MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

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VOLUME XVIII NUMBER 3 • WINTER 2008–09

Congratulations President-Elect Barack Obama!

Congratulations to **63% of the voters of Michigan** who supported letting sick and dying people legally use medical marijuana with their doctor's approval!

Congratulations to **65% of the voters of Massachusetts** for decriminalizing up to one ounce of marijuana for personal use!

Congratulations to our friends at the **Marijuana Policy Project** for operating stellar campaigns responsible for the change in these two states!

President-Elect Obama: Marijuana reform got more votes than you did in both Michigan and Massachusetts, and the people of the United States overwhelmingly support the legalization of medical marijuana.

President-Elect Obama: We call upon your administration to put science before politics in resolving the medical marijuana controversy.

We urge you to order the Drug Enforcement Administration (DEA) to issue a final ruling accepting the February 12, 2007 recommendation of DEA Administrative Law Judge Bittner that DEA should issue a license to Professor Lyle Craker, University of Massachusetts Amherst, for a MAPS-sponsored medical marijuana production facility. Judge Bittner concluded that it's in the public interest for DEA to stop sustaining the National Institute of Drug Abuse (NIDA) monopoly on the supply of marijuana for legal research, which it uses to obstruct the development of marijuana into a prescription medicine.

MAPS (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization working to assist researchers world-wide 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.**

2008 Multidisciplinary Association
for Psychedelic Studies, Inc. (MAPS)
309 Cedar Street, #2323, Santa Cruz, CA 95060
Phone: 831-336-4325
Fax: 831-336-3665
E-mail: askmaps@maps.org
Web: www.maps.org

Editor: Randolph Henken, M.A.
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Covers: Samples of new logos submitted by Michael Aubert at Cosmic Egg Studios (www.cosmicegg.com) and several MAPS supporters. Thank you to Joanna B., Kevin G., Jesse K., Jody S., Tobais P., Evan M, and to Mark Plummer for sharing your talents and ideas. MAPS has used these submissions to generate ideas for a new MAPS logo which will be unveiled early in 2009.

From the desk of Rick Doblin, Ph.D.

AS I BEGIN this financial report about the 21st Fiscal Year (June 1, 2007 to May 31, 2008) of the Multidisciplinary Association for Psychedelic Studies (MAPS), I'm feeling a sense of profound gratitude for all of MAPS' roughly 1700 donors, whose financial support and/or donation of time and expertise enabled MAPS' FY 07-08 to be our most successful year to date.

It's a privilege for me and the other MAPS staff to work on a mission that we're passionate about. It's a precious opportunity for us that would be impossible without the generous support of MAPS' membership. Part of earning this privilege is writing this financial report to inform our donors how their funds were spent and what we were able to accomplish on our shared mission. The dividends that donors receive are not financial, since a donation to MAPS is not an investment that may generate a profit. Rather, the dividends from a donation to MAPS come from pride and satisfaction in shared accomplishments and in the slow but steady construction of a healthier world for all.

This report is both a presentation and an invitation for dialogue. We welcome comments, critiques and questions about anything in this report. Just write to rdoblin@maps.org or call 831-336-4325 and we'll get back to you.

In gratitude,

Rick Doblin, Ph.D.
MAPS President
rdoblin@maps.org

The Big Picture

MAPS' FY 07-08 income was $1,698,454. Expenses were $1,446,138. MAPS had a $252,316 surplus, which will be spent on future projects requiring many millions of dollars. Assets at the end of FY 07-08 amounted to $1,041,011, of which $260,050 was restricted to various projects and $780,961 was unrestricted. For an historical comparison of FY 07-08 to previous years, see Chart 1 on page 5. For an overview of FY 07-08 income, assets, and expenses see Chart 2 on page 6.

Additional donations not reflected in MAPS' income or expenses, amounting to about $77,000, were made directly to a Swiss non-profit, the Swiss Medical Association for Psycholytic Therapy (SAEPT), in support of MAPS-sponsored Swiss MDMA/PTSD and LSD/end-of-life anxiety studies.

Income-$1,698,454

MAPS' FY 07-08 income was $1,698,454. Of that amount, $1,233,061 came from individuals and foundations donating $1000 or more, $193,689 came from individuals who donated less than $1000, $78,977 came from book, clothes and art sales, and $192,727 came from other sources such as interest, travel stipends, sublease on rental property, special event income, and Entheon Village/Burning Man registration fees. MAPS' reported income doesn't include invaluable donations of time by a sizable number of volunteers who assist us in a range of projects. Some volunteers help with our software and website, others from the pharmaceutical industry provide expertise in clinical research monitoring and data management, some lawyers donate legal services, and numerous other volunteers assist with basic operations.

MAPS donors who give under $1000 per year contribute about half of our operating expenses. The other half of our operating expenses and the bulk of our research and educational budgets come from larger donors. This combination of a few large and many small donors is the key to our success. When each donor gives what they can, be that $20 or $200,000, we have enough to fund our operations and our research and educational projects.

Due to their small number and their generosity, I'd like to thank our roughly 20 major donors by name. Our two largest individual donors, Ashawna Hailey and John Gilmore, are both on MAPS' Board of Directors. Ashawna donated $320,000, $20,000 of which was restricted to Erowid and John donated $175,000, $25,000 of which was restricted to Erowid. An anonymous donor gave $119,000, all for MDMA/PTSD research. David Bronner donated $100,949, most of it for our Israeli medical marijuana project. Robert Barnhart donated $97,704, of which $75,000 was for our Swiss LSD/end-of-life study and the rest unrestricted. Peter Lewis donated $96,101 in unrestricted funds. Wendy Grace donated $50,000, $35,000 unrestricted and $15,000 to the Women's Visionary Congress and the Women's Entheogen Fund. Annie Harrison donated $21,557 for the Women's Visionary Congress. Kevin Herbert donated $19,378 to underwrite half of the publication of LSD Psychotherapy by Stan Grof and to support our Swiss LSD/end-of-life study. Michael Marcus donated an unrestricted $20,000. Richard Miller and Seth Hollub each donated $10,000, with Seth's funds restricted to cluster headache research. Tim Butcher donated $9,000 for our US MDMA/PTSD study. Jo Crown donated $8,569 unrestricted. Ramez Naam donated $7,800 for Erowid. Richard Wolfe and Rene Ruiz each donated $6,000 unrestricted. John Buchanan donated $5000 to underwrite half the costs of the new edition of Stan Grof's LSD Psychotherapy. June Blewitt donated $5,000 to our US MDMA/PTSD research, and an anonymous patron donated $5,000 for our Swiss LSD/end-of-life study.

MAPS has also received donations from foundations and organizations. We received $50,000 from the Libra Foundation, $25,000 of which was for the US MDMA/PTSD study and $25,000 for operational expenses. The Robert Keller Foundation donated $50,000, all for our US MDMA/PTSD study. The Burning Man organization donated $20,000 for the Basura Sagrada Temple project, since MAPS was the fiscal sponsor for the builders of the Basura Sagrada Temple. The Marijuana Policy Project donated $6000 for Prof. Lyle Craker at UMass Amherst, for our effort to obtain a DEA license for a medical marijuana production facility.

Donations to Allied Organizations on Behalf of MAPS-$77,000

For tax benefits for our donors who live outside the US, MAPS is seeking to develop relationships with non-profit organizations in the various countries in which we're conducting research. These donations and expenditures don't show up on MAPS' books, but they support MAPS-sponsored projects.

MAPS donor and Swiss Citizen Vanja Palmers donated $60,000 directly to the Swiss account of SAEPT; $10,000 for our Swiss LSD/end-of-life anxiety study and $50,000 to our Swiss MDMA/PTSD study. Swiss citizen Fredi Muller donated 10,000 Swiss Francs to SAEPT and British citizen Amanda Fielding donated 5000 Euros to SAEPT, both for our Swiss LSD/end-of-life anxiety study.

Assets-$1,041,010

In FY 07-08, MAPS had $252,316 more in income than expenses. As a result, MAPS' assets as of May 31, 2008 grew to $1,041,010. Of that amount, $260,050 was restricted to specific purposes and $780,961 was unrestricted. See Chart 3 on page 6 for a listing of the amounts of funds restricted to each project.

MAPS has never before had assets amounting to more than $1 million at the close of a fiscal year. This sum demonstrates the generosity of MAPS members and their willingness to entrust MAPS staff with their donations, and their hopes for medical use of psychedelics and marijuana. When compared to zero, $1 million is an incredible amount of money. When compared to the roughly $10 million that I estimate we'll need to develop MDMA into a

prescription medicine for the treatment of PTSD, we're not even close. Furthermore, we're working to develop other psychedelics and marijuana into prescription medicines, and we need to retain a substantial portion of MAPS' assets as an operating reserve.

Expenses-$1,446,138

MAPS FY 07-08 expenses were $1,446,138. Of that amount, $400,609 was for research projects, $136,220 was for core educational projects, and $319,332 for educational projects for organizations and events for which MAPS acted as a fiscal sponsor. MAPS' Website and forum cost $22,543. An additional $236,639 was for project-related staff and office expenses, and $215,663 was for management and core operations. Fundraising expenses were $61,883. Product costs and royalties on art were $44,682. Finally, capital expenses were $10,864. We had refunds and adjustments of $2,297. See Chart 4 on page 7 for a detailed list of expenses. Each major research, educational, and staff salary expense item is discussed below.

*Detailed Expense Reports-

Research Projects-$ 406,609

Conducting research is our top priority. The following research projects reflect our organizational priority of conducting strategic psychedelic-assisted psychotherapy and medical marijuana research and, where possible, conducting clinical trials under the US Food and Drug Administration and European Medicines Agency.

In order to present more information about MAPS' expenditures, I will briefly go over each item. Chart 4 on page 7 will enable you to see all the items at a glance.

US MDMA/PTSD Study-$235,843

Our largest expenditure on research was for ongoing costs for MAPS' pilot MDMA-assisted psychotherapy study, conducted in Charleston, South Carolina under the direction of Dr. Michael Mithoefer and Ann Mithoefer BSN. This study investigated MDMA-assisted psychotherapy in subjects with treatment-resistant Posttraumatic Stress Disorder (PTSD). The 21st and final subject completed the two-month follow-up in September 2008, concluding the study. Over the years, MAPS has spent about $1 million on this study. The results of this study are so promising that it was worth every penny. We're now expanding our MDMA/PTSD research to new countries and therapeutic teams, testing different protocol modifications that will help us in the design of the Phase 3 studies. If other therapist teams can get results similar to the results obtained by Michael and Ann Mithoefer, we will have sufficient evidence to justify the prescription use of MDMA-assisted psychotherapy.

Swiss MDMA/PTSD Study-$4,390

This item is for ongoing costs related to Dr. Peter Oehen's MAPS-sponsored MDMA/PTSD study, which has continued to enroll patients this year. This study is designed for 12 subjects and half have already been treated. The estimated completion date for this study is around September 2009. This study has been submitted to FDA under MAPS' Investigational New Drug (IND) application for MDMA, in order to ensure that FDA will review the data generated by this study. The study actually cost substantially more than $4,390 in FY 07-08, but costs were paid out of the Swiss account of the Swiss Medical Association for Psycholytic Therapy (SAEPT), into which Swiss citizen and MAPS donor Vanja Palmers donated directly. The estimated total cost including funds spent directly from SAEPT was $55,000.

Israel MDMA/PTSD Study-$11,020

This item is for ongoing costs related to Dr. Moshe Kotler's MAPS-sponsored MDMA/PTSD study, which has continued to enroll patients this year. This study is designed for 12 subjects and two have already been treated. The estimated completion date for this study is around December 2009. This study has been submitted to FDA under MAPS' Investigational New Drug (IND) application for MDMA, in order to ensure that FDA will review the data generated by this study.

Canada MDMA/PTSD Study-$1,715

This item is for protocol development for a new MAPS-sponsored MDMA/PTSD study to take place in Vancouver, Canada, with co-therapists Ingrid Pacey MD (psychiatrist) and Psychologist Andrew Feldmar. A Canadian Institutional Review Board (IRB) has approved the study, with Health Canada approval still required. When we obtain full approval and start this study, it will be the first psychedelic research in Canada in about 35 years. This study is designed for 12 subjects.

MDMA Therapist Training Program-$6,378

MAPS is developing a training program for therapists who we will hire to conduct our Phase 3 research into MDMA-assisted psychotherapy for PTSD. These costs are for training program development, which includes evaluating and learning from therapists currently conducting MDMA/PTSD studies for MAPS.

MDMA Literature Review-$6,663

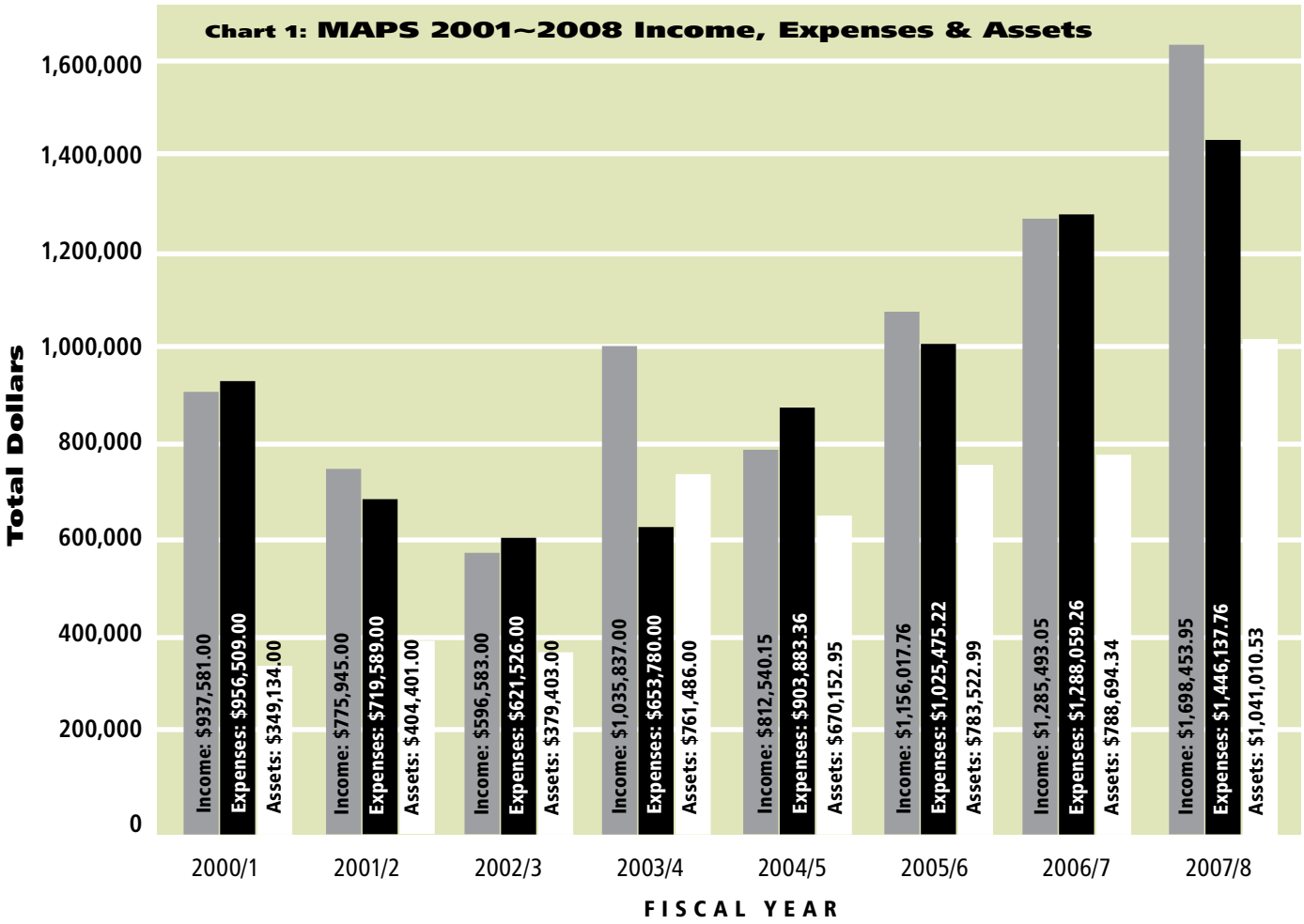
MAPS research associate Ilsa Jerome, Ph.D. is responsible for keeping current on the state of the art of the world's scientific, peer-reviewed literature on MDMA. She continued this ongoing review throughout FY 07-08. When applying to the FDA and Institutional Review Boards with a new protocol, it is necessary to have a comprehensive review of all factors related to risk.

MDMA Research-$4,742

These are general expenditures in support of our MDMA research efforts that benefit multiple MDMA projects.

Swiss LSD/End-of-Life Anxiety Study-$6,400

MAPS worked with Peter Gasser, MD, a Swiss psychiatrist, on the protocol development and approval process for a pilot study investigating the safety and efficacy of LSD-assisted psychotherapy in reducing anxiety and pain in patients with end-of-life diagnoses. The study gained approval and treated its first subject in this fiscal year. When completed, this will become the first study of the therapeutic use of LSD in over 35 years. Additional funds



amounting to an estimated $15,400 for study expenses have been paid from the SAEPT account and are not reflected on MAPS' books.

Psilocybin Cancer/Anxiety Study-$12,005

This item is for the protocol development and approval process for a study of psilocybin-assisted therapy with advanced-stage melanoma cancer patients with anxiety. Sameet Kumar, Ph.D. will conduct the study. The FDA has approved the protocol, but we're still seeking an institution in Southern Florida willing to let the study take place there and have its IRB review the protocol.

Ibogaine Canada-$3,554

MAPS was sponsoring a study of the long-term effectiveness of ibogaine-assisted therapy in the treatment of opiate addiction. This study was located in Vancouver, Canada with patients treated at the Iboga Therapy House. Funds were used for enrollment and follow-up for five subjects. Unfortunately, the Iboga Therapy House shut its door for financial reasons and our study has been ended prematurely. Fortunately, this study has led to another ibogaine outcome study in Mexico and helped introduce us to therapists in Vancouver with whom we're working to start our Canadian MDMA/PTSD study.

Ibogaine Mexico-$1,308

MAPS is sponsoring a study of the long-term effectiveness of ibogaine-assisted therapy in the treatment of opiate addiction. This study is located in Mexico, with patients treated at the Ibogaine Association, and funds were used for protocol development, training, and approval.

Cluster Headache Protocol-Psilocybin-$26,914

MAPS donated $26,000 to Clusterbusters, a group of people who suffer from cluster headaches and have found psilocybin and LSD to be effective in treating their headaches. The donation was for the development of a protocol to evaluate psilocybin in the context of a clinical study. MAPS allocated an additional $913 in staff time on this project.

