was time to put my money where my mouth was.

Fortunately, I was able to arrange an ayahuasca session. My guide arrived early in the morning carrying a black bag and what looked like a keg of moonshine. We took a lot of time choosing a space in my home for the trip and finally settled on the living room, with me on the couch. We drew the shades, turned off the lights, lit lots of candles, and moved my favorite piece of art and source of inspiration, a Tibetan thangka depicting Avalokiteshvara, into the living room. My guide did smoke offerings, dedicating the trip, and put music on. I took the medicine and donned eyeshades.

When the trip was well under way, my guide had me ask the spirit of ayahuasca if I still had cancer. I seemed to feel the plant spirit scanning my body like a CT scan, from left to right, looking for cancer cells. The spirit did not seem to find anything. My guide asked if I could see the plant spirit. I could not see it, but I could feel it physically. He suggested the spirit not only scan, but also clean out any cancer cells and chemotherapy residues. He had me imagine a purification fire, with flames burning me clean.

I was not having any visual hallucinations, so my guide offered a booster dose. When that took effect, I went to a whole new level, with beautiful colors and

patterns. With eye shades on and eyes closed, I saw the Plant Spirit in the right side of my field of vision. I was expecting jaguars and snakes, having read the literature, but he showed himself to me as The Hunter, holding a bow and arrow and other symbolic items that I couldn't quite make out. I expressed thanks to him and asked if he would now be one of my guides. He accepted and our energies merged. I experienced an incredible feeling of thankfulness and grace. The Plant Spirit and I whirled around in a cosmic dance for a while, then that stopped and I felt all sorts of unusual but pleasant physical sensations. I heard a mixture of sounds including human voices, digestive sounds, bits of cartoon soundtracks, etc., the same as those I've heard on LSD. As always, no specific words were decipherable.

My guide and I did other explorations regarding relationships with family members, etc. Once in a while, when we were discussing some difficult aspect of my life, I vomited into a bucket that had been placed next to me. As others had told me, the vomiting seemed to be a way of purging toxins from the body and was not terribly unpleasant. In general, I felt quite good and not nauseated.

After a number of hours, my guide left and I settled into bed. There was a period of time during which I got dizzy every time I moved until I was able to interpret that as follows: Everything is actually always spinning out of control. I have to relax and let it happen, let it spin, not try to control it, just go with it.

When the effects of the ayahuasca wore off, which took about 24 hours, I was left with a marvelous feeling of relief. I was completely certain that I was not having a recurrence and I stopped worrying about it. After additional blood tests, CT scans, and an MRI, it looked as though it was true. My doctors didn't know why I had had those scary lab test results, but my labs returned to the normal range and I seemed to be fine. I felt that ayahuasca had allowed me to look into my body and know what was happening before my doctors could figure it out. Rather than being worried and stressed during those months of tests, I had peace of mind.

Things were not as they seemed, however. One very full and happy year after my ayahuasca experience, my CA125 score began to rise again, this time with frightening speed. I had little time to search out another ayahuasca session and chose instead to try psilocybin cubensis with a close friend who is an experienced guide. Although it was not 100% certain that the cancer was back, it was extremely likely. Thus I approached this trip with a very different mindset than any trip I had ever taken before. I

had been thinking a lot about my own death. It happens that at that time I was reading Christopher Bache's book *Dark Night, Early Dawn* in which he describes some extremely dark LSD experiences in great detail. Given this fuel for my imagination, on the morning of the trip I found myself feeling terrified. My friend/guide arrived and we talked about my plans for this trip. He did a wonderful blessing, which was quite comforting. He gave me a blue crystal to hold for a while. It reminded me of the sky and helped change my state of mind to spaciousness and openness rather than fear. Then I ate the mushrooms. As soon as they began to work it was clear that this wasn't going to be a horror trip. I should have known to trust the medicine.

Once I was feeling the full effects, my friend instructed me to close my eyes and scan my body. I was able to do so to a point, but I kept becoming afraid and opening my eyes again when it started feeling very dense and heavy. We talked about my fears, of mutilation from additional surgeries, of a long and painful death. My friend, who has had experience with other cancer patients, was very comforting. I tried going deeper, but was unable to find anything bad in my body that needed to be expelled. After the ayahuasca experience I was somehow expecting to purge, but that did not happen.

I kept trying to look into my body, as closely as I could tolerate. Rather than seeing illness or decay, I felt very alive, healthy, and vibrant. Although I got the sense the cancer was back, I couldn't identify any invading cells. The message I got was that I could not rid my body of cancer. For reasons unknown to me, some of my cells had mutated into cancer cells, but they were still my own cells rather than foreign bodies (e.g., virus, bacteria). I was not going to be able to sweep them into a nice, neat pile and purge them from my body. My task now was to learn to live (or die) with them. The upcoming six-month period, during which I would undergo another round of chemotherapy, was reframed as a six-month retreat. I was to use that time for healing and spiritual practice. I am a Buddhist practitioner and already had been taught some healing practices during my previous round of chemo. Now I would have the opportunity to devote more time to those. There would also be time to work on psychological issues, and so I decided to find a good therapist to help me through this time of crisis and self-healing. I got the sense that I would have some degree of control over what happened to my body on a cellular level. If I took care of myself, deepened my spiritual practice, and tried to make my work a part of my

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spiritual practice, I felt confident that I could hold the cancer cells at bay for at least a while, hopefully long enough for my granddaughter to reach her teens. In the meantime, rather than wasting time anticipating the worst, I shouldn't let the cancer stop me from enjoying life. It was such a blessing to be able to get this perspective when coping with my illness. This would help me to learn from it, rather than spending the rest of my days in a state of panic or denial.