Cluster Headache LSA Study-$3,251

MAPS funded Dr. Andrew Sewell to gather information from cluster headache sufferers who had used morning glory seeds that contained lysergic acid amide (LSA). This is important because these seeds are relatively easy to obtain, while it will take many years to obtain legal approval for LSD or psilocybin for cluster headaches.

Cluster Headache LSD Protocol-$1,158

MAPS' Research and Information Specialist Ilsa Jerome, PhD worked on protocol development for a study of LSD in treating cluster headaches. The study will be funded by Clusterbusters and will probably take place at McLean Hospital, Harvard Medical School

Chart 2 - Big Picture

MAPS Fiscal Year 2007-2008
As of 5/31/2008

Income	$1,698,454
Expenses	$1,446,138
Net Change	$252,316
Income Categories As of 5/31/2008	
Donations from Individuals & Foundations >$1000	$1,233,061
Donations from Individuals <$1000	$193,689
Product Sales (Books, Art, Clothes)	$78,977
Other Income: Interest, Conferences	$192,727
Total Income	$1,698,454
Asset Categories As of 5/31/2008	
Net Assets at beginning of Fiscal Year	$788,694
Plus: Net Change	$252,316
Net Assets at end of Fiscal Year	$1,041,011
Assets: Restricted Funds - Liquid	$260,050
Assets: Unrestricted Funds - Liquid	$730,961
Assets: Remainder Interest in Home	$50,000
Total Assets	**$1,041,011**
IRS 990 Expense Categories As of 5/31/2008	
Research Projects	$400,609
Core Educational Projects	$136,220
Educational Projects Fiscal Sponsorhip	$319,332
MAPS Website and Forum	$22,543
Project Related Staff/Office Expenses	$236,639
Management and General Operations	$215,663
Fundraising	$61,883
Product Costs/Royalties for Art	$44,682
Capital Expenditures	$10,864
Refunds/Adjustments	-$2,297
Total Expenses	**$1,446,138**

Chart 3 - Balance Sheet Restricted

MAPS Net Assets As of 5/31/2008

Total liquid assets	$991,011
Remainder Intrerest	$50,000
Total Portfolio (actual value, not cost)	$1,033,011
Fixed Assets and Security Deposits	$8,000
Total Assets	$1,041,011
Minus Restricted	$260,050
Unrestricted	$780,961
Restricted Funds As of 5/31/2008	
MDMA Psychotherapy Research Effort	$8,138
Swiss MDMA/PTSD	$28,449
Vaporizer study	$10,364
Cluster Headache/Clusterbusters	$30,425
Ilsa CH LSD Protocol	$588
Ilsa CH Psilocybin Protocol	$2,447
LSD/Psilocybin Research (Miami)	$33,718
LSD Research (Swiss LSD)	$95,042
Ketamine Tampa	$1,000
Chamberlain Royalties	$4,950
Start Up Fund/UMass Amherst	$22,819
Creativity Study	$1,000
Basura Segrada Temple	$11,193
Erowid Website	$5,793
Bia Labate Aya Religion Book	$1,750
WWDPE (Difficult Trip Video)	$2,375
Sum of Restricted Money	$260,050
Sum of Unrestricted Funds	$780,961
Total Assets	**$1,041,011**

Our largest expenditure on research was for ongoing costs for MAPS' pilot MDMA-assisted psychotherapy study, conducted in Charleston, South Carolina under the direction of Dr. Michael Mithoefer and Ann Mithoefer BSN. This study investigated MDMA-assisted psychotherapy in subjects with treatment-resistant Posttraumatic Stress Disorder (PTSD)... Over the years, MAPS has spent about $1 million on this study. The results of this study are so promising that it was worth every penny.

Chart 4 - Expenses Summary 2007-2008

RESEARCH PROJECTS As of 5/31/2008	
MP-1 MDMA PTSD-US	$235,843
MP-2 MDMA PTSD-Swiss	$4,390
MP-3 MDMA PTSD-Israel	$11,020
MP-4 MDMA/PTSD-Canada	$1,715
MDMA Therapist Training	$6,378
MDMA Literature Review	$6,663
MDMA Research	$4,742
LDA-1 LSD Swiss End-of-Life Study	$6,400
Psilocybin/Cancer Anxiety Study (Miami)	$12,005
Ibogaine Canada	$3,554
Ibogaine Mexico	$1,308
Cluster Headache Study	$26,914
LSA Clusterheadache	$3,251
LSD Cluster Headache Protocol	$1,158
MJ Production Facility/UMass Amherst	$6,828
MJ Vaporizer Study	$1,500
Dr. Abrams MMJ Study SF	$167
Vancouver Island Compassion Study	$8,000
Israel Medical Marijuana Farm	$58,774
TOTAL RESEARCH PROJECTS	$400,609
CORE EDUCATIONAL PROJECTS As of 5/31/2008	
DEA/UMASS Cong. Sign on Letter	$61,369
CME Project	$1,056
World Psychedelic Forum 2008	$18,214
Burning Man Sanctuary	$4,154
Information	$618
Conference-DPA	$2,793
WWDPE (Difficult Trip Video)	$125
MAPS Bulletin	$47,891
TOTAL CORE EDUCATIONAL PROJECTS	$136,220
EDUCATIONAL PROJECTS FISCAL SPONSORSHIP As of 5/31/2008	
Burning Man 2008	$2,254
Burning Man 2007	$128,273
Basura Sagrada (BM Temple)	$18,764
Conference-Peru	$12,879
S.A.F.E.R./UC Boulder Colorado State	$15,000
Womens Visionary Congress	$50,502
Women's Alliance for Medical Marijuana (WAMM)	$9,300
Website EROWID	$82,359
TOTAL EDUCATIONAL PROJECTS FISCAL SPONSORSHIPS	**$319,332**
TOTAL EDUCATIONAL PROJECTS BOTH INT. & EXT	**$455,552**

Chart 5 - Staff Salary and Benefits

STAFF SALARY As of 5/31/2008	
Gross Salary for Core Staff	$150,433
Employee Benefits	$43,353
Rick Doblin Salary	$60,000
TOTAL SALARY	**$253,786**

Occasionally, MAPS acts as the fiscal sponsor for externally-generated educational projects that fit into our mission. If a project that fits in our general mission statement is able to independently secure funding and staffing, MAPS is able to provide oversight and tax-exempt status to the project.

Marijuana Production Facility/ Umass Amherst-$6,828

MAPS donated $6,000 to UMass Amherst Professor Lyle Craker to compensate him for his time working to reverse the DEA's refusal to grant him a license for a MAPS-sponsored medical marijuana production facility. MAPS also spent $828 on expenses for a press conference to draw attention to the recommendation of DEA Administrative Law Judge Bittner that DEA should issue Prof. Craker a license, since she found that it would be in the public interest to end the government monopoly on the supply of marijuana legal for use in federally-approved research.

Marijuana Vaporizer Study-$1500

MAPS paid Chemic Labs for the development of a protocol to submit to NIDA seeking to purchase 10 grams of marijuana so we could continue our research into the constituents of the vapors produced by the Volcano vaporizer. We have now been trying for 5 years without success to purchase 10 grams of marijuana from NIDA! This obstruction of our vaporizer research is clear evidence of why it would be in the public interest for Prof. Craker to be issued a DEA license for a MAPS-sponsored medical marijuana production facility.

Dr. Donald Abrams Marijuana/Pain/Opiates Study-$167

As far as we can tell, Dr. Abrams is currently the only researcher in the US who is actively evaluating the medical use of marijuana in a patient population. MAPS has donated staff time and resources to assist with travel and lodging for patients in Dr. Abrams' study of medical marijuana in conjunction with pain medications. MAPS has also agreed to help find the remaining patients for this study. These costs are for the early stages of this project, which is primarily taking place in FY 08-09.

Vancouver Island Medical Marijuana Compassion Club-$8000

Philippe Lucas, founder of the Vancouver Island Compassion Club, received an $8000 grant, donated to MAPS by David Bronner, to study the patients who come to his club. One aim of the study is to see if certain strains of marijuana are more effective in certain clinical conditions.

Israel Medical Marijuana Production Facility-$58,774

The Israeli Ministry of Health has established a policy whereby physicians whose patients have any of a certain limited number of clinical conditions can apply to the Ministry requesting that their patient receive a license to use marijuana legally. Since there was no legal supply of marijuana in Israel, the Ministry of Health decided to issue several licenses to produce marijuana for Ministry-approved patients. The license does not permit the producer to sell the marijuana, thus it requires that the marijuana be given away for free. The producers must obtain donations to cover their costs. David Bronner donated funds to MAPS to help subsidize the costs of one grower. Over time, as more patients are approved and obtain medical benefits, we think the Ministry may reconsider the policy of free distribution and permit sales which would then be a sustainable model.

DETAILED EXPENSE REPORTS

EDUCATION-$455,552

MAPS' mission includes both research into the beneficial uses of psychedelic and marijuana and educating the public honestly about the risks and benefits of these drugs. Since there is so much misinformation about the risks of psychedelics and marijuana, and so much denial about any benefits, our educational mission is as critical as our research mission. We've undertaken quite a few educational projects, which I will describe below. These educational projects will be divided into two categories, those that are part of MAPS' core activities and those conducted by other organizations for which we are acting as fiscal sponsor and whose activities are aligned with MAPS' mission.

MAPS' Core Educational Projects-$136,220

DEA UMass Amherst/ Congressional Sign-On Letter-$61,369

On February 12, 2007, DEA Administrative Law Judge Mary Ellen Bittner issued her findings of fact and recommendation in the case of Prof. Lyle Craker. ALJ Bittner recommended that DEA issue a license to Prof. Craker for a MAPS-sponsored medical marijuana production facility, which would end the federal monopoly on the supply of marijuana legal for research. The licensing of Prof. Craker would catalyze a serious drug development research program, which is what DEA is seeking to prevent. DEA must issue a final ruling in response to ALJ Bittner's recommendation, but there is no timetable within which DEA must act.

MAPS initiated a major effort to educate members of the US House of Representatives about ALJ Bittner's recommendation. We obtained signatures of 45 Congressional Representatives on a letter to DEA urging it to accept ALJ Bittner's recommendation. We also obtained written support from Senators Kennedy and Kerry, who sent a letter to DEA urging it to accept ALJ Bittner's recommendation. Considering how close Senators Kennedy and Kerry are to President-elect Obama, there is a reasonable chance that DEA under an Obama Administration will put science first and issue Prof. Craker his license. If that happens, the controversy over the medical use of marijuana will be decided by the outcome of FDA-sanctioned research. Funds for our Congressional educational campaign were donated to MAPS by board member John Gilmore.

Continuing Medical Education (CME) Project-$1,056

MAPS is in the early planning stages of organizing a Continuing Medical Education (CME) conference for psychiatrists, psychologists, and nurses about the latest findings from clinical research with psychedelics. This will be an international conference that we'll hold in the San

Francisco Bay area, sometime in 2010. Funds were spent on staff time for initial research into possible conference locations and on how to obtain CME credit.

World Psychedelic Forum-$18,214

In March 2008, a major international conference about psychedelics was held in Basel, Switzerland, home of Albert Hofmann, the father of LSD. MAPS donated $5,000 to the conference organizers to act as co-sponsor, and we paid travel, lodging and food expenses for a small number of psychedelic researchers and MAPS staff who were speaking at the conference. MAPS' participation in the conference enabled us to meet supporters and researchers from around the world, including our MAPS-sponsored Swiss MDMA and LSD researchers. We were also able to deepen our connections with several major donors. Sadly, Albert Hofmann died shortly after the conference. However, he stayed alive long enough to see the full approval of MAPS Swiss LSD/end-of-life anxiety study, about which he said on January 11, 2008, his 102nd birthday, "my life's greatest wish is now being fulfilled: LSD is finally becoming a medication again."

Burning Man Sanctuary 2007-$4,154

One of the causes of the complete worldwide suppression of psychedelic research starting in the early seventies was fear associated with the non-medical use of psychedelics--which in some cases had tragic outcomes. As MAPS has been successful in helping to establish a renaissance in psychedelic research, we've realized the importance of trying to do what we can to minimize the chances of another backlash. We decided to assist the Burning Man organization's Black Rock Rangers in offering support to people at Burning Man who were having difficult psychedelic experiences, thereby reducing the number of people who might leave Burning Man in a more fragile condition than when they arrived. This was deeply satisfying work and we were able to witness the providing of such services become part of the mission of the Rangers. Our goal was to create a model program that could be adopted by festival organizers all over the world. Our work at Burning Man brought us to the attention of the organizers of the Boom Festival in Portugal. We have worked closely with Boom (see article page 43) and, consequently, I witnessed Boom provide the most comprehensive harm reduction services I've ever seen. This was made possible by the Portuguese law enforcement's acceptance of the value of harm reduction services that, in contrast, are criminalized in the US.

Information-$618

This category of expenses is for educational materials that MAPS staff purchase for their own education.

Drug Policy Alliance Conference-$2,793

This category is for expenses associated with MAPS staff attending the Drug Policy Alliance conference in New Orleans in December 2007, where we set up a table with information about MAPS.

Working with Difficult Psychedelic Experiences Video-$125

MAPS has created an educational video as part of our efforts to prevent a backlash against psychedelic research due to tragedies caused by people having difficult psychedelic experiences that they are not prepared to handle. Our video presents information explaining how people can help a friend if their friend is having a difficult psychedelic experience. We created the video in prior fiscal years and these expenditures were for preparing to create a newer version, which took place in this current fiscal year.

MAPS Bulletin-$47,891

We use our Bulletin as a key educational tool. We take special care to make the Bulletin a magazine that people can proudly show to others. Bulletin costs have been partially subsidized by using the color covers as an opportunity to display art for sale through the MAPS store. The Bulletin comes out 3 times a year and focuses mostly on articles about MAPS' various projects with occasional special themed issues related in some way to psychedelics. Our next themed issue, to come out in early 2009, is about psychedelics and ecology

Education Projects for which MAPS was Fiscal Sponsor–$319,332

Occasionally, MAPS acts as the fiscal sponsor for externally-generated educational projects that fit into our mission. If a project that fits in our general mission statement is able to independently secure funding and staffing, MAPS is able to provide oversight and tax-exempt status to the project. The following categories are projects for which MAPS acted as a fiscal sponsor.

Burning Man 2008-$2,254

These are early expenses for Entheon Village 2008, for which MAPS once again handled the finances. As in years before, expenses were covered by registration fees.

Burning Man 2007-$128,273

MAPS handled funds for Entheon Village 2007, which we first helped to create at Burning Man 2006, where we held MAPS' 20th Anniversary. Expenses of Entheon Village were covered by registration fees, for which people did not receive tax receipts since their fees were for services provided and were not donations. MAPS organized a lecture series about psychedelic research and culture as part of our educational mission. Participation in Entheon Village helped MAPS fulfill our community outreach goals.

Burning Man Basura Sagrada Temple Project-$18,764

MAPS served as fiscal sponsor for a team of artists who built, and then burned, the Temple structure at Burning Man 2008. The Temple structure at Burning Man is a place where people traditionally reflect on loved ones who have died and is a meditative location that offers people the opportunity to experience and express somber and serious emotions--in contrast to the often carnival-like mood elsewhere at Burning Man. The Temple structure offers people a supportive place to experience complex emotions and therefore adds an important, grounded "harm reduction" element that, in combination with the

Sanctuary space, makes Burning Man a more psychologically balanced and healthy environment.

Ayahuasca Conference in Peru-$12,879

MAPS helped process registration fees for Alan Shoemaker, who organized the Amazonian Shamanism conference in Peru. People who paid registration fees did not receive tax receipts since they received services for their funds, which weren't donations.

SAFER/UC Boulder-$15,000

These expenses are for educational efforts of SAFER, an organization that works with college students to teach them the relative dangers of alcohol as compared to other drugs. MAPS received a grant from Peter Lewis for this project in a prior fiscal year.

Women's Visionary Congress and Women's Entheogen Fund-$50,502

Organized by Annie Harrison, MAPS was a fiscal sponsor for the first Women's Visionary Congress, which took place in the summer of 2007. The conference sought to provide a gathering place for women in the psychedelic movement, providing them with networking and speaking opportunities that are frequently absent or minimal at other psychedelic-related conferences. In preparation for the 2008 Women's Visionary Congress, Annie Harrison created a new non-profit to sponsor the event.

MAPS also fiscally sponsored the $15,000 Women's Entheogen Fund, which supported women who made significant contributions to the psychedelic movement. Annie Harrison and advisors determined allocations to Kat Harison for $10,000 and the remainder went toward Valerie Mojeiko's tuition at California Institute of Integral Studies.

Women's Alliance for Medical Marijuana Grant (WAMM)-$9,300

Valerie Corral co-founded WAMM. She has been involved in litigation with DEA about her medical marijuana cooperative production facility. This grant from MAPS was for her public education efforts.

Erowid Website-$82,359

MAPS has served as fiscal sponsor for Erowid since 1999. Erowid is the most popular website offering information about a wide range of drugs, visited by about 50,000 unique visitors per day. Erowid has now obtained its own non-profit status and MAPS is no longer needed as a fiscal sponsor. Assisting Erowid was a special pleasure since the founders of Erowid, Earth and Fire, and I were college friends at New College of Florida.

Detailed Expense Report–Staff Salaries and Benefits–$253,786

All of our groundbreaking research would not be possible without our dedicated core staff. Our main office, located in Santa Cruz, currently employs three full-time staff, one three-quarters-time employee, one unpaid intern, one seasonal part-time employee, and occasional temporary employees on a project basis throughout the year.

MAPS strives to provide a fair and competitive salary and to offer a basic benefit package including healthcare and dental insurance.

The gross salary for core staff in the Santa Cruz office in FY 07-08 was $150,433, with benefits costing MAPS $43,353. Salary expenses are distributed across the projects to which staff are assigned. In addition, as MAPS President, I earned a total salary of $60,000 per year, and received no health care or other benefits (other than the tremendous satisfaction of working at MAPS). See Chart 5 on page 7.

Conclusion

The partnership between MAPS members, MAPS staff and MAPS-sponsored researchers has already generated powerful but preliminary evidence that MDMA-assisted psychotherapy has remarkable therapeutic potential in the treatment of PTSD. After 22 years of struggle, we've barely scratched the surface of the potential of psychedelic medicines. As for marijuana, we're still being blocked from sponsoring drug development studies, though that may change for the better under an Obama Administration. The sums of money that we will be needing for research will run into the many millions, and we have a decade at least ahead of us just following up on the projects we have already started. We are working diligently to enhance our scientific, therapeutic, organizational, management, accounting, and communications systems, so that we can be prepared for our inevitable growth. With each successful step we take, the distant dream seems a little closer. While the challenges seem to progressively become a little harder, our skills and experience are growing to meet them.

MAPS has flourished in large part because we have built long-term relationships with our members/donors. What we are aiming to accomplish has already taken several decades and could easily take decades more. One donor has left to MAPS in his will a remainder interest in a home worth well over $1 million that we will receive in 30 years or so. That is too far ahead to have any practical benefit for the immediate future, but it is real enough to help us focus on building an organization that will outlast its founder (me). We have made our share of mistakes but we have demonstrated that we can learn from them. We respect the fears and concerns of our culture, but think the proverbial baby has been thrown out with the bathwater. We are vigilant not to move so quickly that we catalyze a backlash, but we understand the need to respond to the "fierce urgency of now."

In these turbulent times, working together to develop tools of healing and spirituality is more important than ever. As a teenager I was (and remain) inspired by Tolkien who wrote, "This quest may be attempted by the weak with as much hope as the strong. Yet such is oft the course of deeds that move the wheels of the world: small hands do them because they must, while the eyes of the great are elsewhere."

Procedures for Conducting **Legal Psychedelic Studies**: MAPS Research Update

Valerie Mojeiko, B.A.
MAPS Director of Operations
valerie@maps.org

People always ask me, "How do you DO this? How does MAPS give MDMA to people legally?" In this research report, I'd like to share with you some "behind the scenes" information about how we go through the process of starting a psychedelic study, and I'll also report on recent progress from each of our clinical trials under the US FDA.

Before we enroll our first subject, there are several things that must take place. The first stage is the contract negotiation phase. During this phase, delegates from MAPS clinical research department meet with the site team who is interested in hosting one of our studies. This is when we work out the details to find out whether it is feasible to do a trial together. Together we explore whether there is an appropriate location for the therapy to take place, an adequate subject population, qualified therapists, obtainable funding, and whether it is likely that the host institution (and country) will allow the study to take place.

If we agree that the relationship will work with the site, we move on to the protocol development and approval phase. This is when we have a series of conference calls and meetings in person between the MAPS clinical research department and the site to decide on critical design elements such as how many subjects will be enrolled, how many sessions will take place, drug and dosage, where the therapy will be conducted, and roles and responsibilities for the research team. Once the protocol is written we submit it to an institutional review board (IRB, also known as an Ethics Committee) who review it to safeguard the rights, safety, and well-being of the subjects. This process can take a lot of time and negotiation, often months. We also submit the protocol to all governing regulatory agencies and the principal investigator applies for licensure to administer the drug.

During the approval process, we begin our fundraising process. Once approved, the investigators begin enrollment, but this is not where MAPS' role ends. During enrollment we keep in close contact with the site to make sure the protocol is being conducted as planned and that standards of the International Council of Harmonization/Good Clinical Practice (ICH/GCP) are being met. As the sponsors of the research we continue to be of assistance to the investigators through documentation, review, support, and refining of methods in the treatment procedures.

Since we have had so many new studies springing up in the past two years, we have created a chart to show the progress at a glance. The Chart shows not only what studies are being conducted and where, but also where they are currently at in the approval or enrollment phase. (See chart page 12).

MDMA and Posttraumatic Stress

Our top priority line of projects right now are our studies of MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder (PTSD). So far, we have completed one study in the US; we have two studies that are currently enrolling subjects, one in Switzerland and one in Israel. We have four more MDMA/

FDA Clinical Trials Sponsored by MAPS

Drug	Condition	Location	Principal investigator	Status
MDMA	PTSD	Charleston	M. Mithoefer, M.D.	Completed, Reporting Results
MDMA	PTSD	Switzerland	P. Oehen, M.D.	Currently Enrolling
MDMA	PTSD	Israel	M. Kotler, M.D.	Currently Enrolling
MDMA	PTSD	Canada	I. Pacey, MD and A. Feldmar, Ph.D.	Protocol Design and Approval
MDMA	PTSD	Spain	J.C. Bouso, M.D.	Site/Sponsor Contract Negotiation
MDMA	PTSD	France	TBD	Site/Sponsor Contract Negotiation
MDMA	PTSD	Jordan	N. Shuriquie, M.D.	Protocol Design and Approval
LSD	End of Life Anxiety	Switzerland	P. Gasser, M.D.	Currently Enrolling
Psilocybin	End of Life Anxiety	Florida	S. Kumar, Ph.D.	Site/Sponsor Contract Negotiation

The results of our therapy are so far better than that of any currently available pharmaceutical medicine.

PTSD studies in the works in Canada, Jordan, Spain, and France.

Since our last *Bulletin* was sent out, the Mithoefers completed the last visit for the last subject in MAPS' flagship study of MDMA-assisted psychotherapy in the treatment of PTSD. MAPS' research team has analyzed the results of the study and have found that they are statistically and clinically significant, so much so that we are comfortable speaking in terms of cures rather than just symptom relief. The results of our therapy are so far better than that of any currently available pharmaceutical medicine. We also have had an excellent track record of safety. Dr. Mithoefer presented the results of the study at the International Society for Traumatic Stress Studies conference and we are in the process of writing a paper for publication.

Our other MDMA projects around the world are also moving gradually toward completion. In Switzerland, Dr. Oehen is halfway finished with his study of twelve subjects. In Israel two subjects out of twelve have completed the study and several more have been enrolled.

We have completed our protocol for our newest site in Canada, and submitted it to an IRB. The protocol was approved by an IRB on November 5th and we are now submitting it to Health Canada, with a goal of enrolling our first subject in the Spring of 2009.

We have already drafted a protocol and negotiated a contract for our Jordanian study. By the time you are reading this *Bulletin*, the protocol will have likely been through the Jordanian ethics committee's first evaluation.

Our Spain and France studies are currently in the contract negotiation phase between the study site and MAPS. We will keep you posted as these potential studies progress.

As Dr. Mithoefer reported in our last *Bulletin* , we are also hard at work standardizing the therapeutic aspects of our treatment model by designing a manual, feedback process, and training program. This is essential as we move onto the next phase of clinical trials with the FDA.

LSD/Psilocybin and Anxiety

We are also excited to report that our LSD-assisted psychotherapy study in the treatment of anxiety secondary to life-threatening illness has treated two subjects and enrolled two others. This study, which is taking place in Switzerland under the direction of psychiatrist Peter Gasser, MD, will treat an eventual twelve subjects.

Also under development in the US is a study of psilocybin-assisted psychotherapy in the treatment of anxiety secondary to advanced stage melanoma. The FDA has approved this study, but we have not yet received IRB approval. This study will treat nine subjects at an academic and medical institution in South Florida.

Towards FDA Approval

All of the studies reported on above are being submitted to the US Food and Drug Administration so that the FDA will accept the data from the studies. We at MAPS believe that drugs like MDMA, LSD and Psilocybin have legitimate medical use,

and our studies aim to investigate this. If our research findings confirm this assumption and the FDA agrees, these drugs will become part of the pharmacopoeia, and will be available for specially trained health care professionals to use as part of their practice.

In my time at MAPS I have seen our first psychedelic therapy study in the US gain approval in 2003, and the ensuing bloom of our clinical research department. Now we have seen this first study to completion and the department is growing faster than ever. We are even planning to hire a Clinical Program Manager in 2009.

In order to continue this trajectory, our goals within the next two years are to have end-of-phase-II meetings with the FDA and the European Medicines Agency in order to helps us design our clinical trials for "FDA Phase III" multi-site studies. The phase III studies will require hundreds of subjects and dozens of research teams across the country and around the world. This is going to take a tremendous amount of resources, not only of money but also of therapist teams. If you or someone you know is interested in receiving information about conducting a clinical trial with MAPS in the next five years, please contact me at Valerie@maps.org and I will put you on our list.

our research findings confirm this assumption and the FDA agrees, these drugs will become part of the pharmacopoeia, and will be available for specially trained health care professionals to use as part of their practice

What's Coming Down **the MAPS Pipeline**

Randolph Hencken, M.A.
MAPS Communications
and Marketing Director
Randolph@maps.org

Ultimately we want
our new logo
to convey our compassion
associated with our desire
to bring powerful and
effective therapeutic
psychedelic treatments
to persons who suffer,
our rigor in pursuit of science,
our boldness for carving a path
through difficult political climates
and obtrusive bureaucracies,
and our commitment to
professionalism, determination,
and top-quality work.

AS THE OLD ADAGE GOES, "the only constant in life is change." MAPS has accomplished a great deal in our 22 year history. We are proud of what we have done, and with our present momentum and trajectory we expect to accomplish a whole lot more over the next decade. As part of our growth we are ready to update our image to reflect our current goals, strategies, and dreams. We are in the process of re-branding our image and revamping our website.

We also have several plans on the horizon that our members ought to be aware of. These plans include producing a continuing medical education (CME) conference, reproducing our Working With Difficult Psychedelic Experiences video, publishing Beatriz Labate's book *Ayahuasca Religions: A Comprehensive Bibliography and Critical Essays*, and publishing another edition of Albert Hofmann's *LSD: My Problem Child.*

MAPS Renewed Image Coming in 2009

The covers of this month's *Bulletin* feature the creative ideas for a logo that MAPS supporters sent us in our recent logo creation contest. These logo entries have been used in our brainstorming sessions here in the office and with the talented team at Cosmic Egg Studios. I have been working closely with Cosmic Egg to create the new logo and to redesign our website. We recognize the importance of carefully choosing a symbol that will represent the organization for many more decades. So we are proceeding on this project at a measured pace to ensure that we choose an icon that we will remain happy with. We are fortunate to have David Bronner of Dr. Bronner's Magic All One Soap funding this project.

The introduction of our new logo means that we will soon retire the logo our dedicated graphic artist and design consultant Mark Plummer created for us nearly 20 years ago. Beyond having created our logo, Mark has bestowed upon our organization many years of fantastic volunteer service. He is responsible for this *Bulletin* and all the *Bulletin* that we have printed, and he has contributed to numerous other MAPS publications, including books and fundraising packets. Mark is instrumental in our materials being created and laid out in a timely fashion with professional quality. (Those interested in Mark's graphic design services can contact him at mark.11@verizon.net).

We began this endeavor of redesigning our image by focusing on the key elements of our organization. We looked at descriptors and counter-descriptors of MAPS. For example, we wish to be described as strategic, scientific, bold, and creative, and we aim not to be described as counter-culture, trippy, outlandish, or fluffy. We mulled over how we want to be perceived by our members and future patrons. We perused the designs used by organizations that we admire and organizations that we aren't fond of. Ultimately we want our new logo to convey our compassion associated with our desire to bring powerful and effective therapeutic psychedelic treatments to persons who suffer, our rigor in pursuit of science, our boldness for carving a path through difficult political climates and obtrusive bureaucracies, and our commitment to professionalism, determination, and top-quality work.

Here is a piece of MAPS trivia: our website is one of the first 1000 websites to go online. An early MAPS member encouraged MAPS President Rick Doblin, Ph.D. to create a website in the early 1990s, long before the dotcom bubble, long before we all relied on Google to provide answers to

all of our questions. Several people have managed our site throughout its life. Most recently our information technology specialist Josh Sonstroem manages the site in-house, and Unix system administration and monitoring services are donated by Seth Hollub.

The MAPS website serves multiple purposes. The extensive archives tell the history of MAPS and the psychedelic research renaissance. The site is a wealth of information for members, supporters, press, researchers, and anyone else with interests in psychedelics, psychedelic therapy, and medical marijuana. Depending upon the month we get anywhere from 70,000 to 135,000 unique visitors viewing our website. We plan to revamp our website so that it has a modern look and is easier to navigate depending upon visitors' interest.

Making Plans for a CME in the Bay Area

The culmination of this early stage of the psychedelic research renaissance will be a CME conference in the San Francisco Bay Area. There has been so much progress that we feel it is time to reach out to other medical experts and inform them about the latest scientific research into the healing properties of psychedelic medicines. This will be a great undertaking for us and it is something that needs to be planned at least one year in advance. As soon as we secure a date and location, we will promptly announce the conference.

Depending upon the month we get anywhere from 70,000 to 135,000 unique visitors viewing our website.

We expect to have over a dozen experts in the field present to about 400 people in the audience over the course of a weekend. The conference will have two focuses. One geared toward medical professionals, including medical doctors, psychiatrists, psychologists, nurses, and social workers, who will earn continuing education credits for their attendance; another for all others who are interested in the contemporary state of psychedelic research and psychedelic therapy. We are confident that our conference will be well attended, and we especially hope to attract the up and coming generation of people who foresee themselves as legal psychedelic therapists in the future.

Working With Difficult Psychedelic Experiences, the Movie

Several years ago MAPS created our first version of the Working With Difficult Psychedelic Experiences video. The video is both informative and fun to watch. Our team has utilized the video as an educational tool at presentations about handling psychedelic emergencies. In order to reach a broader audience, we are in the process of truncating the film to ten minutes to fit the YouTube phenomena. The updated version of the video will be available by the beginning of 2009.

This video is important to our culture because there are hundreds of thousands of people who engage in psychedelic use without guidance. The video teaches people four primary principles for helping a friend handle a difficult psychedelic experience. 1) Create a safe space, 2) Sitting not guiding, 3) Talk through, not down, and 4) Difficult is not necessarily bad.

Labate and Hofmann Books in Publication Process

We are in the midst of publishing a scholarly account of Ayahuasca research by Beatriz Labate and her co-authors Isabel Santana de Rose and Rafael Guimarãs dos Santos. The book titled *Ayahuasca Religions: A Comprehensive Bibliography and Critical Essays* was originally published in the authors' native language of Portuguese. Labate came to the United States from Brazil to present on a panel at the 2007 Drug Policy Alliance conference in New Orleans. There she established a relationship with MAPS, and we have helped her to get her text translated and published in English. The book scours all of the Ayahuasca research published on Brazilian Ayahuasca users, and provides a contemporary bibliography of the research.

The latest edition of the late Albert Hoffman's *LSD: My Problem Child* that we published in 2005 has just about left our shelves for homes around the world. We will publish a new edition of the text in 2009, and we will include some perspectives on the life of the admirable man who discovered LSD, including the text he wrote for his funeral.

MAPS: Still Member Based

MAPS is only able to operate due to the generosity of our several thousand members. We value and welcome the input and insight of our supporters. Please do not hesitate to contact me if you have ideas that can help our organization grow and improve. We need your help to reach out to prospective patrons and to increase our membership base!

Speech Acts Associated with **MDMA-Assisted Psychotherapy**

Vicka Rael Corey, Ph.D.

Vicka Rael Corey, Ph.D.
vicka@andor.org

MAPS' therapists Michael and Annie Mithoefer have spent many, many hours providing talk therapy to patients suffering from posttraumatic stress disorder (PTSD). On a few special occasions, these sessions run as long as eight hours–rather than the ordinary fifty-minute visit to a shrink. What makes those long sessions special is that the patients have, possibly, ingested MDMA as an adjunct to their therapy–or gotten a placebo instead.

There are standardized tests that ask about intrusive thoughts, nightmares, and other symptoms of PTSD; there are measurements such as a patient's need for other medications to manage their disorder, and of course the patients' subjective sense of their own well-being. All these will become the hard data with which we can determine whether MDMA belongs in the psychiatric pharmacopia.

The big question is, of course, whether the MDMA-assisted therapy can help the patients' health improve. There are many ways to measure this, and many were already in place when I first heard about their study, in the summer of 2005. There are standardized tests that ask about intrusive thoughts, nightmares, and other symptoms of PTSD; there are measurements such as a patient's need for other medications to manage their disorder, and of course the patients' subjective sense of their own well-being. All these will become the hard data with which we can determine whether MDMA belongs in the psychiatric pharmacopeia.

As I read through the study protocol, I was initially struck by this sentence: "Comparison of information gathered from these [recordings] may be qualitatively or quantitatively examined in an attempt to gain a better understanding of the effects of MDMA within a psychotherapeutic context." I wondered what sorts of comparisons were being done. I believe that the process of science is rather like the metaphorical exploration of the elephant by the blind. I wondered what sorts of comparisons I might find striking. I contacted both MAPS and the Mithoefers and eventually received a bundle of CD's containing recordings made during the patients' therapeutic visits.

Keep in mind that MDMA is not the only therapeutic element in these patients' treatment. The MDMA (or placebo) sessions take place within a quite standard therapeutic context in which the subject and therapists meet many times to discuss the patient's feelings, symptoms, and history to work toward ways for them to heal from their disorder. So my first transcriptions, which were of non-drug sessions, mainly served to introduce me to the patients' and therapists' ways of talking together without any particular involvement of medications. Then, when I moved on to the drug-or-placebo blind sessions, I could see what, if anything, struck me as different.

When I was in graduate school, I spent a few years studying high-school physics classes–relating who learned how much to what kind of classroom they were in. Did it matter if students were allowed only to answer teachers' questions? What if students were pressed to keep talking, to explain their reasoning, to come up with various hypotheses, and to respond to other students' statements? My most delightful finding was that girls in classes that enabled them to talk about physics at length learned as much physics as boys did–the only such finding in an American high school, where the "knowledge gap" between genders in hard sciences generally only widens from year to year, from elementary school through graduate school.

Something unusual about my finding was that it was about students' talk, while the vast majority of educational-context discourse studies have been on what teachers say. This is not unreasonable, as it is much more likely that a teacher, rather than a class full of students, will read a classroom research study. In the case of the Mithoefers' study, what is at stake was not who had read which journal articles, but who had or had not received MDMA. In no case would this be the therapists, nor would they know for sure whether or not the patient had (though they might be able

to make some informed guesses). Consequently I concentrated on the patients' talk. What differences might I find in the recordings of what the patients said?

Empathogen, Entactogen, or Ensuigen

When I look back over my original notes, made before I had heard any of the sessions, I had a great many hypotheses to think about. Subjects on MDMA might talk more due to its stimulant qualities, or their diction might be changed by MDMA's tendency to tighten the muscles of the jaw. However, as I listened to the data, what struck me most was not any mechanical change. Instead, I found that some patients said some kinds of things rarely heard in ordinary psychotherapy:

"I was worried about you guys at first, 'cause I was like oh, they must be so bored."

"I hope you guys don't want to go."

"So what does doing this, I mean being here for this therapy, mean for you?"