The trip ended and life went on. At first, there was nothing on CT scan, but then a month later another scan showed several tiny tumors and I immediately began another round of chemotherapy.

Obviously, the "all clear" message I thought I had gotten during my ayahuasca trip in 2005 had not been correct. I do believe, however, that it gave me peace of mind and possibly staved off the cancer for an additional year, and for that I am extremely grateful.

Now it has been almost four months since I left work to undergo this second course of chemotherapy. I have explored Buddhist thought regarding the process of death and rebirth and have done a lot of spiritual practice. I have a wonderful therapist who has helped me cope with the stress of being severely ill. With my therapist I have focused on the dynamics of my relationships with my husband, family, and friends that have been making this process both easier (via incredible emotional support) and more difficult (via old maladaptive patterns of interaction). I am much less stressed out and fearful than I was when the chemotherapy began. I'm confident that I'll have a good period of remission during which I can spend more quality time with my family, go back to my work as a neuropsychologist and psychologist, and accomplish some of those things outside of work that I had been putting off until "later".

I would like to end this article by briefly discussing my experiences with medical marijuana and the prescription drug, Marinol. The first of my six chemotherapy treatments was worse than I remembered it having ever been during my previous round of therapy, and I despaired at having to go through that five more times. The anti-nausea medications my doctor had prescribed didn't work that well and had unpleasant side effects.

Although my doctor had never mentioned Marinol or marijuana as alternative treatments, once I asked about them he immediately wrote me a prescription for Marinol. He also wrote me a letter stating that I was a candidate for medical marijuana. Since I live in California, the letter was

all I needed to legally possess, use, and even grow marijuana for my personal use.

Marinol worked quite well, eliminating the nausea completely, but it sometimes made me so stoned that it was unpleasant. Twice I had anxiety attacks from it, during which I was unable to control obsessive, worried thoughts. In addition, I developed a tolerance to the anti-nausea effect after a day or two. I went to a local Pot Club and purchased a potpourri (no pun intended) of products, including pot, chocolate truffles, a candy bar, and something called "tincture" which, the salesperson assured me, would not get me stoned. The edible goodies worked and

did not give me anxiety attacks, but after 3 or 4 days I became bored with being stoned, unable to do anything but lie around and listen to music. With some skepticism, I switched to the tincture and, amazingly, it worked like a charm without getting me stoned.

All the edible pot products, including Marinol and the tincture, took up to an hour to work. With a little experimentation, I learned that I could smoke a little pot first, which worked immediately, and that way I would feel okay while waiting for the edibles to kick in. I used very mild pot so I could still function to a degree after I smoked it.

I want everyone who is going through chemotherapy to know that this line of treatment is amazingly helpful. Interestingly, even here in "liberal" California, I had to specifically ask my doctor for these products. One MD friend who recently attended a Continuing Medical Education course

on end of life issues, pain management, and palliative care told me that medical marijuana was never even mentioned. Why is that?

Obviously, there is a stigma attached to marijuana and psychedelics, and as a result many people who could benefit from them are denied safe, legal access. Rather than being seen as part of the "War on Drugs", their therapeutic and medicinal potentials should be fully investigated and made readily available to everyone who could potentially benefit from them. •

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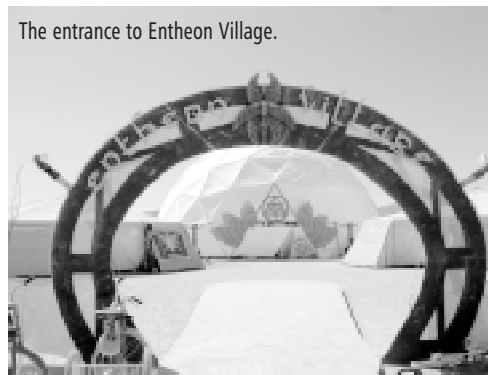
MAPS Celebrates "The Future: Hope and Fear" Burning Man 2006



Valerie Mojeiko
valerie@maps.org

As MAPS' 20th anniversary approached, we thought about renting out a hotel conference hall to throw an event, and even looked at a few places on the beach in Sarasota, Florida. But, after our inspiring growth at Burning Man in 2005, we decided instead to celebrate at a place where many of our members already converge, and where many more would like to—had they the chance. This year, we expanded our multi-faceted Burning Man project to include a theme camp with 400 people, a new and improved volunteer psychedelic emergency service team, a more comprehensive lecture series, and breathtaking visionary art—all in the middle of the desert. Moreover, it was a place for pro-active community-building and networking for MAPS members, friends, and allies. Appropriately enough, the theme for this year's Burning Man was "The Future: Hope and Fear," as this year also marked the 20th anniversary of the Burning Man festival itself.

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The entrance to Entheon Village.