When I talked to friends and acquaintances that practice ordinary (by which I mean non-drug-assisted) talk therapy, they said they rarely if ever had heard patients express interest in, or concern for therapists' feelings. It quite inverts the usual paradigm in which the subjects' feelings are the only proper subject at hand. Yet when I considered the history and usual characteristics imputed to MDMA, I immediately found the term "empathogen"–loosely defined as a substance that brings out an individual's empathy, or their concern for others' feelings. This was a major theme in the 1980's-era use of MDMA in marital therapy, as the medicine was considered to be helpful in opening the participants to be interested in and perceptive of one another's emotions.

Once I had found "empathogen" patient talk in my data, it was a short step to looking for–and finding–"entactogen" talk:

"It feels nice, you holding my hand."

"....the degree to which I'm gripping your hand."

Although the two terms are often used interchangeably, I found it easy to qualify some statements as "empath-" and others as "entact-" (from the Latin "tactus", English "touch"). As I continued to score data and draw what I found out on graphs, I saw that entactogenic and empathogenic utterances tended to appear in the same therapy sessions. In others, utterances of either kind were much less likely.

I also encountered a type of utterance I suspect may be of very great therapeutic value, though I had not heard of it before:

"I know stuff I've heard about this drug, but I don't really want to like tell you guys I love you or anything. I don't want to say that to anybody but myself."

"I just don't feel like killing myself at all right now. It's strange."

I'm still working out just how to classify these speech acts. They are not empathogenic or entactogenic, nor do they seem to co-occur with either kind very much. However, I think they represent a tremendous shift in a patient's mindset, a shift from seeing themselves as victims (of themselves as well as others) to people worthy of love and life. I am tentatively calling this effect "ensuigenic"–bringing about a sense of self–though of course I don't yet know if it is related to MDMA at all. Only time and data analysis will tell.

As I write this, I am still "blind"–I do not know which subjects have received MDMA and which placebo. I have not even finished scoring my data–I am waiting on some more, and better, recordings and to solve some technical issues impeding my ability to score others. However, I have a hypothesis that I think is both interesting and testable: are "entactogen" and "empathogen" (and perhaps "ensuigen") quantifiable terms, which we can use to describe drugs by the way they influence patients' behavior–like "stimulant" or "sedative"? Can such findings, if correlated with successful outcomes in terms of the patients' disorders, help guide us in drug selection and treatment for certain conditions?

I don't yet have the answers, only the tantalizing theory. The end of the study is in sight, and therefore the end of my blindness and the ability to test my hypothesis properly. If it is correct, it begs a series of further questions: Do these patient's effects change the therapists' behavior in turn? Does the therapeutic relationship change after the use of the drug? How does the presence or absence of MDMA in this session affect the course of the patient's disorder and its treatment?

I can hardly wait to find out!

New Medicine, New Hope: **MDMA-Assisted Psychotherapy** in the Treatment of Posttraumatic Stress Disorder

(Transcription of speech delivered at Bioneers 2008)

Valerie Mojeiko, B.A.
Director of Operations and
Clinical Research Associate
valerie@maps.org

Editors note: MAPS President Rick Doblin Ph.D. and Director of Operations and Clinical Research Associate Valerie Mojeiko, along with Ralph Metzner Ph.D., presented on a panel to about 250 people at the Annual Bioneers conference. "Founded in 1990, Bioneers promotes practical environmental solutions and innovative social strategies for restoring Earth's imperiled ecosystems and healing our human communities." The conference took place in San Rafael, California from October 17-19. The panel was titled, "Studying the healing power of psychedelics." Information about Bioneers and audio files of the lectures can be found at www.bioneers.org

FOURTEEN YEARS AGO Donna Kilgore, a 25-year-old woman, was at home when a stranger knocked at her door. He asked her if her husband was home. She hesitated. Not for very long, but for long enough. He had a gun. She was raped.

Donna screamed and screamed until the police came through the door. She survived. She tried not to blame herself, but she quit all of her hobbies. Quit playing tennis. Started having nightmares of explosions, tornadoes, and bears eating people.

She later married and had more kids, but she just couldn't shake the feeling that her life was not real. She felt like she had gone overseas and became an exchange student. She felt as if she were living with someone else's family.

The details may be different, but this is a story that is unfortunately all too common in our society. Violent crimes, rape, and assault – leave people with the symptoms of posttraumatic stress disorder (PTSD). In the best cases, people with PTSD are mildly disturbed, and in the worst cases they become completely nonfunctional.

Donna's symptoms progressed. She was often irritable. She felt extreme unexplained anger. She had flashbacks, panic attacks, fainting spells, and migraine headaches. All of which are common for someone diagnosed with PTSD. When she was diagnosed, she was prescribed one antidepressant after another and another and another. She tried dozens of different therapists and almost as many different types of therapy. But the very same symptoms she was seeking relief from–acute anxiety, fear, lack of trust, and inability to think about the trauma–were exactly what were preventing her from getting better.

BIONEERS

Revolution from the Heart of Nature

Raise your hand if you know someone who has ever suffered from PTSD. (Most of the 250-person audience raised their hands). That's most of you.

Now raise your hand if you know someone who has ever fully recovered from PTSD. (Many less people raised their hands).

The statistics say that at least 1/3 of people never fully recover from PTSD. Donna was definitely one of those people. Donna was desperate, ready to either "go sit on top of a mountain or go jump off of a cliff." This was when her therapist recommended she take part in our study. Donna became the first of twenty-one people to be treated by Michael and Annie Mithoefer in our flagship MDMA-assisted therapy study in South Carolina.

This study was for people who were treatment-resistant. That is, they had tried other methods of treatment and failed. It was a randomized, double-blind, placebo-controlled trial. This study was also completely legal, and it was even conducted under the US Food and Drug Administration as part of an application to make MDMA into a prescription medicine. In

this study, MDMA was administered twice (and with an optional third) in the context of several months of normal talk therapy with a male/female co-therapist team.

Now why could a treatment like this be effective where other treatments have failed?

I think this is best explained in a quote by the late Laura Huxley, "Psychedelics are extraordinary tools when used with psychotherapy because in one day you can let go of so much and have insight into so much. Sometimes more than in a year of traditional psychotherapy."

How can we do this? How can MDMA-assisted therapy offer as much benefit in one day as traditional therapy can offer in one year? It is because MDMA can break through the roadblocks to treatment-the roadblocks that were preventing Donna from getting better. MDMA and other psychedelics are the first types of medicines that have potential to be used in conjunction with therapy to actually ENHANCE the therapy. Conventional medications–anti-depressants and tranquilizers–block out or numb the symptoms, but MDMA actually helps the person confront the trauma and the causes underlying the symptoms.

MDMA works in therapy because it:

*Decreases defensiveness

*Enhances emotional closeness and empathy

*Reduces fear associated with emotionally-upsetting thoughts

*Often contains a strong spiritual component

But perhaps most importantly of all, unlike conventional medications that are taken daily, you only have to take MDMA once– maybe three times at the most! So you can see that it has very little value for pharmaceutical companies to profit from. This is where MAPS comes in as a non-profit pharmaceutical company.

Let's return to Donna's story. When she called the Mithoefers to apply for the study, they began a dialogue known as "creating a safe space." This is the essential goal of the introductory therapy sessions. Not only did the therapists create a safe physical space, a private office on a quiet street with comfortable interiors, but they also began creating a safe psychological space. They established that Donna would 1) remain overnight after the experimental session, 2) would have someone else drive her home the next day, 3) give permission before any physical contact, and 4) perhaps most importantly–in the event that the therapists believed that Donna was in danger of harming herself or others, Donna would trust the therapists to intervene.

After two or three introductory talk therapy sessions, the experimental MDMA session took place. The therapists' role was to act as guides and supportive figures, but mostly to just stay out of the way and let the medicine do its work. There was often encouragement for Donna to go inwards with eyeshades and headset and to let her own inner experience guide the session.

Some common experiences of MDMA-assisted psychotherapy might include, 1) a physical release of mental anguish, 2) increased attention to relationships and intimacy, 3) extreme emotions that they may not have felt in a long time, such as joy, exhilaration, resolution, or self-affirmation, 4) increased access to memories, thoughts, or feelings–this is particularly crucial to the therapeutic process–that the subjects were not only able to think about these things but to express them.

I would like to share an example from one of Donna's sessions. She said, "It's not just about the rape. It's not just about any one thing. It's so many different things...All I can remember feeling, as far as I can remember, is fear. Heart-stopping, gut-dropping fear...I've kept all of this inside for so long, and it feels so heavy...these emotions-it's like I've been trained to be this way as long as I can remember-to be seen and not heard. Just from that point on, I've tried to make myself as small and inconspicuous as possible. And then the rape happened, and you're headline news...I was ashamed."

An integration phase follows an MDMA-therapy session. This is when the therapists establish what we call the "safety net," where they are available to process the emotions that come up with the subject. They met with Donna the morning after the session, and they had daily phone calls for a week. This is important because with this type of work an opening takes place, and the opening lasts longer than just the day of the session. The opening can last for days, weeks, or even months, as the person shifts paradigms from the old ways

After the study was over,

Donna said,

'To me, the biggest breakthrough –

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to be able to look at the fear,

to look at the shame.

I didn't know I was ashamed.

It was like I'd been wearing the

scarlet letter.

It was so heavy.

When I got out of that session,

I felt a hundred pounds lighter...

The drug gave me the ability

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of thinking to new ways of thinking.

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Donna was symptom-free for a year after treatment. But I want to emphasize that this is not a "magic bullet." When she got a new job in a bad part of town, she did have some symptoms return. Would she benefit from another MDMA session? Maybe. But she can't have one right now because this treatment is not yet legal (other than in our study). The results from this study will be published later this year, but what I can tell you now is that these results are not unique. A lot of people benefited in tremendous ways from this study. Despite some of her symptoms returning, Donna has been so pleased that she has actually stepped forward to the press about her experiences.

We have so many global social problems–war, violence, intolerance. We have hatred not just of each other but of the earth itself. They massively affect us on a personal scale with illnesses like PTSD. Anti-depressants are really a band-aid, but they don't treat the underlying causes. The causes not only of the symptoms themselves, but of the reasons why we allow such problems to exist in our world.

MDMA is a product of our frantic culture, but I think we found it for a reason. Whether it is used for PTSD, or prescribed off-label for spiritual growth, MDMA and other psychedelics may have the potential to help us heal ourselves, our communities, and the world.

Bioneers' mission is to inspire a shift to live on Earth in ways that honor the web of life, each other, and future generations by promoting practical environmental solutions and innovative social strategies for restoring Earth's imperiled ecosystems and healing our human communities. This is why we are all here.

When I was a student at the California Institute for Integral Studies, my teacher Fernando said, "Before we can heal the world, we must heal ourselves." What I take that to mean is that we need to start small, by healing ourselves and the people around us. Only then can we know that we are not part of the problem, and we are really working toward the best kind of change.

MDMA is a product of our frantic culture, but I think we found it for a reason. Whether it is used for PTSD, or prescribed off-label for spiritual growth, MDMA and other psychedelics may have the potential to help us heal ourselves, our communities, and the world.

I'll leave you now with this quote from our ally Andrew Weil, "Drugs don't have spiritual potential, human beings have spiritual potential. And it may be that we need techniques to move us in that direction, and the use of psychoactive drugs clearly is one path that has helped many people."

Thank you.

Reclaiming My Senses and Myself. A Firsthand Account of **MDMA-Assisted Therapy.**

A.W.
Edited by Randolph Hencken, MA

Editor's note: The following article is a firsthand report by a woman regarding her underground MDMA therapy to heal a traumatic event in her life. The original story was four times as long. I edited the text to conceal the identities of those involved, to soften some of the graphic details incorporated in the original writing, and to fit the text within our publication. I am sorry that I had to edit out so much of this tear-jerking, yet heart-warming, story. It was never my intent to censor the author; I hope that she and the readers will appreciate and understand the magnitude of her story in this truncated format.

I WAS RAPED. That is the beginning of this story. No one jumped out of a dark alley and held a knife to my throat. It was more insidious, more calculated than that. I met my assailant at an arts and music festival, where I gleefully gave and received a sensual massage in the shade of a beautiful fabric structure in the heat of the day. He seemed nice, spiritual, respectful, and sexy. We talked for a long time, until I wanted to go back to my camp. I didn't know it then, but I have since learned, that he was "grooming" me. When he learned I was studying yoga, practicing 4-6 times a week, it was such a wonderful coincidence that since he was Indian, he had studied yoga from childhood, with an important guru in India, experienced mystical Hinduism in ways I could only read about. Wow, he was truly a budding guru in his own right. I was mesmerized.

A few months prior to the rape my father lost his life to cancer and my mother was battling cancer. I had a very estranged relationship with my parents. My father was a minister. He was strict, repressive, abusive, and unable to give us love in any way. My father was a hero in the small town I grew up in, but he treated his family like dirt. It was a double life and a hypocrisy that I realized as a young girl, and I rebelled against him my whole life. In the week before his death, after falling into a condition where he could not move or speak, my mother and I went through his drawers and made the horrifying discovery that he had not only hidden and cashed several of her disability checks for himself, but he had tried to cash out her life insurance policy while she had lain in the hospital almost dead from an over-dosage of chemotherapy.

Sanjiv, the rapist, said he sold insurance when not practicing yoga. His business opportunities had led him from India to the U.S. Later I learned that these were all lies, but at the time of our acquaintance, I had no signs of warning, no red flags were signaled to my instincts. I told Sanjiv my camp location as we parted ways in the late afternoon.

The next night he showed up at my camp. He insisted on kissing me. OK, I thought, it's not the worst thing in the world, and we have plenty of time before setting out. Sanjiv wanted sex, and I was open and frank in dealing with the sexual act. I just wanted to get it over with, so I told him we could have sex as long as he brought a condom. He replied that he didn't have one, and it didn't matter to him. I had condoms in my bedside chest. As I reached up to get one, he grabbed my arm and said he refused to use one. The next day I would discover many bruises covering my arms, breasts and thighs that would bear witness to the struggle that ensued. I told no one what happened. I was ashamed of myself. It was my fault. Suddenly all the sermons I heard in my youth came to life: I was sinful. I was a hussy. I was a whore. I deserved to burn in hell. I became extremely fearful.

At that moment, in the part of my mind that I can only describe as being conscious and present in reality, I realized for the first time that I could come to my father from a place of love.

In her book, *The Rape Recovery Handbook*, Aphrodite Matsakis writes the most powerful description of the effects of rape that I have read to this day:

"My personality is like a house with many rooms. Being sexually assaulted was like lightning striking my house. The fire destroyed my bedroom and some of the adjoining rooms, and the rooms that escaped the fire smelled like smoke. So I couldn't be anywhere in the house without remembering the assault. The rooms that had reflected my security, sexuality, and self-confidence were utterly gone, as were my hopes for the future. The rooms left standing were like my relationships, damaged but not completely ruined. My cats survived and my computer was intact, but all I could focus on was the smell of stale smoke."

A few years after I was raped, Sanjiv was arrested and convicted. He is now serving 20 years to life for two counts of sexual assault. After I watched him get handcuffed and taken to prison my journey seemed to come to a resting place. I was no longer tormented by images of his face when I made love to my boyfriend, I was calmer and less fearful than in the past. Still, I would have inappropriate reactions, such as suddenly running and cowering in the corner after my boyfriend playfully surprised me from the back with a loving nibble at my neck. I would experience bursts of anger arising from perceived slights. I had nightmares of being shot multiple times. I had an intense mistrust and almost perverse perception of all things as somehow evil and underhanded.

I happened to read an article about PTSD of 911 rescuers, and just about fainted as I read down the list of symptoms.... that was me! I finally had a description of all the things I couldn't quite put a finger on. I was suffering from PTSD. Somehow this made me feel better. It became clear that it wasn't my failure to heal because somehow I wasn't trying hard enough, or that I wasn't worthy enough to get better, but that I was suffering from this disorder.

This past summer I had the amazing opportunity to have an MDMA-assisted therapy session. A friend organized a session with a co-ed team of psychedelic therapists - I will refer to them here as Bob and Mary. The three of us sat and spoke of different ways to approach my session. I have done a lot of work using visualization in the past and felt comfortable using visualization as the primary technique for the therapy session. When the effects of the MDMA came on, I naturally slid into a state of visualizing the thoughts that were coming to me. I felt that I wanted to lie down and close my eyes and fly right into what was to come. With Bob on my left and Mary on my right, each held my hand, and I felt my mind open up.

One of the first images I had was of myself as two distinct people. There was a young me, a little girl in a blue dress, and an older me, a big strong protector me. The little girl stayed in a black box. It wasn't scary or oppressive, but comfy and protective. Bob asked if the protector me would help the little girl me out of the box, if she would come out. I said yes, and I saw that happen in my mind. I saw a big hand reaching down and a small hand grasping it willingly. The protector held the little girl in her arms. The lines differentiating them as separate entities began to fade and sometimes they seemed as one, sometimes seeming to share one body between them. Mary whispered in my ear, "that's beautiful," and Bob asked if I could now go to a place where I first felt frightened. What came to my mind was something I did a lot when I was young. I hid under my bed when my father got angry. I was suddenly there, under the bed, frightened. "Why is he always mad at me?" I asked out loud. "I'm just a kid, I was just being a kid." Bob said that now we would go there, all of us together and my protector me reached under the bed and drew me out. The protector me stood up between my dad and the little girl me. The protector me told my dad to back up. "This is your child," she said to him, "you need to love your child." At that my father evaporated and I was left there, the little girl me who came out of the bed and the protector me, and I felt Bob and Mary holding my hands.

I felt a joy and a peace
that I hadn't known
for so long.
I really felt it,
throughout my entire mind
and my body.
Deeply and effortlessly
this feeling became
integrated into my being.

I started talking about my father, about how since I had been in therapy, I realized that he was simply a damaged person, that he could only give so much. He came from an abusive background himself. Bob then asked if I would go to a place in my father's life when he had been traumatized. An image came up, and we went there. The two me's, Bob, and Mary were there to help my father, who was about 6 years old. We held him and showed him that he need not be afraid to accept love. At that moment I began to cry. At that moment, in the part of my mind that I can only describe as being conscious and present in reality, I realized for the first time that I could come to my father from a place of love. I felt amazed that I could find this now, and I really felt that I needed this place of love for my father.

Bob asked if perhaps we could all go to the night of the rape. He said we would all go together, the four of us and I replied that I was ready. I sank into the scene, and went to the tent where I was raped. I was lying in a fetal position on the floor. Both of my selves reflexively got down on the floor, cradling the just-raped me. I heard Bob say that first we needed to rid the tent of "him" and reclaim the space as my own. It took a few minutes, but eventually I was able to do this. I watched as the rapist floated away, pushed away by my energy like a ghost fading through a wall. I said out loud, "this is my space now! You are not allowed here!"

Bob suggested that I had spent a lot of time on that floor, trying to comfort and protect that me. It was time to help her to stand and realize how strong she–me–really is. I was ready to embrace how much we had to live for and to give the world. My two selves then took the hands of the me on the ground, just as Bob and Mary were holding my physical hands. I saw myself stand up for probably the first time since that night in reality four years ago. In what I can barely describe as a triumphant moment, together my three selves rose and walked out of that tent. We walked on to the desert floor, in that very same place where my life had fallen apart. We reclaimed the space under the amazing stars and I saw that I was golden. I fearlessly strode out into the night.

This was the seminal moment for me. As I rode up out of the wave, I again looked into the supportive, loving faces of Bob and Mary. I felt a joy and a peace that I hadn't known for so long. I really felt it, throughout my entire mind and my body. Deeply and effortlessly this feeling became integrated into my being.

We did much more work during the session, some of which is a bit too intimate to write about. We explored some visualizations that helped me to realize on a deep level that every cell in my body is new, that not one trace of that man remains inside me, that my bruises are gone and my yoni is clean. I need have no more shame, no more fear of intimacy with the man I love. No more shame. Wow, what a discovery! Finally, one thing I grew to know, to realize, is that the "old me" I had been longing for can never be recovered. The "new me," the me who went through this trauma and survived, the me who uses my experience to help and reach out to others, this "new me" is stronger and wiser than before. This me is beautiful and worthy of love. This version of my self is a wonderful woman who has so much to give the world.

This is where I was on the morning after my therapy session. I finally opened my eyes and saw that the sky was getting lighter. A new day was dawning. I felt lighter, clean, clear, and had a true sense of what I can only inadequately call "calm." I knew I was finished and felt a strong desire to venture outside. I thanked Bob and Mary, hugged them, and told them that I was ready to go to see the sunrise.

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The process of integration continues. At times I feel I am floating through the moments, sometimes feeling free to relish the company of others, sometimes seeking solitude in my thoughts and new feelings. I feel free to dance with pure joyful abandon. I feel connected enough to cry. I feel calm and open enough to comfort the grief of others. I have re-lived the events of my session over and over in my thoughts, each time owning the revelations more deeply. I continue to note subtle changes taking hold in my life. For the first time since the rape, I can really enjoy sex. I move, I make noise, and I can truly feel. Somehow I have reconnected with my physical body, my skin, and my yoni are receptive and sensual. I can feel sensual sensations again. I can't begin to express my joy and thankfulness for this gift.

I'm proud of myself for doing this and owning the experience. I only wish that this treatment, this gateway to recovery, could be available to all those who are suffering from PTSD. I hope that my testimony can help the process of making MDMA-therapy readily available soon. This is a medicine that will help heal so many people who are hurting today. Thanks to MAPS for the brave and dedicated work you do. I hope that as a result of your efforts, the world wakes up soon.

I only wish that this treatment, this gateway to recovery, could be available to all those who are suffering from PTSD.

Overcoming PTSD: The Experience of a 9/11 First Responder

Anonymous

Editors note: The following article was written by a gentleman who suffered PTSD as a result of being a first responder at Ground Zero on 9/11. The article is mostly in its original form, although some items have been deleted and the names have been changed to protect the identities of those involved in underground psychedelic therapy.

SHORTLY BEFORE I met James and Janet, the therapists who were to help me with my PTSD, I was feeling horribly disconnected. I was heading back to a place of despair & self-loathing. Although I was surrounded by people, I felt myself getting further and further away from them. I indulged in an excess of alcohol and drugs in order to make me believe my life was okay. This had been my tendency throughout much of my life, but it was certainly more pronounced after leaving New York after 9/11. That is, until I decided to enter alcohol and drug treatment last spring.

While in drug treatment I began to see clearly and to face the wreckage of my past; to forgive myself for many things. I was determined to live a more, healthy, happy, and full life. This was going great until, in the weeks after I left alcohol and drug treatment, hurt and loss came my way again. I picked up the alcohol and the drugs again and I convinced myself, not really believing deep inside, it was okay.

After a three-day binge, I had the good fortune of meeting James. James told me about psychedelic therapy and I was instantly intrigued. Admittedly, at first, maybe it was the notion of some "drug" experience to continue down the path I was on. However, as we began to talk more, I felt a kindness, gentleness, and a genuine concern in James' words. When I learned that people had successfully dealt with PTSD using MDMA-assisted psychotherapy I opened up about my experience as a first-responder at Ground Zero.

Although the night sweats and nightmares had gone down in number over the years since 9/11, the sensory triggers were as strong as ever. The triggers would show up indiscriminately and grip me with pain, fear, and guilt. It was unpredictable as to when a swell of emotions, similar to those that appear when I discuss the events of 9/11, would randomly strike. I realized with James' help that I was ready to face this thing in a new light.

Everything began to change in the days leading up to my MDMA therapy session. I was overwhelmed with emotions. I couldn't believe that it was really going to happen. As I prepared for the therapy I realized I had the power to control my experience–knowing that gave me a synchronized sense of calm and anxiety. I wondered, "Why was I being offered this help?" The question of self-worth was indicative of the self-loathing I had been experiencing for nearly seven years.

During the days leading up to the therapy I was gripped by fear. The fear of my pending experience, projections and expectations of what it would look like, and recollections of those at Ground Zero that were beyond my help all made me feel like pulling out. I remembered the deep sadness I felt down there. The torment I had suppressed for so long was bubbling to the surface. The guilt I had for surviving, for leaving New York, abandoning my home, my people, and, as much as we tried, the inability to rescue anyone. The futility of searching for survivors in that hell, and the sadness of war, weighed on my spirit.

I prepared myself to be in a mental space where I could extract the most value from the healing opportunity. When I entered the space set aside for the therapeutic work, I felt and realized the dedication of James and his co-therapist Janet. This was real. What was to come would be a surprise. I brought with me a running for so long, I walked bravely toward my past.

I lay down on a pad with a pillow and blanket. As the session began I presumed

that I was supposed to be this shell-shocked, emotional wreck in a fetal position. Maybe that's how I felt deep inside. I also felt that I was like some case-study in PTSD.

Contrary to my presumptions, during the therapy I was okay–there were no tears, no fears. Everything was put into a different perspective. I just sort of shrugged internally when I thought about the irony of it all. At first I felt I wasn't a good enough example of PTSD, a therapeutic let-down of sorts. I now realize that is just another self-worth doubt fed by expectations and fears. My pain is just as valid as any one's pain–not more, not less.

As the session continued and the medicine took effect, I felt that I had greater access to painful memories, without the customary obstacles of fear, panic, guilt, anger, or grief. There was a sense of calm–a peace within. There was a heightened sense of readiness to face difficult situations I've had in life without the usual reactions, thus creating an opportunity for insight, clarity, and new perspective.

With this new perspective, as well as some loving guidance, I was able to walk calmly through those memories in a state of heightened comfort. There was general acceptance, but more importantly, a realized self-acceptance. I could, with guidance and insight, extract things that were positive experiences, which could now overshadow or shine-over the haunting images of 9/11.

It helped me realize that at the core there was a pearl of internal peace for me to feel. I could then in turn choose to make this the center of my experience regarding 9/11, leaving all other experiences at the periphery of that core. More importantly, understanding that dynamic helped me relate my other life struggles to that core, insofar as identifying a point of focus around the trauma. The medicinal therapy helped me recognize what that identity was and how I could relate it to the rest of my life, so that I could begin to move on.

Coming out of the therapy taught me that choosing to identify with a particular aspect of a difficult emotional experience can shape my feelings about the past. I feel empowered knowing that although I cannot control the past or future right now I have a choice of how I shape those experiences. There was, and continues to be, profound moments of realization for me as a result of this therapy.

On the day of 9/11 I experienced an unusual sense of peace, because I knew what I had to do. It was my job to help, to find survivors, and to save lives. However, that calm morphed into the stifling PTSD that I have suffered from ever since. The MDMA therapy was also one of the strongest, most peaceful moments in my life. Like at Ground Zero, I did not question myself unnecessarily. I realized that I do not need to question so many other moments of my life.

Essentially what happened is the MDMA therapy connected me to that moment of peace. It caused me to look at why that moment was meaningful amongst all that chaos. I know now. It was my purpose at that moment; I was at Ground Zero because that was exactly where I was supposed to be. The therapy session shifted between past and present moments of dissatisfaction and unhappiness in my life, and helped me realize the source of so much unhappiness. NO PURPOSE. I came to the realization that without purpose I had no peace–without peace, no happiness.

As I write, I am feeling incredibly joyous about the possibilities in life. I feel strengthened internally, connected externally, grateful, and loving, toward others and myself. I am hopeful and released from the shackles of self-loathing, guilt, fear, and pain. I am FREE! I have begun to evolve and am embracing a new identity that can begin to engage in life's fear-based situations. I continue along the path of learning to love, and I forgive myself. More importantly, I now realize I am deserving and worthy of love and forgiveness.

I would like to express my deepest gratitude and thanks, to James and Janet. I admire and respect the work they are doing, and the work that MAPS is doing; the work of caring for others. I realized I was doing the same at Ground Zero. What I once viewed as a very difficult and disconnected moment has transformed into a sense of deep connectedness to others. I cannot ignore the call to help others any longer.

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However, that calm
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Ibogaine for Opiate Addiction

Outcome Study Begins at Pangea Biomedics

John Harrison, Psy.D. Candidate,
Principal Investigator
jakaileb@hotmail.com

Ibogaine's pharmacological component relieves the symptoms of opiate withdrawal. This is augmented by a psychological component that may be of therapeutic significance to the individual receiving treatment by providing deeper insight into the root causes of the present addictive behavior.

We at MAPS are very pleased to announce the final approval of our ground-breaking study examining the efficacy of ibogaine in the treatment of opiate addiction. This study officially titled, "Observational Case Series Study of the Long-Term Efficacy of Ibogaine-Assisted Therapy in Participants at Pangea Biomedics." has been granted approval by the Human Research Review Committee (the Institutional Review Board) at the California Institute of Integral Studies (CIIS). This long awaited approval allows us to begin our study at Pangea Biomedics in Playas de Tijuana, Mexico, with a start date of November 3rd, 2008. Our intention with this study is to add to the body of knowledge about ibogaine and to examine ibogaine's potential as another arrow in the quiver for those that suffer from the yoke of addiction. We are now in the process of raising the estimated $30,000 needed to complete this study. If you would like to be a part of this exploration please join us on the cutting-edge and make an earmarked donation in support of this vital work today.

From West Africa to Western Civilization

Ibogaine is a naturally occurring psychoactive plant alkaloid found in the root bark of the indigenous West African shrub Tabernanthe Iboga. Pangea Biomedics administers the medicine in the form of ibogaine hydrochloride. Though our knowledge of ibogaine here in the West is relatively recent, the ritual eating of Iboga has been a psycho-pharmacological sacrament in the Bwiti religion in West Africa for several centuries. Traditional shamanic uses have included adolescent rites of passage, ancestral contact, recollection of earlier life experiences–and is often characterized by oneirophrenic, or dream-like visions, which may include symbolism of one's present or anticipated future. There are two primary phases of an ibogaine journey. First, there is typically a visionary phase that lasts from one to four hours. This is followed by an introspective phase that typically brings an elevated mood, a sense of calm and euphoria, and a distinct intellectual and emotional clarity. Subjects often report being able to accomplish deep emotional and intellectual insight into psychological and emotional concerns. The entire experience/journey generally lasts between 24- 36 hours. Though traditionally not used to treat addictions, ibogaine has been used for a variety of somatic conditions, including fertility.

In 1962, in New York City, a young twenty-something opiate-addicted Howard Lotsof, and eight addicted friends, ingested a strange 'new' euphoric drug. It was this historic moment that unveiled the promise of this African medicine. Remark-

ably within days, six of the nine addicts were not suffering withdrawal symptoms or craving heroin! Since that time Mr. Lotsof has made it his life's work to make this powerful medicinal tool accessible to those who would benefit from its gifts.

In 1967 (the year LSD was made illegal) ibogaine was classified as a Schedule 1 drug here in the US, making possession a crime and preventing research into its potential as a healing agent. As readers of this *Bulletin* are aware, the fact that ibogaine has psychedelic components contributed to its systematic suppression in blind "ignore-ance" of its potential. This fear and resistance to alternate routes of treatment is exemplified by ibogaine' having been added to the list of banned substances by the International Olympic Committee in 1989. Having experienced Iboga personally, I can attest that it will not improve one's performance in the pole vault or the high hurdles! The political hurdles in the ensuing years have been many. Besides the appellation 'psychedelic' which makes pharmaceutical companies nervous, there is relatively little financial incentive for the development of ibogaine by the pharmaceutical industry because it is isolated from a botanical source in which it naturally occurs and it's chemical structure cannot be patented.

My Relationship with Ibogaine

My pre-doctoral internship took place at the 14th Street Methadone Maintenance Treatment (MMT) Clinic in Oakland, CA. This was a genuine belly-of-the-beast education–I learned so much from my patients about heroin and other opiates. I observed the stigmas associated with being labeled a junkie. I witnessed the deep pain, both emotional and physical, that drives some very sensitive people to addiction. Sadly, I also witnessed the inherent cynicism that permeates MMT. It is well known that methadone, like heroin, is a highly addictive substance–and we were in effect... dealers!

Patients were given little or no encouragement to taper off or reduce their methadone dose. There was very little support given for personal transformation or real change–patients were considered addicted for life. This contradicted all that inspired me to enter the field of psychology–the possibility of personal growth and evolution! Then I heard about ibogaine and several anecdotes describing amazing stories of its healing capability. My natural affinity and appreciation for psychedelics as teachers and allies, matched with my recent experiences at the methadone clinic, piqued my interest in this remarkable medicine. Upon completion of my internship, I became aware of the astonishing work being undertaken at several clinics and with lay, or underground, providers worldwide. Researching and investigating this medicine is a natural progression for me personally and professionally.

Ibogaine Treatment for Addiction

It is posited that ibogaine halts or attenuates addiction through two processes; one pharmacological and one psychological. Ibogaine's pharmacological component relieves the symptoms of opiate withdrawal. This is augmented by a psychological component that may be of therapeutic significance to the individual receiving treatment by providing deeper insight into the root causes of the present addictive behavior.

Evidence of ibogaine's effectiveness includes substantial pre-clinical literature on reduced self-administration and withdrawal in animals and case reports in humans (Alper et al, 2001). The National Institute for Drug Abuse (NIDA) has given significant support to animal research, but has rejected grant applications to study ibogaine in humans. The U.S. Food and Drug administration (FDA) has approved a Phase 1 dose escalation study in humans in 1993 which has never been completed due to a lack of funding (Alper et al, 2001).

Patients at Pangea Biomedics receive ibogaine in a supportive setting. The spacious and comfortable clinic is in a gated community overlooking the Pacific Ocean. Patients arrive on Monday and generally leave for home the following Friday. Two experienced physicians are present at all times and patients' safety and well being are the facility's highest priority. The treatment protocol consists of the oral administration of ibogaine hydrochloride and other subsequent interventions, which include bodywork, acupuncture, naturopathy, brain nutrition, and integration therapy. Prior to treatment at the facility applicants must undergo a thorough on-site physical examination with one of the staff physicians.

Ibogaine-assisted opiate detoxification therapy is a novel pharmacotherapeutic treatment for addiction. This study is intended to gather evidence about whether ibogaine-assisted therapy can lead to changes in problematic opiate use and facilitate long-term recovery from opiate addiction.

As we at MAPS embark upon this unique and revolutionary research– the first long-term study in history to examine the efficacy of ibogaine in the treatment of opiate addiction– we recognize that there is no easy solution or magic pill to solve the international dilemma of addiction. …Our research is, however, a significant first step toward opening long-closed doors and shining some meaningful light into this crucial area of inquiry.

This exam includes an Electro Cardiogram (ECG), a cell blood count (CBC) with differential, and liver panels (AST/ALT). All test results must be within normal ranges in order to receive ibogaine treatment. The majority of the staff have experienced the ibogaine journey–some for addiction, others for psycho-spiritual development. Consequently, the staff have insightful understandings of the emotional and physical terrain patients must negotiate.

MAPS Protocol

Our study will enroll 20 to 30 voluntary participants who have already qualified for treatment at Pangea Biomedics. All participants in this study must indicate that they have sought and undergone other treatments for their opiate dependence prior to ibogaine. Ibogaine-assisted opiate detoxification therapy is a novel pharmacotherapeutic treatment for addiction. This study is intended to gather evidence about whether ibogaine-assisted therapy can lead to changes in problematic opiate use and facilitate long-term recovery from opiate addiction.

The primary research methods for this study consist of interviews and questionnaires conducted both pre- and post-administration of ibogaine. Reliable, well-validated, and repeatable outcome measures were selected for this investigation. Special consideration was given to measures that assess several indications of treatment success in addition to abstinence. The measures used will be the Addiction Severity Index Lite, the Peak Experience Profile, the Social Identity Questionnaire, the Subjective and Objective Opiate Withdrawal Scales, and the Pain and Craving Survey.

The initial interviews and measurements will take place in person while patients are being treated at the clinic; subsequent phone interviews will be conducted bi-weekly the first month and then monthly for one year after treatment. Participants are required to provide me as the Principal Investigator with the contact information of at least one non-addicted significant other (therapist, counselor, spouse, parent, or close friend). I will establish contact with the designated significant other to independently verify information regarding the participant's substance use as part of screening for inclusion in the study and during the one-year study period. Significant others will also help to keep track of participants who may otherwise be lost to follow-up. Follow-up data will almost exclusively be gathered by telephone since patients of Pangea Biomedics come from all over North America to undergo the five-day residential treatment.

Reducing the Harms Associated with Addiction

The philosophy of Pangea Biomedics is grounded in the principles of the harm reduction model. Harm reduction essentially is a set of practical strategies that reduce negative consequences of drug use by incorporating a spectrum of strategies from safer use, to managed use, to abstinence. The harm reduction approach addresses conditions of use, along with use itself. This implies a treatment of the whole person without judgment, rejection, or esteem-reducing labels. Abstinence-based programs work for many people, but can often times set an addicted person up to fail by making anything less than total abstinence a failure. For a population who have so often been defined as "failures", the precipitous fall from the sheer cliff of abstinence can reinforce this negative self-image–making real healing an ultimately much more difficult challenge.