ENTHEON VILLAGE

Entheon Village was one of the largest theme camps at Black Rock City this year, five times more populous than last year's camp. Campers at Entheon Village each paid a registration fee that covered the camp's costs. The same group of Chicago Burners led by drug policy reformer Matt Atwood who hosted us last year organized, built, and coordinated the infrastructure for this colossal undertaking.

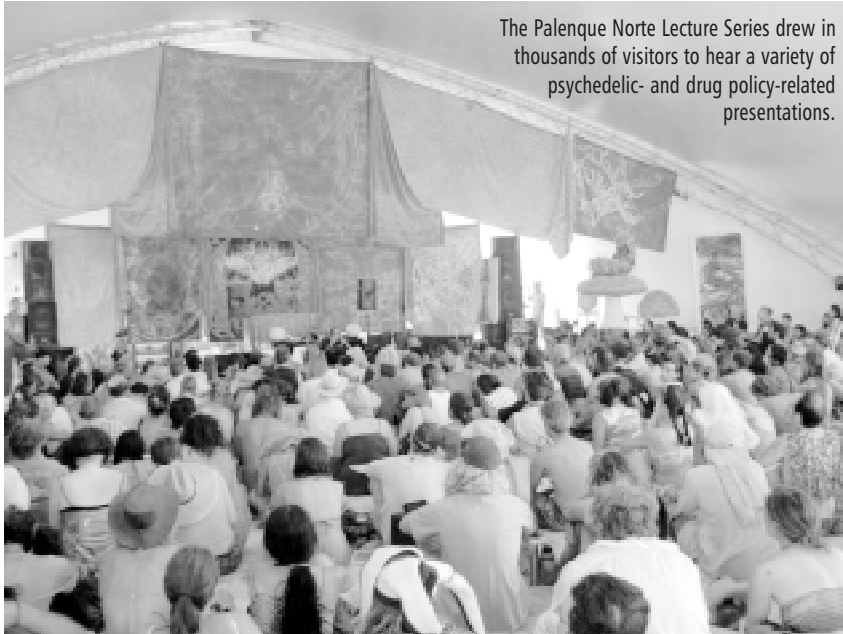
This year, in addition to hosting hundreds of MAPS members, Entheon hosted Alex and Allyson Grey's Chapel of Sacred Mirrors (COSM) and many leading visionary and psychedelic artists. Looking

across the Esplanade, Black Rock City's main boulevard, Entheon Village featured some of the largest and most distinct structures. Entheon's esteem and popularity was attested by the steady throngs of visitors who came to gaze at paintings in the three large art galleries, listen to psychedelic- and drug policy-related lectures, and meditate in the cardboard zendo built by a group of Swiss Zen Buddhist monks including MAPS Patron Member Vanja Palmers. After the lecture series finished each day, the tent transformed and crowds danced to hip-hop, IDM, and breaks into the early hours of the morning.

Many people at Entheon had not experienced Burning Man before, including psychedelic elders Ann and Sasha Shulgin (authors of *PIHKAL* and *TIHKAL*) and drug policy reform leaders such as Marijuana Policy Project (MPP) Executive Director Rob Kampia, Drug Policy Alliance (DPA) Executive Director Ethan Nadelmann, and Marsha Rosenbaum, Director of DPA's San Francisco office and Safety First. Each gave presentations and fielded questions to hundreds of visitors at the lecture series. The presence of so many

Burning Man virgins created an air of excitement, to say the least.

Of course, in arranging a project of this size, there were some logistical nightmares: registration was complicated, the showers weren't built until mid-week, several of the RV's ran out of water, and bikes went missing. These challenges allowed us an opportunity to work together as a community on survival issues, as practice for working together on



The Palenque Norte Lecture Series drew in thousands of visitors to hear a variety of psychedelic- and drug policy-related presentations.

Event Photos: Lorenzo Hagerty

issues of social justice back in the default world. MAPS would like to acknowledge that the volunteer work of the core group of Chicago Burners to build a theme camp of this magnitude was greatly appreciated and went above and beyond our expectations in creating a comfortable home for our community and a celebration of MAPS' 20th anniversary in the most adverse of circumstances. MAPS would also like to thank the people who donated resources to Entheon Village, making it possible for our staff to have such a comfortable and exciting home on the playa.

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SANCTUARY

Sanctuary is a safe space created by the Black Rock City Rangers, Burning Man's girl/boy-scout-like non-confrontational mediators, to temporarily shelter people who are having a tough time at the event, including many having challenging or difficult psychedelic experiences. This was MAPS' fourth year facilitating Sanctuary by bringing together psychiatrists, therapists, experienced peers, and researchers who work on government-approved clinical studies with psychedelics, to assist the Rangers in assisting Sanctuary visitors. Sanctuary operates 24 hours a day for six and a half days.

On Monday I facilitated a training program for a pre-screened group of 60 Sanctuary volunteers, where we learned therapeutic techniques, shared experiences, and became acquainted with one another. In addition to this more-structured training program, other improvements this year included the creation of a standardized procedural manual for volunteers working in Sanctuary, log-books for collecting information about the types of visits that occur in Sanctuary to help us prepare better for next year, and a clear definition of volunteers' roles that allowed for new volunteers to apprentice by sitting in the space and recording each visitor's information in the log book.

One of the primary purposes for bringing MAPS-sponsored researchers together at Burning Man is for them to have a chance to work alongside each other and share techniques. First and foremost, though, we are providing a valuable and much-needed service to the community by bringing some of the most qualified people in the field to provide help for those in need, and teaching this information to those who are interested. The working environment in Sanctuary is more analogous to a teaching hospital than to a research facility. Therapists trained in psychedelic-assisted therapy share their techniques with other therapists, doctors, and psychedelic-using peers who may know the theory, but have less real-life experience with this particular type of work. Of course, because this is such a small field and so much of the knowledge exists underground, we often

find that everyone plays the role of both teacher and student during their time in Sanctuary. So far we have only had extremely positive feedback from Sanctuary visitors on the quality of our services. MAPS would like to thank the many people who volunteered their time to work in Sanctuary, as well as those who donated money and resources to enable the MAPS staff to organize this project.

CONCLUSION

We chose Burning Man as the site of our 20th Anniversary gathering since it was a comprehensive example of MAPS in action, with lectures about our scientific research, a demonstration of our psychedelic harm reduction model at Sanctuary, the honoring of our psychedelic elders, and a community-building gathering. We're deeply grateful to everyone at Entheon Village who donated their time, resources, and sweat to bring this magnificent celebration to fruition.

Although it may seem like going to a festival in the middle of the desert with all kinds of crazy art, music, and entertainment would be like a vacation or at least a departure from our work lives, for the MAPS staff, Burning Man is one of our busiest, most productive, and exhausting work weeks of the whole year. Our schedules are full of important meetings, long shifts in Sanctuary, lectures and workshops. It's a great time to network with colleagues and people doing affiliated work, and we even used it as an opportunity to scope out potential staff members. In the midst of all the hard work, we were also able to accomplish this year's unique mission, celebrating 20 years of MAPS' existence, and bringing many of the people together who have helped to make each year even better and more productive than the last. In doing so we shared the vision, hopes and fears of a possible future where the psychedelic experience is not just legally accessible, but also re-integrated into the fabric of our local and global communities. •

Letters to MAPS

I worked as a Sanctuary volunteer this year, and offering a safe haven from the chaos abound was obscenely satisfying. Regarding said chaos, while I do enjoy having it wash over me (the frenzied intensity of it all can be quite yummy), it's hard not to succumb to over-stimulation. When substances are added to the mix, even experienced users may feel the sensory onslaught drown out notions of set and setting. There is a clear need for what Sanctuary offers; a space to integrate and transform difficult experiences into positive ones. It was at times discouraging to witness drug use reflecting the larger societal association of self-destruction, rather than self-awareness and personal growth. As the distinction there can be hazy and rather subjective, we need to acknowledge the whole spectrum of experiences and intentions that folks have.

– Ahsan
Portland, Oregon

Although I could go into great detail about all the wonderful facets of Entheon Village (such as beautiful, fresh salads every day - wow!), I believe the most important aspect was that we all came together and the experience was influential to ourselves and others on a life-changing level. My life was changed from the first moment I set foot in Black Rock seven years ago. The evolution I have seen take place and the evolution of my own personal journeying as I intersect with the pathways of others all seems to now be tangibly fitting into place like puzzle pieces. Entheon Village is a big piece of that puzzle for me. I thank everyone who was involved and hope they all know how special they are.

– Claire Lipton
Palm Desert, California

As I expected, Entheon Village felt very much like home. I commend you for all the work that obviously went into it. I'm certain that it took much more effort than even what was obvious. I so much enjoyed Rick's opening keynote which centered on the Entheon vision and the John Halpern issue. Several times during the talk and later, I was struck by the thought that indeed "this" is why I have so much respect for the MAPS organization. The integrity, the open-mindedness and honesty that you bring to face issues of this kind is inspiring and I want you to know that. I *love* the way that MAPS has directed itself to embrace the celebratory, artistic and spiritual aspects of our evolving culture when it would feel so much safer to embrace only the scientific.

Warm Regards,
Jeff Mease
CEO, One World Enterprises
Bloomington, Indiana

A Double Dose of Genius

Robert Venosa



HIS short story has been written as background for the introduction of a collection of signed, limited edition prints of a portrait I recently painted of Albert Hofmann, Ph.D. Myself, Dr. Hofmann and MAPS have collaborated on this venture to support MAPS-sponsored LSD and psilocybin research, especially Dr. Peter Gasser's proposed study of LSD-assisted psychotherapy in subjects with anxiety associated with end-of-life issues, and to gain financial assistance for my own plan to provide a permanent venue for my art, and that of the many wonderful visionary artists burgeoning on the cultural matrix today. Salvador Dali becomes a part of these thoughts due to his genius, his obvious influence on most artists—psychedelic, visionary and otherwise—and the fact that I knew him personally. More information about the signed, limited edition prints is available at the end of this article.