The universal need and importance of research into this underground medicine is critical and obvious. According to NIDA the cost of addiction in the US amounts to over $484 billion a year! There is clearly an urgent demand for fresh and novel approaches to the medical malaise and social maelstrom that is addiction. Opiate addiction is a worldwide epidemic, resulting in lost income, fractured families, life-threatening maladies, and untimely death. Research and anecdotal reports suggest that ibogaine may be effective in treating dependence to other substances such as alcohol, cocaine, methamphetamines, and nicotine, and may also affect compulsive behavior patterns not involving substance

use or chemical dependence. The virulent and rampant nature of addiction requires new and innovative approaches to treatment that provide a holistic option toward alleviating the suffering and pain of addicted individuals and their families.

As we at MAPS embark upon this unique and revolutionary research–the first long-term study in history to examine the efficacy of ibogaine in the treatment of opiate addiction–we recognize that there is no easy solution or magic pill to solve the international dilemma of addiction. As long-time ibogaine expert and lecturer Patrick Kroupa has said, "ibogaine is a catalyst, not a cure." Our research is, however, a significant first step toward opening long-closed doors and shining some meaningful light into this crucial area of inquiry. This past year I have had the honor of presenting and discussing our research protocol at several venues, including the World Psychedelic Forum in Basel, Switzerland, and more recently at the Women's Visionary Congress at Wilbur Hot Springs, California. The excitement and enthusiasm for this project has been palpable and promising!

As Principal Investigator of this study, I want to express my gratitude to many brilliant and devoted colleagues who have collaborated and contributed with protocol development, sponsorship, encouragement, and inspiration toward making this project a reality. These stellar individuals include Ilsa Jerome Ph.D., Phillipe Lucas, Dr. Kenneth Alper, Sandra Karpetus, Dr. David Stuckey Psy.D., Randolph Hencken M.A., Sean Kelly Ph.D., Bob Duchmann, and Rick Doblin Ph.D. I would especially like to thank MAPS Director of Operations and Clinical Research Associate Valerie Mojeiko and the Director of Pangea Biomedics Clare Wilkins for their indefatigable vigor and continuous commitment toward bringing this project to this crucial phase, at long last ...the end of the beginning.

NOTE:

MAPS is actively seeking donations to fund the ibogaine outcome study. If you are able to contribute financially to this research please contact our headquarters at 831-336-4325, or donate online at www.maps.org/donate

Update from the UK and an Interview with Pioneering Psychedelic Psychiatrist **Dr. Ronald Sandison**

Ben Sessa, Ph.D.
drbensessa@hotmail.com

Ronnie Sandison and Ben Sessa at Ronnie's home in Hertfordshire in 2006

I am a Consultant Child and Adolescent Psychiatrist from the UK. I perform my clinical duties in a rural area, in the West Country (famous for its cider and The Glastonbury Festival).

The latest news from the UK is that there will be a symposium on Psychedelic Psychotherapy at next year's Royal College annual meeting (equivalent to the USA's America Psychological Association annual conference), chaired by myself and featuring Michael Mithoefer M.D., David Healy M.D., and Charles Grob M.D. This will be the first time this topic has been debated at such a large-scale psychiatric conference for over forty years.

In 2005 I published a paper on the history of psychedelics in medicine for the British Journal of Psychiatry. This sparked debate amongst UK psychiatrists and led to a small meeting at the Royal College of Psychiatrists on the subject in March 2006. There followed a brief lecture tour of medical schools, teaching the history and latest developments for psychedelic drug research. I have since taken up a research post at Bristol University in the Psychopharmacology Department under Professor David Nutt, published further papers on psychedelic drugs and MDMA, and lectured at the European College for Neuropsychopharmacology (ECNP) at Vienna in October 2007, alongside Dr. Michael Mithoefer.

My interest in this fascinating area of medicine inevitably brought me into contact with Dr. Ronald Sandison. I first met Ronnie, now in his late 80s, in 2005 at his home in Gloucestershire and conducted a brief interview with him. Ronnie was the UK's foremost psychiatrist using LSD with his patients from the early 1950s until the 1960s. During this time he worked in Powick Hospital's purpose built 'LSD Unit' and treated many hundreds of patients with his self-named, 'Psycholytic Psychotherapy', using low to moderate doses of LSD to deepen and quicken the usual process of psychodynamic psychotherapy.

There was a real feeling back then that psychedelic therapy would be the next big thing.

I am attracted to Ronnie's work as a psychiatrist because of his dispassionate, scientific approach that predates (and assiduously avoids) the occasionally biased and messianic approach to psychedelics that came out of the preceeding sixties drug culture. I believe that if we are to encourage the general public and the medical profession alike to recognize the potential benefit of these remarkable substances we must continue to take this evidence-based and cautious approach. I believe that the work done at MAPS adopts this high level of scientific rigor that is required.

I hope that through the work done at Bristol University, alongside organizations such as The Beckley Foundation, we can reignite the interest of the British medical profession and recreate the rich history of psychedelic drug therapies in the UK.

Meeting with Ronnie Sandison.

What follows are some notes from a meeting I had with Ronnie in his family den on Sunday, March 13th, 2005. They are not in verbatim quotes, but rather an amalgamation of the few notes I took and my memory of the meeting.

What was the mood and excitement like in the fifties surrounding LSD?

It was very exciting. They were immensely exciting years. We were looking for a new world. It's hard now to recapture the excitement of those years. During the decade or so after the war we were talking about the new Elizabethan age; everything seemed possible.

How did you first come into contact with LSD?

It was fortuitous. I was on an international study tour of Switzerland in 1952. We were travelling around looking at different psychiatric institutions. During the trip we got the opportunity to visit the laboratories at Sandoz, in Basel. I was fascinated by what I saw going on. It surprised me, because none of the other members of our party showed much interest in their work. I, however, made a point of returning to Sandoz two months later, in November 1952, and this time came away with 100 vials of Delysid. I brought them back to England and began using LSD as part of the psychotherapy program.

What was the attitude of your peers? Were psychiatrists with an interest in LSD considered mavericks or scientific pioneers?

Not really mavericks. It was reasonably mainstream, and far less contentious than today. However, there was not that many people who were interested in the topic. I'd say that by the end of the 1950s there were perhaps a dozen psychotherapy clinics in the UK offering LSD therapy to outpatients. I was never a maverick!

My paper in 1954 started it all off. Have you read it? [Sandison, R.A., & Spencer, A.M. (1954) Therapeutic value of lysergic acid diethylamide in mental illness. Journal of Mental Science. Vol. 100, No. 419, p. 491-507.] We then had a further paper in 1957. [Sandison, R.A., & Spencer, A.M. (1957) Further studies in the therapeutic value of LSD in mental illness. Journal of Mental Science, Vol. 103, No. 431, p. 332-343.]

Professor W. Mayer-Gross set up the Collegium Interationale. Neuro-psycho-pharmacologicum (C.I.N.P.) when he moved to Birmingham from Crichton Royal Hospital in 1957. At its second meeting in Rome, I think in 1959, LSD therapy was discussed extensively and I introduced the term psycholytic (mind-loosening) to describe its action.

Were there many conferences or symposiums during that time?

Indeed there were. The first major LSD conference was in the USA at the annual Conference of the American Psychiatric Association in 1955. I was invited, and spoke about the work we had been doing at Powick. Aldous Huxley was present, and he spoke. The proceedings of this meeting are to be found in Lysergic Acid Diethylamide and Mescaline in Experimental Psychiatry, Edited by Louis Cholden, Grune and Stratton, New York, 1956. Then there was a further conference organized by the Josiah Macey Foundation at Princeton in 1957, and again in 1959.

In 1961 the RMPA (Medico-Psychological Association) had a three-day symposium dedicated entirely to LSD, which really illustrates how important the topic had become by this stage. I contributed to the conference together with R. Crocket, an adolescent psychiatrist. There was a real feeling back then that psychedelic therapy would be the next big thing. A number of eminent psychiatrists, psychoanalysts, writers and commentators spoke at that event. It was very well received. Lots of very major names came to speak. Tom Main, whom I'm sure you have heard of, spoke, as did Gombrich. Also at the conference was Christopher Mahew, who in 1960 had famously taken mescaline in front of a BBC film crew. The conference was a big success, and attended by 150 people. (Ronnie showed me the program from the conference).

The proceedings appeared as, 'Hallucinogenic Drugs and their Psychotherapeutic Use' Edited by Crocket, Sandison and Walk, 1963, H.K.Lewis and Co. London, 1963. I regard it as the best and most articulate conference ever to be held on the subject.

What was the attitude of the Royal College of Psychiatrists and Physicians? What was the attitude of the General Medical Council?

This was before the Royal College and the Committee of Safety in Medicines. At that time the governing body was the RMPA. There were no ethical committees and no concepts such as Evidence Based Medicine whatsoever. One was left to get on with it, if one felt a treatment was right. Nevertheless, we had the full support of the academic department of Psychiatry in Birmingham, whose professor, Joel Elkes, was immensely helpful and encouraging. A

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far as I know, the General Medical Council had no attitude toward what we were doing.

What was the attitude toward self-experimentation with psychedelics - as a means of 'mimicking psychosis'?

We had a very different approach to LSD than they did in America. In this country there was never a lot of support for the hypothesis that LSD could be a psychotomimetic. The nature and quality of the experience was not like schizophrenia. We didn't think it helped to understand schizophrenia in that way.

I have never liked the term psychotomimetic. I coined the term 'psycholytic' in the 1950s because I feel it better describes the action of LSD in aiding the psychotherapeutic process–a loosening effect.

Self-experimentation? I took LSD only once. It was an enlightening and valuable experience. Some people showed more of an interest in self-experimentation, but not me. I mean, how far does one go with self-experimentation in psychiatry? Does one have electroconvulsive therapy?!

In America, with Timothy Leary etc., there was a much bigger drive to take the drug, even during sessions with the patients. It was not like that at all for us. What was vitally important was that one was in control during the session. One came in and out of the patient's room and monitored the process. The patients wanted the doctor to be in control – not under the same influence as them! We found it immensely important to make the patient feel comfortable and safe. Leary's work cut across completely everything we were doing.

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Was there an appreciation of the multicultural aspects of psychedelic usage (e.g. peyote, mushrooms, Ayahuasca etc)?

Absolutely. There was a lot of interest in the cross-cultural element. I met Gordon Wasson. His wife was a child psychotherapist. He wrote such a beautiful book. It was always my regret that I didn't buy it at the time. Of course, it was a hundred pounds even then. I wish I'd bought it. Very valuable indeed now. (He shows me a mounted tile, given to him by friends whilst abroad. A picture of the same tile appears in Wasson's book. It is a picture of a mushroom being picked and eaten by a shaman, and behind the shaman stands a God). The shaman was the vehicle through which the God talks. This tile was made by the patients in Sadska Hospital, Czechoslovakia, and presented to me by Milosz Hausner, its Director.

Another good book at the time was *Utopiates, The Use and Users of LSD*, by Richard Blum and Associates, Tavistock Publications Ltd., London, 1963.

There was a lot of interest in what was going on throughout the rest of the world. Of course, you probably know about the FBI and C.I.A., and their interest in LSD as a truth drug. Lots of horror stories came out of that. It wasn't like that in the UK. I was never approached by the British Government to work on such a project! I'd imagine that similar stuff was going on in Russia at the time - but of course we never heard of it.

What was your knowledge and relationship with other pioneers/contemporaries of this area; e.g. Huxley, Hofmann, Osmond, Grof, Leary, Laing, Cooper etc?

I never met Leary directly. A colleague and good friend in California, Betty Grover Eisner, had close ties with all of the American lot, and she used to visit and tell us stories about what was happening. Huxley I met. And Stan Grof I met in 1963. And Sidney Cohen, an American, was a great ally of mine.

Will you describe for me the work you did at Powick Hospital?

(As Ronnie described the work he showed me a great photograph album with faded prints of the sessions, patients, staff and the hospital buildings.)

We were very fortunate at Powick to have a special purpose built LSD clinic attached to the outside of the main old hospital building by a corridor. Of course it has all been demolished now. They kept the main building, but the very fine ballroom was demolished and luxury flats were built on the site.

Prior to starting the LSD work, the patients will have already been in traditional psychotherapy for varying periods of time. Others went through an assessment process. Some patients may have been in therapy for months or years. There was no set rule. We would just make the decision to try some LSD therapy, on top of their usual work, especially if they were failing to progress in normal psychotherapy.

A volunteer driver would bring the patients to the clinic at nine in the morning. We had a very good relationship with the drivers. They played an important role because the patients got to know the drivers well. Of course, at the end of the day they were still experiencing the effects of the LSD, so they would often chat to the drivers on the way home. We tried very hard to make sure they got the same driver each time, as they got to build a relationship with them. Hence these volunteer car drivers became part of the therapeutic team.

After we had all met together, there would be up to five patients for each session, they would all take their LSD. (Ronnie pointed to a photograph of a traditionally dressed hospital nurse drawing LSD up into syringes). We used doses of between 20 and 150 micrograms, but there was no set dose. Generally patients would begin on a low dose and the dose would be increased until we saw some progress. After taking the drug they would all then retire to their rooms. There was a main corridor with the five individual session rooms coming off from it. Here they would stay for the main part of the session. During the course of the next few hours the nurses or the registrars would go in and visit the patients as they lay on their beds. There was not someone with them at all times. A lot of the patients preferred to be on their own during the process. (Ronnie showed me a picture of a young lady, curled on a bed, clutching a teddy bear and looking dreamily into space). There was a record player available for them if they wanted to listen to music and a blackboard for drawing on. Then at about 4pm, we got all the patients together for a 'wash up' group session to talk about the day's proceedings before their drivers arrive, and they are taken home.

A lot of the patients preferred to be on their own during the process. (Ronnie showed me a picture of a young lady, curled on a bed, clutching a teddy bear and looking dreamily into space).

Generally patients had weekly sessions with LSD. Some had it twice a week. We didn't have any set limit about how many sessions were offered, but generally if a patient had shown no response or progression after, say, 20 sessions we might stop the treatment. By then we could probably assume it wasn't going to work.

We did try psilocybin at one point. I know a lot of people were using that instead. Obviously it had the advantage of being shorter-acting; so one could complete a session within a morning. But generally we used LSD. We found it to be more effective.

They were a very committed and involved team of staff. I am still in contact with some of them today. Of course, many of my friends and colleagues from those days have passed away now. (Ronnie showed me photos of the staff, the uniformed nurses, the doctors in their white coats and his registrar, Dr. Gupta, who took a keen interest in the sessions).

The B.B.C. made two films at the clinic: "The Magic Mushroom" in the 1950s and then "The Beyond Within" a bit later.

When did the mood begin to change? What sort of problems did you encounter with your research?

By 1964 I had been doing this work for twelve years. I really wanted a rest. Conducting LSD sessions was a very time consuming and draining experience. It was intensive. I wanted to move on. Also, Powick at that time was beginning to change. It was moving towards a centre for community psychiatry, and the hospital directors were really beginning to push it in that direction. There was less emphasis on what we were doing with our outpatient psychotherapy sessions. Two new consultants joined the hospital staff, and they had no interest whatsoever in the use of LSD psychotherapy. In fact, one of them thought it was a load of old rot! He was much more interested in neuroleptics and other psychopharmacology etc, for treating mental illness. So we came under increasing pressure. It was time to move on.

Did psycholytic psychotherapy and research end because the scientists themselves decided these agents were of little use? Or did the work stop because of sociopolitical pressure?

It was a bit of both really. At around that time (early 1960s) there were increasing reports about the abuse of LSD and other drugs. It was estimated that by 1964 over four million people in the US had used LSD illegally - outside of proper medical treatment centers. It was far less widespread in the UK, of course.

I remember there was a very high profile murder trial in 1964. Robert Lipman apparently murdered a prostitute whilst under the influence of LSD. I was asked to appear as a professional witness, to advise the prosecution about the effects of LSD. There was a lot of negative press surrounding the event. More and more reports about the negative effects of LSD were in the press. There was a general feeling by psychiatrists that they didn't want anything to do with it. Patients also were reluctant to undergo the therapy if they had heard negative reports. It all became very complicated. Of course, there were increasing ethical considerations and bodies forming to control and regulate the profession. The CSM, for instance, was formed in 1966.All this is described in my book *A Century of Psychiatry, Psychotherapy and Group Analysis*.

What are your opinions about current psychedelic research?

I know there was a recent growth of interest in Switzerland. And of course in America there has been a continued interest. Most of what I know comes from organizations like MAPS (Multidisciplinary Association for Psychedelic Studies).

Black Rock City Renaissance: **Burning Man 2008**

David Jay Brown, M.A.
MAPS Guest Editor
davidjay@maps.org

THIS WAS ANOTHER EXCITING YEAR for MAPS at Burning Man–the annual week-long celebration of creativity, community, and consciousness in the Nevada desert–and I was thrilled to be able attend this extraordinary festival for the first time. The festival is an important opportunity for MAPS to network with colleagues and people doing affiliated work. Despite the celebratory atmosphere in Black Rock City, the Burning Man Festival is a busy time for everyone at MAPS. When MAPS staff aren't erecting tents, teepees, zendos, car ports, and other shade structures in the scorching desert sun, they're out racing around, attending meetings, giving lectures and workshops, and providing psychedelic emergency services. Some of the MAPS staff even served as Black Rock City Rangers this year.

"These techniques provide a new framework for looking at 'bad trips' as opportunities for emotional and spiritual growth."

MAPS Psychedelic Lecture Series in Entheon Village

Entheon Village–where MAPS was based and where I stayed–is one of the largest theme camps in Black Rock City. Campers at Entheon Village pay a registration fee that covers the camp's costs, and this includes water, access to a power grid, showers, and three meals a day. The showers didn't arrive until midweek, but the meals were quite delicious and the dining tent was a terrific place to socialize with other Entheon Village campers. The theme this year at Burning Man was "The American Dream," and, as with previous years, MAPS put together an exciting lecture series in Entheon Village.

Psychopharmacologist Dr. Matthew W. Johnson, Ph.D.–who worked with Dr. Roland Griffiths, Ph.D. on the groundbreaking Johns Hopkins Psilocybin Research Project–gave two fascinating talks about their studies with psilocybin that demonstrated the drug's capacity to help stimulate mystical experiences, and the long-term health benefits that accompanied these experiences. One talk was entitled "Hallucinogens in the Study of Mystical Consciousness: Findings from over 100 Psilocybin Sessions Conducted at Johns Hopkins," and the other was "The Johns Hopkins Study of Psilocybin Facilitated Treatment of Cancer-Related Anxiety and Depression."

Psycho-oncologist Dr. Sameet Kumar, Ph.D.–who is working with MAPS to develop a protocol that will utilize psilocybin to help manage anxiety in people with advanced stage melanoma–gave a compelling talk entitled "Psilocybin-Assisted Psychotherapy and Spirituality in Advanced Medical Illness." Dr. Kumar spoke about the therapeutic potential of psilocybin and spirituality in dealing with extreme anxiety that many people experience after being diagnosed with a life-threatening illness.

Alicia Danforth, Ph.D. candidate–who worked with psychiatric researcher Dr. Charles Grob, Ph.D. at Harbor-UCLA Medical Center, coordinating and co-facilitating treatment sessions for their cancer anxiety study with psilocybin–gave a stimulating talk entitled "It Feels Like Healing: Firsthand Inspiration for the Big Dreams of Psilocybin Research and Treatment," about her exciting research with Dr. Grob, which was completed in May 2008.

Legendary psychedelic chemist Dr. Alexander Shulgin, Ph.D., and his wife, psychotherapist Ann Shulgin, were also there. Although they didn't give a formal presentation this year, these two highly respected elders of the psychedelic community answered a barrage of thoughtful questions from a lively audience about the chemistry and therapeutic potential of psychedelics.

Daniel Pinchbeck–editorial director of RealitySandwich.com, and author of *2012: The Return of Quetzalcoatl* and *Breaking Open the Head*–gave a provocative talk that addressed this year's theme at Burning Man entitled "From American Nightmare to Universal Dream," about how we can "change the direction of global civilization in a compressed timeframe, before crisis turns to cataclysm."

Dr. Neal M. Goldsmith, Ph.D.–psychologist and contributor to *Psychedelic Medicine*–gave a thought-provoking talk entitled "Change & Psychedelics," where he discussed how lasting psychological and social transformation occurs, and how these types of transformation may be influenced by the use of psychedelics.

Amanda Fielding–who founded The Beckley Foundation in England, a sister organization to MAPS, that also sponsors psychedelic medical research–gave a wonderful talk about her foundation and her work entitled "The Beckley Foundation Investigations into Consciousness: Psychedelics, Cannabis, Trepanation and Cerebral Circulation."

MAPS President Rick Doblin Ph.D. gave an inspiring talk about the long-term goals of psychedelic drug research entitled "The American Dream Psychedelisized." Rick spoke about how to match ambitious visions of psychedelic drug research with effective political strategies and drug policy reform.

MAPS' new Communications and Marketing Director Randolph Hencken, Marijuana Policy Project Senior Development Officer Troy Dayton, and Rick Doblin appeared together on a panel entitled "Toward a Sensible Drug Policy: The 21st Century American Dream." The panelists talked about psychedelic drug research in the context of drug policy reform, and they discussed the role that MAPS is playing in the global psychedelic research renaissance.

The environment there was certainly a huge challenge for me, but it was also unusually rewarding–truly spectacular in so many ways–and I had a profound experience there that deeply renewed my sense of hope in the future evolution of the human species.

Psychedelic Emergency Work

Valerie Mojeiko–MAPS' Program Director and Clinical Research Associate–also gave a noteworthy talk in Entheon Village entitled "Psychedelic Harm Reduction: Rethinking the 'Bad Trip,'" about MAPS' psychedelic harm reduction project. MAPS has been providing psychedelic emergency counseling services for a number of years at summer festivals like Burning Man, where many people often experiment with psychedelics and sometimes run into serious problems. Valerie spoke about how this program empowers psychedelic users and their peers with therapeutic techniques that can be used in assisting people through difficult psychedelic experiences. These techniques provide a new framework for looking at "bad trips" as opportunities for emotional and spiritual growth. After her talk, Valerie and I discussed writing a book together on this important topic, which we're now planning to do.

The model that MAPS developed at Burning Man in previous years, for helping people with difficult psychedelic experiences was officially adopted this year by the Black Rock City Rangers, who provide safety and security at Burning Man. A quiet peaceful space called Sanctuary–staffed with specially-trained psychedelic emergency service workers, counselors, therapists, psychologists, and psychiatrists–was created, so that, for the duration of the festival, emergency counseling services could be available for people having difficult experiences, 24 hours a day. However, due to changes in the official Burning Man policy, this year MAPS volunteers who were interested in working at Sanctuary had to first undergo training as Black Rock City Rangers–which is a fairly serious commitment, requiring several days of training in the desert.

Because of these new restrictions, a number of people (myself included) who wanted to help out in Sanctuary this year weren't able to do so. Nonetheless, the following MAPS–affiliated people trained as Black Rock City Rangers in order to be able to serve as psychedelic emergency personnel: Horizons Conference organizer Kevin Balktick, psychologist Neal M. Goldsmith, Ph.D., psilcybin/cancer researcher Alicia Danforth, Ph.D. candidate, Sheelo Bohm, and others. This was quite a commitment, as–in an addition to the extra training–rangers also had to dedicate numerous hours of service to the community at large. While almost everyone in Black Rock City was cheering and celebrating the burning of the Man on Saturday night, I watched as Valerie and the other rangers were out roaming the playa, helping to keep people safe, and preventing overly enthusiastic burners from getting too close to the flames.

A Personal Account

Since this was my first time at Burning Man, I spent a good deal of time just exploring the ephemeral city and taking it all in. This turned out to be one of the most incredible experiences of my life. The environment there was certainly a huge challenge for me, but it was also unusually rewarding–truly spectacular in so many ways–and I had a profound experience there that deeply renewed my sense of hope in the future evolution of the human species.

The Black Rock Desert is a flat, 400 square mile, prehistoric lake bed, that's completely devoid of any vegetation or animal habitats, and the weather conditions there were pretty much the worst that I've ever experienced in my life. It felt like landing on Mars, or in the post-apocalyptic, globally-warmed remains of a dead biosphere. On

the first day that I got there a wild and windy six hour dust storm hit. It was well over 100 degrees, and the alkaline dust was so thick in the air that I could barely see more than a few feet in front of me. The playa dust gets into–and permeates–everything, making it impossible to stay clean. It was not a terribly pleasant experience, lying in a domed tent or wandering about outside, wearing a pair of ski goggles and a wet bandana over my nose, in the midst of this blinding chaos.

Then, when the sun went down, the temperature dropped to around 40 degrees, but felt much colder when the strong dry winds blew across the playa. In addition to these less-than-ideal weather conditions, the whole week was an intensely socially-overloading, noisy, sleep-depriving experience. Burning Man is no pleasure cruise, that's for sure. At the same time–being in Entheon Village with my good friends from MAPS–I couldn't possibly have been staying with better campmates and have better resources available to me while I was there.

Despite all these difficult challenges, Burning Man was also one of the most beautiful and enriching experiences of my life! Simply spending a week in Black Rock City can easily be as profoundly transformative as a psychedelic experience. Like an LSD journey, it's difficult to describe this enchanted place in words. Burning Man really has to be experienced to be understood. It's a magical place, where synchronicities and surprises abound. I went there primarily to see the artwork–which is truly beyond spectacular, absolutely incredible. Photographs simply can't capture the immensity and wonderfully animated, unearthly insanity of it all. It's the collective imagination materialized–where every cultural icon from your childhood, every strange interdimensional archetype, and every beyond-belief psychedelic vision is brought to life in a deliciously surreal circus. But what struck me most about Burning Man–what really inspired me–was the incredible sense of community, the enormous amount of generosity there, and the living fact that–at least for one week a year–a truly psychedelic civilization is possible on planet Earth.

Black Rock City is the modern world's first truly psychedelic society. The psychedelic imagination becomes tangible there, no money is allowed to be exchanged, and there is a feeling of almost complete freedom. Nothing is bought or sold; nor is there any bartering allowed. Everyone there simply shares their gifts, their visions, and their creativity with everyone else–and it works! Almost everyone there is psychedelically-experienced and unusually creative. It's a whole city–almost 50,000 people–of psychedelic artists. A post-terrestrial, post-survival society, built upon the spirit of a simple aspiration–to delight and marvel the senses, to blow people's minds.

It feels as though a powerful morphic field is created in Black Rock City; gathering together so many electrified nervous systems in one place seems to accelerate and elevate everyone's consciousness. All the people that I spoke with reported feeling high there, whether they did psychedelics or not. And, I now realize, the very things that prevented me from going all these years–the expense, all the necessary preparations and time off from my work, the extremely harsh environmental conditions–are actually deterrents that weed out anyone who doesn't really want to be there. So the people that make it there are generally pretty special. Evolutionarily speaking, the citizens of Black Rock City are akin to the first fish who crawled out of the sea on to dry land–as, of course, Burning Man's geographic destiny lies in high orbit, in the Heavens, amongst the stars.

Simply spending a week in Black Rock City can easily be as profoundly transformative as a psychedelic experience. Like an LSD journey, it's difficult to describe this enchanted place in words.

Attending Burning Man was one of the most spiritually transformative experiences of my life. I suspect that the playa dust in the Black Rock desert may also be psychoactive, as the whole experience there feels like a psychedelic trip. I met so many extraordinary people from all over the world, made strong new connections, and had a powerful mystical experience there, while watching the Temple burn on the final night. When the Man burns on Saturday night, it's the wildest party on Earth, but when the Temple burns on the following night, and burners ritualistically release their grief into the fire, almost everyone there is totally silent. It was truly a shamanic journey and I felt an overwhelming sense of love for everyone there. When I got back home, I wasn't able to tell people about my experience at Burning Man for the first few days without crying–I was so deeply moved by it all. In retrospect, it's hard to believe that it really happened, as the experience had such a dreamlike quality to it. I look forward to returning next year, and possibly going through the training necessary to become a Black Rock City Ranger, so that I can help with psychedelic emergency services there. See you out on the playa!

I suspect that the playa dust in the Black Rock desert may also be psychoactive, as the whole experience there feels like a psychedelic trip.

KosmiCare: Creating Safe Spaces for Difficult Psychedelic Experiences

Svea Nielsen, M.A.
Psychologist with an MA
in Ethnopsychiatry
Kosmicare@gmail.com

Constance Bettencourt, M.A.
Clinical Psychologist & Psychotherapist

SINCE 2002, the Boom Festival in Portugal has hosted psychedelic emergency services with the support of MAPS. This past March at the 2nd World Psychedelic Forum in Basel, Switzerland, Diogo Ruivo, the chief organizer of Boom Festival, worked with MAPS to develop an extended framework for psychedelic emergency services that could be shared around the globe. So this year the "KosmiCare" framework was put into operation; coordinated by the Portuguese Psychologist David Lameiras and Sandra Karpetas (the initial program in 2002 was under Sandra's supervision).

Over the past several years, the network of people interested in supporting psychedelic emergency services has grown in numbers and diversity. In 2008 the project became broader, both in infrastructure and partnerships. We had a large 14-meter dome capable of holding up to 20 guests, three tipi tents to host Energy Control (drug testing), Check-In (harm reduction), Erowid (substance specialists), and a unique straw bale womb shaped "Kiva" for makeshift facilitation work. We consulted with the local hospital, fire department, paramedics, internal and external security forces, and regional harm reduction teams. Together with recruiting of facilitators, this process was set into motion months well ahead of the opening of the gates at Boom.

Approximately 25,000 people attended the festival, and the KosmiCare dome operated non-stop during eight days. That week volunteers came from across Europe and elsewhere and were distributed in a team of 30 multi-lingual volunteers–four team leaders (psychologists Svea Nielsen and Iker Puente, medical writer Kelly Morris, and mental health assistant Jon Atkinson), one co-pilot (Psychologist Constance Bettencourt), two psychiatrists (José Pádua & Alexandra Cavalheiro); and senior consultants

Boom Sets the Psychedelic Emergency Service and Harm Reduction Standard

MAPS President Rick Doblin ventured to the lakeshores of Portugal for the first time. He was amazed by the quality of psychedelic emergency services and harm reduction principles put in place at Boom. Rick acknowledged Boom for setting the standard for coordinated psychedelic emergency services at festivals and credited Boom as leaders to be recognized in preparing for a post-prohibition world.

The aim for psychedelic emergency service providers at festivals and dance events is to turn potentially unpleasant psychedelic experiences into something as constructive as possible by providing a safe and caring environment. This is a unique chance for those having difficulty processing an experience while under the influence of psychedelic substances - a situation where unfortunately there is usually poor support! While these safe spaces are rare at festivals, we should not underestimate their beneficial role. To often at festivals "bad trips" occur and are overlooked by the festival organizers. Those of us who work with KosmiCare believe that the world is a shared, community responsibility wherein we must look out for and take care of each member, just like in a tribal setting. We

believe the well being of each individual is vital to the well being of the whole. As a true tribe and a living organism, breathing as one, KosmiCare gives extra meaning to Boom mottos: "We are All" (2008) and "We Are One" (2006).

At the World Psychedelic Symposium in Basel in January 2006, Albert Hofmann's concluding remarks were, "Awareness is the core of personality, the gift of the Lord to human kind. Now, we have LSD but we don't have the religious ceremony to go with it. We have to find a place so these substances can be taken in good circumstances."

Hofmann's words left a deep impression on those of us seeking such tribal cohesion. It is well known that at parties and electronic music festivals around the world much of the exploration and "spontaneous research" is done with psychedelic substances. Responsibility for self and others is an essential factor to help clear misconceptions associated to substances themselves. The challenge is, as Hofmann said, that there are few guides or shamans in western societies, and it leaves people who use psychedelics at risk of having difficult experiences without someone to care for them.

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Some of the stigma can be seen on the web, on sites like YouTube, where partygoers have fun uploading videos of other people having bad trips–while lending a helping hand is simply overlooked. Boom's attitude has always been in the opposite direction-addressing the realities of difficult psychedelic experiences and misrepresented drugs. Boom goes out of its way to raise awareness. The process of helping one another at Boom went as follows: Fellow dancers noticed partygoers who were displaying signs of difficulty. The dancer in turn would alert festival workers, who then would seek out paramedics. The paramedics would then evaluate the situation and bring the person experiencing a difficult moment to the KosmiCare tent.

When someone was brought to KosmiCare, useful crisis information, such as drugs ingested, effects felt by the person, other symptoms, and relevant past medical history were collected by a volunteer. Sometimes a person tripping would walk in seeking help on their own-just as if the place was already well known to the person. At this stage a facilitator was appointed–depending on language, gender, age, and shift duration. Facilitators were required to complete a form logging the therapeutic techniques used, ranging from listening, sitting with quietly, talking, hugging, hand-holding touch, music therapy, leaving the person alone, shift handovers, etc.

The KosmiCare Facility and Facilitators

The KosmiCare dome was uniquely recognizable on its shore from afar. With all the energy coming from KosmiCare's dome, some guests stated that KosmiCare was like the soul of the festival and many attendees sung praise to the work we did. The KosmiCare hub was located close to a bridge, with a private beach and a magnetism of its own. Our facilitator Constantinos remarked that our area of the festival "was like an airport of psychonauts, so beautifully loaded with loving vibes, shakti force, and healing intentions!" Folks hanging out at an area denoted as Sacred Fire, even called it "mamma dome" due do its round white skirt. The round shape made for a very special setting with a peaceful environment and we played chill downtempo music. The decorations were organic, without too many details. We had a bamboo fountain surrounded with stones and colored cactus. We hung soothing silken fabrics that acted as secluded divisions-these "wombs," were perfect for grounding and re-coiling–concealing without constricting.

At the dome, the facilitators followed roughly 200 visitors who experienced some form of crisis. These folks took shelter in our sanctuary–some of them stayed through the night and relaxed or slept in our safe space. Others sought solace and shelter during the day.

In our selection of the facilitators, we paid close attention to their motivation for being in this field. The skills needed in a therapeutic relationship and previous direct experience with psychedelic substances are important tools for a facilitator. In the words of Clé, who has facilitated at Boom since 2004: "Theoretical knowledge is rarely enough, as we must have an understanding of what is going on in the person's mind–and sometimes body–to be able to offer the most appropriate response,

assistance, and support."

The work of a facilitator can be very rewarding– creative, heartfelt, and even therapeutic. As one volunteer, Jonas Gregorio said: "Sometimes, the best care you can provide in such situations is to offer your empathic and calm presence, waiting with patience and trust."

Ben de Loenen, another facilitator stated: "Working with someone going through a deep spiritual crisis is always something that requires the facilitator to open himself to that person. In that sense this work is fairly different from regular psychotherapy, as the person doesn't choose to go to a therapist to work on his problems, but instead finds him or herself in a state of confusion and crisis accompanied by a stranger. While none of us is playing a doctor's role, we have a more human-human approach than therapist-patient. Obviously, it is not right to do this kind of work to deal with your own issues; one must do this work for the service of others. The facilitator should be a grounded person, who is sensitive to the needs and feelings of people in those altered states of consciousness"

Facilitation of difficult psychedelic experiences is adjunct to harm-reduction practices. Ben noted that, "shifting from the disease-model in a marginalized social group to placing harm reduction as a top priority helps us to recognize the healing aspects of properly-guided experiences with psychedelics, as underlying issues regarding life-problems that can be worked on. This process not only takes place during an initial visit to our facility, but can be continued in the days after, while the festival is still going on. Visitors often return to talk about their experience, which maximizes the benefit in daily life after the festival."

Dani Ferrari told us, "being a facilitator in the KosmiCare dome was a big experience of consciousness and development for me. I could work on my own preconception of drugs, as I had indirect contact with so many different drugs, or entheogens, through the visitors who sought our support. These substances are conductors to different states of mind and consciousness. In this sense, I still think that more respect and self-awareness can be taught while using drugs for those who use them, like a harm-reduction point of view in recreational occasions. Seeing the quantities of drugs used by some visitors, like mixing different drugs–or mixing drugs with alcohol–ingesting big quantities, such as 20 drops of LSD, or using DMT at the main floor–well, it shows that we still have a lot to learn and teach."

Some of those who walked in felt bewildered by all the stimuli in the festival and came to seek a safe harbor to continue their trips. Persons who had taken LSD out and about in the festival sometimes felt the need to be secluded in a silent place and talk to someone about overwhelming aspects of the psychedelic voyage. It was as if they intentionally preempted going through a bad trip. A few times our team of facilitators worked with people who expressed that they were shaken due to new feelings aroused by the unique free atmosphere and love within the festival. We evaluated them as undergoing a sudden "mid-life crisis" that caused them to question their actions until now-as psychedelics often do.

Constantinos said, "The KosmiCare teams had great diversity, which was very challenging and precious. We all had different backgrounds and ways of working, but unity came with the single goal– helping our brothers/sisters to go through difficult psychedelic experiences and learn from them. Opportunities are not only to keep on saving people's minds, souls and lives but to establish a new ethos in experimenting with substances and put a loving vibe back to the tribe! Knowledge, awareness and compassion are export products from the heart of our dome! We don't only assist but inspire! We set an example of best setting!"