What keys
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On January 11, 1906, Albert Hofmann was born in Baden, Switzerland. Exactly 20 months prior, on May 11th, 1904, Salvador Dali y Domenic was born in Figueras, Spain. And so, in a matter of months, and not too many miles, two of the 20th century's greatest revolutionaries entered this planetary realm. Each in his own manner provided paths for a profound expansion of human consciousness. Dali, through his surrealistic imagery, opened up a color-filled window onto dreams and hallucinogenic metaphors that gave dimension to Freudian and Jungian subconscious mysteries. Albert Hofmann, through his discovery of lysergic acid diethylamide, opened up an even wider door for any and all to enter into the more expansive realms of superconscious transcendence. LSD awakened on a massive scale the sleeping giant which had been dreaming of the shape, sound and visceral feel of its spirit; cosmic truths insinuated; unimagined phantasmagorical visions; and, most of all, opened up hearts and minds to a nascent understanding of the universal connectedness of all things. And so both paths, the subconscious surrealistic dream world of Dali, and the superconscious galaxy of

Hofmann, provided revolutionary/evolutionary leaps that have come few and far between in the history of human consciousness.

How does such a brilliant mind operate? What keys are provided in allowing access to such super-human discoveries and the ability to translate them and make them digestible to the normal mind? It has been said that God created the universe from a spark blest with a creative spirit, along with the intention of seeing what scope of manifestation would present itself at the juncture of infinity and eternity. In order to be present for the entire gig, as well as to enjoy the ride, God endowed each and every materializing spirit with a piece of Herself. And so, through a bit of contemplative observation, it's easy enough to reckon that some spirits have been bestowed with a more reflective shard of God's creativity blessing...such as Messrs Hofmann and Dali. Having had the extreme honor of spending quality time with both of these genial giants, I can report that a good deal of their brilliance is wrapped in high-velocity intelligence, captivating charm, and a quick wit. Very human traits actually, but the dynamic

energy and extreme brainpower they exude borders on the alien.

Amongst other reasons why I include Dali in these thoughts that were planned to be primarily about Albert Hofmann, is the obvious fact that as a fellow painter I can relate to Dali's challenges, and highly appreciate the unique genius that he manifested on canvas. All art is an emotional experience, a language of form, color, sound, and movement that is constantly being translated by consciousness, and at the higher levels will take on a transcendent nature. A layman is not aware of the courage it takes to face an empty canvas and proceed to expose one's soul thereupon. In this sense Dali was a hero and mystical genius without peer. And all this without the aid of any entheogenic stimulation. As he said, "Dali does not do drugs, Dali is the drug!" Although he passed on in 1989, I speak of Dali in the present tense only because his art, in one form or another, seems to enter our lives on a daily basis.

Albert, of course, will always be present as part of the higher state of consciousness he helped birth in us all. With that in mind, I must mention that the first time I met Albert I blurted out 'Father!' as he opened the door of his home in Burg, Switzerland. My beloved Martina and Dieter Hagenbach, who introduced us to Albert that day, were somewhat embarrassed by my unexpected and slightly weird outburst. But, as Albert was responsible for the re-birthing of a consciousness in deep-sleep, I believe I could not have been more honest in my spontaneity. And what a pleasure, a joy(!), to meet this man who became the alembic for the alchemical sacrament that empowered a generation in-waiting. That first meeting took place in 1996, and for the past 10 years, as we drive through Switzerland on our way to Spain, Martina and I make sure we spend a day with Albert and Anita, sharing new art and recent adventures, entheogenic and otherwise, while walking through the gardens and fields where Albert can name every plant, herb and other of nature's variations in the beautiful environment that he calls home. This year was no exception, but it did mark a very special occasion as I introduced Albert to my recently finished

portrait of him. In a way this painting is a culmination, or a crossing point, in the spiral of the creative dynamic LSD instilled in me that night (and many nights and days thereafter) in New York 41 years ago. Never having picked up a paint brush, acid commanded I do so, and then proceeded to provide a few other-worldly visitations and inspirations, then put me together with masters Mati Klarwein and Ernst Fuchs to learn some technical magic, and, with that in mind and hand, I've been attempting to externalize those phantasmagorical worlds in form and color ever since. And here was my paternal alchemist, Albert, gazing upon his portrait with pleasure-filled approval! What more of a reward, what maximum honor, could I ever hope to receive?

I once mentioned to Albert that he is surely one of the 20th century's greatest revolutionaries. "That's very kind, and perhaps overstated," he responded.

"However, whatever recognition I have received from the public comes primarily from my association with LSD. But I have also discovered the compounds Ergometrine and Metrogine, both of which prevent post-partum hemorrhage, saving a number of lives of woman during childbirth. Hydergine, which stimulates oxygen flow to the brain, relieving symptoms of deteriorating mental capacity, is also another discovery of mine. And I consider these discoveries equally important as LSD-25. These are also kinder, but perhaps not as problematic." It should also be mentioned that Albert synthesized psilocybin, and when he presented the compound to Maria Sabina, she assured him that it had the exact same spirit as in nature's psilocybin. Albert said that he has always regretted that the potential of LSD as a psychotherapeutic aid and/or cure for various ailments and addictions was short-circuited in the 1960s by governmental interdiction and prohibition following LSD's rapid, widespread and uncontrollable dissemination. The horror! Reports of trippers jumping out of windows trying to fly; hair on men growing below their shoulders, the devil's lance of Hofmann and Leary impaling the souls of innocent children; and most threatening of all, a generation was discovering a spiritized individuality,



Robert Venosa
roberto@venosa.com

In a way,
this painting
is a culmination,
or a crossing point,
in the spiral of the
creative dynamic
LSD instilled in me ...
Never
having picked up
a paint brush,
acid commanded
I do so...

After years
of forced hibernation,
the subdued promise
that LSD held is now
being re-awakened
by Dr. Peter Gasser's
proposed
MAPS-sponsored
LSD-assisted
psychotherapy
research.

contesting greed and war, and, horror of horrors, enjoying sex, drugs and rock and roll!

Once LSD became a Schedule I drug, Albert was saddened at the ensuing loss of the unlimited potential of his demonized "problem child." However, it's so satisfying to know that he has survived the barbs of ignorance and stultifying limitation, and is here to see a wonderful, long-hoped-for turnaround. Fast-forward to present-day Switzerland, where, after years of forced hibernation, the subdued promise that LSD held is now being re-awakened by Dr. Peter Gasser's proposed MAPS-sponsored LSD-assisted psychotherapy research, which would be the first clinical trial evaluating the therapeutic use of LSD in several decades. This study will move ahead with financial support from MAPS through various channels of donation and fund-raisers, including portions of the limited edition print sales of my portrait of Albert Hofmann. In regards to the portrait, which I had been working on this past Spring, I spent time considering what stage of life I should represent Albert. I thought back to a visit we had with him in 2000, and how impressed I was with his regal profile and enthusiastic energy at that time. How inspiring to know that one could maintain such a youthfulness at 94 years of age! And so, with oil paint, I've tried to capture that handsome, leonine structure, along with the accoutrements of a magic garden, the molecular structures of LSD, psilocybin and DMT, and a halo of form and energy.

I spent approximately 100 hours painting the portrait of Albert, working in both my Boulder, Colorado, and Cadaques, Spain studios. As any artist will attest,

painting a portrait is a major challenge, with each stroke within the framework of the face, especially the eyes, nose and mouth, demanding absolute concentration. One or two wayward strokes and the artist struggles to regain the magic. The challenge is not so much to re-create an acceptable resemblance—that's the easy part—but to capture with brush and paint the soul essence of the one being painted. No small feat.

I told Albert at that time, during the Millennium, that we would be celebrating his 100th birthday with him in six years, and so it has come to pass. This year I mentioned that we would next celebrate 101, and beyond, with him. And, so I expect, if not here in this realm, then surely at the crossroads of eternity and infinity. •

Editor's Note

* The good news from Switzerland: Dr. Peter Gasser's study evaluating the efficacy of LSD-assisted psychotherapy as a treatment for individuals suffering from emotional difficulties related to advanced-stage cancer and other illnesses has just made some important steps toward government approval and initiation. Dr. Gasser, President of the Swiss Medical Association for Psycholytic Therapy (SAEPT), along with MAPS, completed a Memorandum of Understanding (MOU) for the study, which, coincidentally, will be submitted on January 11, 2007, Albert's 101st birthday. Another piece of good news is that Dr. Gasser has already found a chemical supplier in Switzerland, approved by SwissMedic (Swiss FDA equivalent), that will sell MAPS 10,000 mcgs. of LSD for the study and other future studies involving LSD. SwissMedic has also given approval for the lab that Dr. Gasser identified to conduct encapsulation of the LSD for his proposed study.

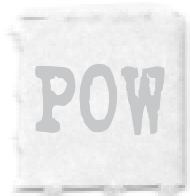


Dr. Hofmann is presented with his portrait by Robert Venosa at the recent symposium in honor of Hofmann's 100th birthday, "LSD: Problem Child and Wonder Drug".

Robert Venosa's portrait of Albert Hofmann is now available as a full-color print in a limited edition of 50 exemplars. Printed on archival, acid-free Somerset Velvet paper, these prints measure 27"x 33", with a 23' x 28" image area. They are pencil-signed by both Robert Venosa and Albert Hofmann, and numbered 1/50 through 50/50. A Certificate of Authenticity, signed by the artist, accompanies each print.

Print number	\$Price
1-10	\$3000
<i>(no. 1 will be auctioned; 2, 3, 4, 6 are sold)</i>	
11-20	\$2500
<i>(11, 13 are sold)</i>	
21-30	\$2000
<i>(21, 23, 24 are sold)</i>	
31-40 <i>(sold)</i>	\$1500
41-50 <i>(sold)</i>	\$1000

To purchase or for information regarding available prints, contact MAPS at orders@maps.org or phone (831)336-4325, or visit www.maps.org/catalog



Drug War Prisoner: Casey Hardison

ENTHEOGENIC ACTIVIST, researcher, and chemist **Casey Hardison** is currently serving a 20-year prison sentence for the manufacture of LSD. Hardison acted as his own lawyer during his case, and, rather than denying the charges, he argued that he had a fundamental human right to engage in his chosen entheogenic religion. The court rejected the argument and he was sentenced to 20 years in prison on April 22, 2005. He has submitted human rights appeals to the European Court of Human Rights and to the House of Lords,

the highest court of appeal in the UK (see www.lsd25.20m.com for further details). Hardison is also a former MAPS Bulletin contributor, and he requested that we include a brief mention of his whereabouts, so that readers may send letters of support and donations to him.

Casey Hardison LH5330
HMP Swaleside/ Brabazon Rd.
Eastchurch / Isle of Sheppey
Kent, ME12 4AX
United Kingdom

The **Women's** Visionary Congress 2007

The **Women's Entheogen Fund** will hold a conference next summer to raise money for continuing grants to women who spend a significant portion of their professional lives researching psychoactive plants and chemicals.

The "Women's Visionary Congress: Consciousness, Wisdom and Social Justice," will be held at Wilbur Hot Springs on the weekend of July 27, 2007.

Women who apply progressive harm reduction techniques and those whose art is inspired by entheogens will speak as well. During the conference, we will also take time to consider women's perspectives on planetary survival, global warming, and population issues. A particular emphasis will be placed on honoring older women and the wisdom they have acquired.

Unlike the US Congress, the WV Congress will offer both visionary speakers and an environment responsive to women's needs.

Co-sponsored by the Sibyl Society and MAPS, the event will feature approximately twenty female speakers and will be open to women and men. A few of the confirmed speakers so far include Carolyn (Mountain Girl) Garcia, Kathleen Harrison, and Steph Scherer, founder and executive director of Americans for Safe Access (ASA).

Two hundred tickets to the WV Congress will go on sale in early 2007 and will range in price from \$200 to \$300 dollars. Tickets will include the cost of camping or lodging, food, and the conference itself. A scholarship fund is being created to assist women who cannot afford the full ticket price.

The Congress will feature women who work with entheogens, medical marijuana and harm reduction. Presentations will focus on the unique approaches that women use in their entheogenic investigations and in their efforts to secure social justice for medical cannabis patients and other drug-using populations.

Unlike the US Congress, the WV Congress will offer both visionary speakers and an environment responsive to women's needs. The event will offer healthy, well-prepared food, on-site child-care, and daily yoga classes.

In addition to a pool and four hot soaking baths, Wilbur Hot Springs includes a comfortable turn-of-the-century solar-powered hotel that sleeps 60 and a large meadow for camping. It sits on exquisite land in the Coastal Range foothills of Colusa County, California, 22 miles west of the town of Williams and two and a half hours northeast of San Francisco. You can check out their web site at www.wilburhotsprings.com

Those wishing to volunteer to organize and/or help at the WV Congress are welcome to contact Annie Harrison at ah@well.com or 415-637-5262. A web site and list of speakers for the event will be posted in early 2007. Save the date and come join us for a healing soak and a series of conversations with visionary women. •

Julia Onnie-Hay has moved forward from working with the MAPS Membership & Sales Office to pursue higher education and adventure. She wants to express love and gratitude to all those working for the healing of our selves, communities, and world.

A full statement from Julia, "Moving Forward: Adventuring Towards the Vision," is posted at www.maps.org/julia.html





Rick Doblin

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



Valerie Mojeiko

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



Josh Sonstroem

Josh Sonstroem, Technology Specialist and Events Coordinator, earned his B.A. in Philosophy and Religion from New College of Florida and is a chef, musician, poet, technologist, and masseuse. He immensely enjoys the depths of existential experience.



Jag Davies

Jag Davies, Director of Communications, has a B.A. in cultural anthropology and enjoys examining the intersections of drug policy, media, culture and consciousness. He has been working at MAPS since 2003, where he coordinates outreach projects, research advocacy, and educational materials, including the MAPS Bulletin, monthly email news, and website content.



Sarah Hufford

Sarah Hufford, Membership and Sales Manager, joined the MAPS staff in the Fall of 2005, after receiving her bachelor's degree in psychology from New College of Florida. She values psychedelics and marijuana as powerful medicines, and hopes to help integrate their safe and conscientious use into our society.

MAPS: Who We Are

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

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

ALBERT EINSTEIN WROTE:

"Imagination is more important than knowledge."

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

THE MAPS BULLETIN

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

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for Psychedelic Studies, Inc. (MAPS)
10424 Love Creek Rd., Ben Lomond, CA 95005
Phone: 831-336-4325
Fax: 831-336-3665
E-mail: askmaps@maps.org
Web: www.maps.org

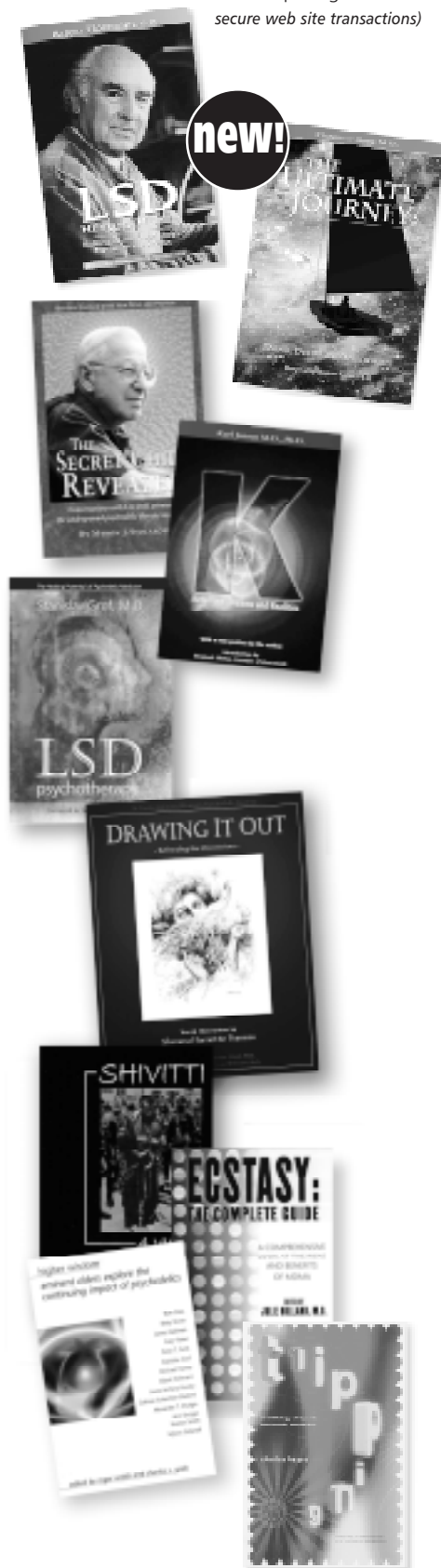


MAPS (Multidisciplinary Association
for Psychedelic Studies, Inc.)
10424 Love Creek Road
Ben Lomond, CA 95005
Phone: 831-336-4325
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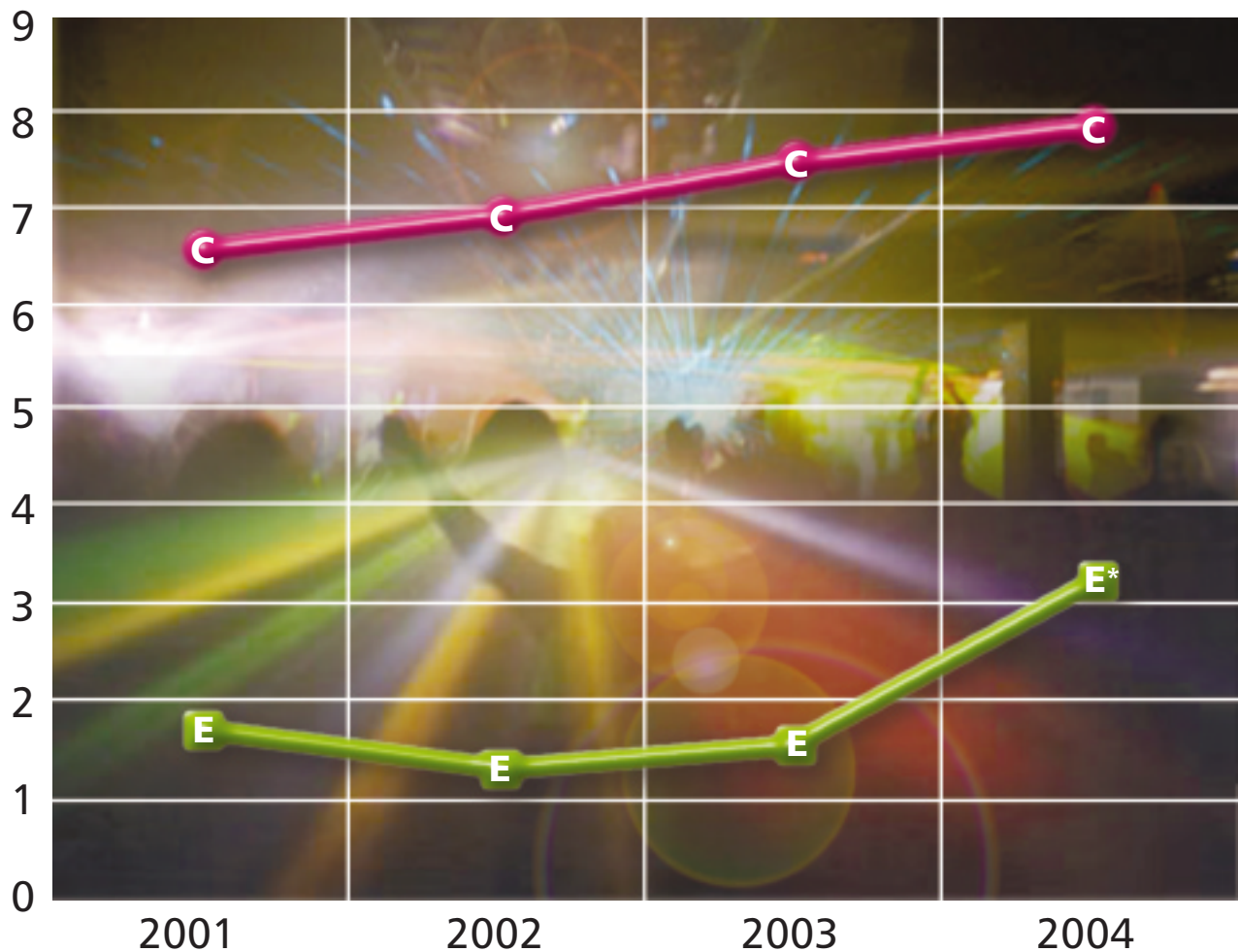


GIMME AN E!



A Study in Comparative Risks – See article page 21

ER VISITS PER 1000 PAST-YEAR PARTICIPANTS



C CHEERLEADING RELATED ER VISITS

E ECSTASY RELATED ER VISITS

*Utilizing "New DAWN" methodology

Statistics courtesy of the Sporting Goods Manufacturers Association (SGMA), the US Consumer Product Safety Commission (USCPSC), the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Drug Abuse Warning Network (DAWN).

MAPS' 20th Anniversary Celebration: Entheon Village at Burning Man 2006