Harm Reduction Strategies In Practice

There were many partners with KosmiCare. The team of Geração and Amato Lusitano distributed 2000 flyers with information on psychoactive substances, and 8000 condoms at the entrance of the festival. The Erowid and Check-In tipis provided information about management of the pleasures and risk-behaviors associated with the ingestion of psychoactive substances and/or sexuality. Their tents were always filled with a lot of people going in and coming out, as both teams provided flyers and information on almost any

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mind-altering substance one can imagine. These harm-reduction strategies sparked thoughtful and socially-prudent dialogues throughout the festival.

The Energy Control laboratory consisted of a Spanish team of eight people. This team played a key role in the overall harm-reduction goal of the festival. They had an innovative onsite drug testing technology called Thin Layer Chromatography (TLC), a technique used to separate pure components of a sample, allowing detection and identification of substances and adulterants. Energy control took rigorous notes of their activities, and from August 11th through the 16th they analyzed 303 samples. They displayed on a video screen pictures of the various substances they sampled, with notes about what the substances contained. One of the critical aspects of this service is that drug users are given the ability to identify in a short period of time the composition of the substances they might take and to avoid those with unknown or dangerous content. Furthermore, this service gave a snapshot of current consumption and offered clues to those of us in counseling roles as to what to expect in the most-extreme scenarios.

Psychologist and anthropologist Ana Flávia Nascimento observed: "This project was only possible to happen now because we are in the planetary era where we can have people from many different countries working together on a project related to psychoactive substances. This is something new happening in the 21st century, with values that go beyond boundaries and give another perception of expanding consciousness in big festivals. In 2006 the team had already recognized that grounded exploration of altered states could foster deeper personal awareness, insight, and healing."

Persisting Through Challenges

As in any project, unforeseen issues surfaced and we received these unexpected challenges as opportunities for growth. We faced questions like: What to do with germs that jeopardize public health, as was the case this year with "boom-bug"? What do we do when we have clinically-diagnosed psychotic visitors? Or, what are the limits of public hospitals?

According to the coordinator of the Emergency Medical Services (EMS), P. Mac: "This festival has been our biggest challenge since 1997. It encountered many environmental challenges constantly testing our readiness, willingness, and endurance. KosmiCare outperformed all other attempts from previous years to have a functional mental sanctuary for those in need. We are grateful that they made our work in the EMS department a bit easier by knowing we could count on them when needed."

In 2006 and 2008, KosmiCare welcomed some people with psychiatric diagnoses. These psychiatric cases caused a lot of confusion for the KosmiCare team and drained much of our human resources. Our teams ended up taking care of mental patients and people that should be under full-time mental care. Our psychiatrists interacted with other onsite medical professionals and exercised their best discernment with the rest of our team about decisions to evacuate to a hospital, to evict from the festival, or to handle a particular case in-house. The explanations from the psychiatrists were beneficial to the rest of us, as we learned a great deal from their decisions and explanations.

Onward to Other Events

This "KosmiCare tribe" stays alive by staying in touch with all those interested in developing similar KosmiCare projects in other places. One of our volunteers, Shaï Gilad is gathering youth for positive action in Israel. First, with the growth and expansion of such project, the tribe will have to learn organizational and training tools like the one Boom is organized upon: Chaordic Organization (see the Birth of the Chaordic Age, Dee Hock, 1999). A network with a common intention fosters growth without becoming a classical hierarchical organization. Second, the expansion of this work will build a network of professionals in this field in Europe as to honor Hofmann's wish–to have the sacred ceremonial space for guided psychedelic use.

KosmiCare is creating a dataset for research by collecting visitor reports and documenting the debriefing exercises. We are in the process of designing improved formats for the next incarnation of KosmiCare. Thinking of a better training and clearer strategies defined for facilitators is an ongoing job. With KosmiCare under continuous development, our aim

Thinking of a better training and clearer strategies defined for facilitators is an ongoing job. With KosmiCare under continuous development, our aim is to maintain a child-like curiosity and respect for our often-overwhelming world.

Meeting introduction workshop

Svea Nielsen and Constance Bettencourt with Alex Soyouth at The Dome

Check-in at Erowid Energy Control

Erowid Energy Control

< Team meeting

The Kiva

Some members of The Team

Work in progress

Kosmicare shoreline

KosmiCare gives us the opportunity to develop intervention close to those who directly need it and in the precise moment it is needed.

is to maintain a child-like curiosity and respect for our often-overwhelming world. Our future knowledge will be based on the practical experience of each sitter and their therapeutic skills and generated from the experience of implementing more KosmiCare spaces at other festivals. The work that can be done in the future should be guided by learning from interventions in contemporary supervised psychedelic crisis.

According to volunteer Maria do Carmo, teacher and investigator of Psychology at Universidade Católica in Oporto: "KosmiCare gives us the opportunity to develop intervention close to those who directly need it and in the precise moment it is needed. These proximal scenarios, typical of harm reduction intervention, are clearly present and are our strengths to work with. In the future, we will seek to produce knowledge and research about a number of fundamental issues, such as changing drug use patterns among youth populations and developing strategies for monitoring the youth who use drugs. We will progress with innovative intervention strategies that are better adjusted to the public–their needs and characteristics. We will continue to develop knowledge about the relations between mind and spirit, and the substances' influence in this process."

The KosmiCare project is producing a comprehensive account of all the psychedelic emergency services and harm reduction strategies we have implemented. We are in the process of cataloging the lessons learned so that we will have the chance of sharing our meaningful and well-thought program of psychedelic emergency services with other professionals.

KosmiCare can be found online at www.myspace.com/kosmicare.

A fantastic amount of creativity is expressed by participants at the Boom Festival.

Energy Control: Harm Reduction with Drug Analysis at Boom Festival

Mireia Ventura Vilamala,
Pharmacist Ph.D.
"Energy Control" Volunteer since 2001
Responsible for the substance analysis service since 2007
info@energycontrol.org

ENERGY CONTROL was born in Barcelona in 1997 as a pioneer project in the field of risk reduction among drug users in Spain. Since then, this group has earned the appreciation and respect from European, national, regional and local administrations, as well as the support and collaboration from the entertainment sector related to the nightlife scene. Our Organization is proud to be successfully achieving most of our goals with our target population.

Energy Control consists of 120 volunteers who work within a preventive action model, offering objective, real and useful knowledge about drugs, in a friendly frame and between peers in order to improve the effectiveness of that information.

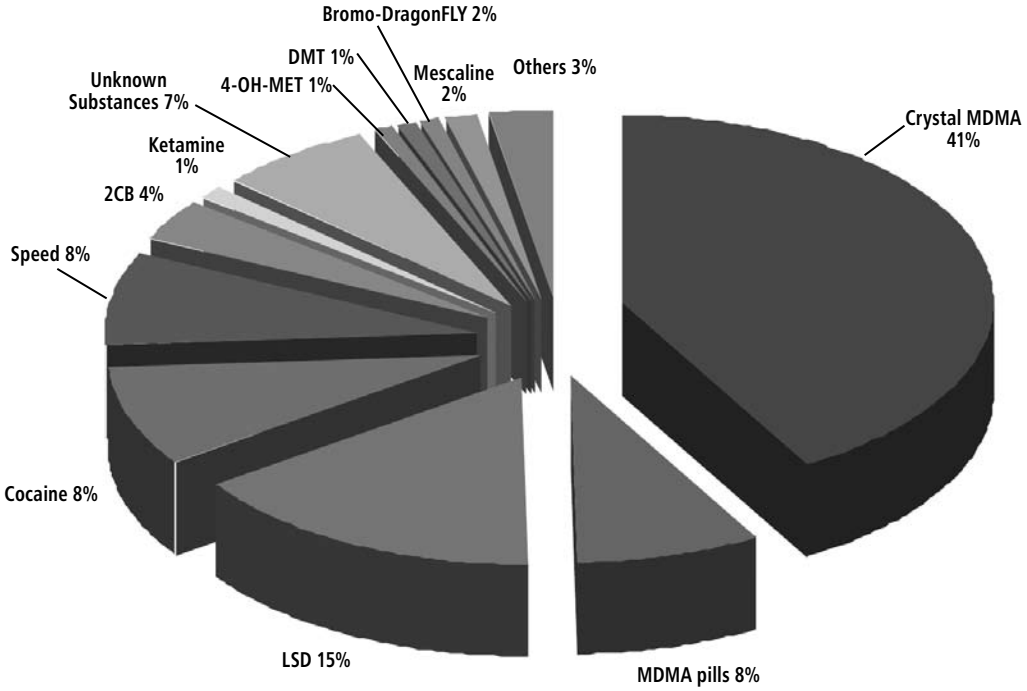
One of the main services provided by Energy Control to the drug user community is the Substance Analysis Service, available to the whole country by postal mail, and also performed on demand at festivals and free parties, as a means to support risk reduction behaviors, oriented to control the possibility of drug adulteration and drug overdoses in the use of drugs such as ecstasy, cocaine, speed or ketamine.

Our efforts to perform substance analysis for the safety of drug-users are non-regualted by the Spanish government. In 11 years we've never had any problems with the analysis we perform on demand at parties and festivals, nor with those performed in our head office in Barcelona. Portugal seems to be similarly passive about our efforts and did not interfere with us at the Boom Festival celebrated there. At Boom we decided to implement a more complex analysis service than the usual one we offered in that context–mainly the colorimetric tests made with Marquis Reagent and similar ones. We've been working for the last three years with a Thin Layer Chromatography (TLC) system to perform more specific analysis. TLC is a technique used to separate pure components of a sample allowing us to detect and identify any adulterant present in it. This kind of analysis increases our interaction with the users, as we're able to give them accurate and detailed information about the substance that he or she is planning to use, including any adulterants.

From August 11th through August 16th, our team analyzed 303 samples with TLC at the Boom Festival. The spectrum of substances analyzed was large. The pie chart *(figure 1)* shows the variety of substances that we analyzed:

Half of the samples were MDMA, and most of those were bought as "crystal" and the rest were tablets. (The use of the term crystal here is applied to the pure salt form of MDMA, like the way cocaine HCl is sold. This is contrary to the American term "crystal," which chiefly refers to methamphetamine.) The second substance most analyzed was LSD. This was unusual for us, as LSD is sparsely analyzed by us at other festivals. The remarkable variety of other psychedelic substances has been surprising. It's important to make clear that the great majority of these other psychedelic substances were those that users thought to buy and that they were adulterant-free.

Figure 1: **Types of substances in the analysis system**

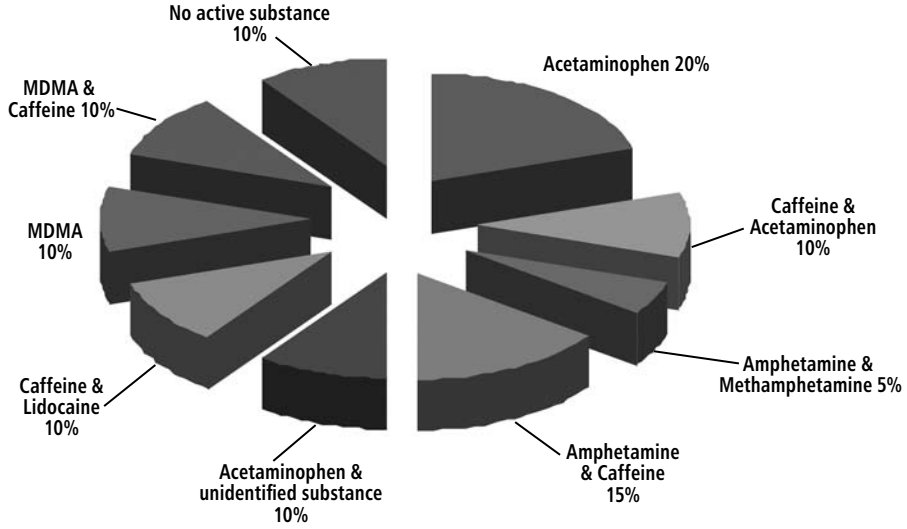


Substances named as "others" (3%), appeared one single time in the analysis performed. They were: AMT, Changa, 4-ACO-DMT, DOC, DPT, methylone and opium.

Seven percent (7%) of the substances received were unknown by the person who brought the substance to our facility. The main reason for this was that most of these drugs had been found on the floor. The next pie chart *(figure 2)* shows the results obtained with TLC of these unknown substances:

A critical aspect of our on demand analysis service is offering the users the possibility to identify in a very short time the composition of the substances they are going to have and the chance to dismiss those with unknown or dangerous content. In the cases we weren't able to identify the composition of a sample in that time, we offered the possibility to users to provide us with an additional sample to test in a laboratory where more complete analyses are performed. In these cases, the result is communicated to the users by e-mail.

Figure 2: **Unknown substances**



With TLC technique we were able to identify the majority of adulterants present in the samples we received. The kind of adulterants and their frequency in the samples analyzed with TLC varied depending on the alleged substance that was brought for analysis (MDMA, cocaine, speed, etc.).

In the case of MDMA, the most common adulterant was caffeine. Even though the "crystal" presentation of MDMA facilitates its adulteration, our analysis found that this adulteration was more often detected in pills and tablets. This fact sets the same trend that we've been observing in Spain in the last years.

The most frequent adulterant found in pills was m-CPP, a legal substance with applications limited to the fields of neurological and psychiatric research. Although it has been occasionally used in human beings, the risks of its recreational use, including high or repeated doses and/or in combination with other drugs (including alcohol), are still unknown. We also found some 2C-B pills sold as MDMA.

It's very important to identify substances like m-CPP or 2C-B sold as MDMA, since their effects are very different from those expected for MDMA use. In Spain, several medical urgencies related with this form of adulteration have occurred recently. In some of these emergencies, users thought that the content of MDMA was scarce and for this reason they overdosed themselves.

The LSD we analyzed was free of adulteration. We analyzed LSD in forms of blotter, liquid, and microdots. We also found that LSD that came as red small stars was being sold as mescaline. Only in one case did a sample received as mescaline actually contain real mescaline powder.

Cocaine was one of the substances that suffered the greatest adulteration. Only 12% of the cocaine samples we received were cocaine without adulterants. The most common adulterant was caffeine, becoming the only stimulating substance in 40% of the alleged samples of cocaine that we analyzed.

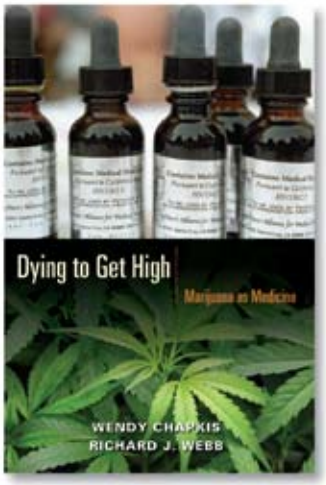
Speed (amphetamine and methamphetamine) was the most adulterated substance among all that we analyzed with TLC technique. This result mirrors the same tendency that we have been observing in Spain for the last several years, where less than 10% of the speed analyzed in our service is adulterant-free.

Finally, we at Energy Control are definitely glad to have performed our services within the Boom Festival this year. We are intrigued by the high variety of substances analyzed in comparison to other festivals where we also offer the TLC analysis service. It's obvious that Boom's atmosphere encourages lots of people to experiment with psychedelics like LSD, or with many other new substances. It is absolutely necessary to offer an efficient drug testing service that can determine which substances are consumed. Being able to do almost instant analysis is important for real risk reduction within the festival.

C/ Bailén 232 bis 1•B_08037 Barcelona (SPAIN)_T/ +34902 253 600
www.energycontrol.org

Dying to Get High: Marijuana as Medicine

Review by David Jay Brown, M.A.



Dying to Get High:
Marijuana as Medicine
By Wendy Chapkis & Richard J. Webb
New York University Press, 2008.
Softbound, photographs,
257 pages, $22.

"Dying to Get High" unfolds like a gripping detective novel, and it's difficult to put the book down, as it holds such strong potential to both anger and inspire.

NOTED University of Southern Maine sociologist Wendy Chapkis, Ph.D., and Richard J. Webb, a lecturer in Communications Studies at San Jose University, have written an extraordinarily well-researched volume about the sociological history of America's most highly praised and politically successful medical marijuana organization–the Wo/Men's Alliance for Medical Marijuana (WAMM) in Santa Cruz, California. WAMM is a collective of seriously ill patients and their caregivers who work together to grow their own physician-recommended cannabis, and make their own cannabis products, in full cooperation with the local and state governments, and with strong support from their local community. It's the only organization of it's kind in the world.

The authors of Dying to Get High meticulously trace and carefully explain the often perplexing history of America's pharmaceutical industry, federal marijuana prohibition, the suppression of medical marijuana research, and the unique social and cultural developments in the city Santa Cruz that allowed for this groundbreaking collective to form, to gain such strong community support, and to flourish–despite brutal attempts by the Federal Government to crush it. *Dying to Get High* unfolds like a gripping detective novel, and it's difficult to put the book down, as it holds such strong potential to both anger and inspire. It's especially hard to read about WAMM's cruel encounter with the Federal Government, and not be extremely outraged at how the DEA treated frail, weak, and crippled WAMM members like violent criminals, terrorizing seriously ill patients who were simply trying to take care of themselves and alleviate their own suffering. At the same time, I don't think that anyone can read about how the patients bravely fought back, and not be deeply touched and inspired.

Compelling interviews with WAMM members (patients and caregivers), WAMM cofounders Valerie and Mike Corral, Santa Cruz public officials, law enforcement officers, physicians, public policy reformers, and other experts, are woven into the narrative. MAPS president Rick Doblin, Ph.D. is quoted a number of times in the book about medical marijuana research, and NIDA's federal blockade of Professor Lyle Craker's marijuana cultivation project is summarized. Profusely illustrated with beautiful, emotionally-charged photographs of the medical marijuana patients and the WAMM garden, this thoughtfully-designed volume will warm your heart, bring tears to your eyes, and hopefully, motivate you into political action. Reading about the patients' courageous struggles is truly inspiring, and slowly advancing political gains give us great reason for hope, but–to this day–medical marijuana remains illegal on a federal level and WAMM continues to struggle for its survival.

Profusely illustrated with beautiful, emotionally-charged photographs of the medical marijuana patients and the WAMM garden, this thoughtfully-designed volume will warm your heart, bring tears to your eyes, and hopefully, motivate you into political action.

This is an extremely important and unusually valuable book from a sociological and medical perspective. Although the material in the book is presented in an objective manner, Chapkis and Webb are not exactly without their bias. It's pretty clear that the authors think that sick and physically challenged people should have the right to choose and grow their own medicine–and it's pretty difficult to argue with their well-reasoned, thoroughly researched presentation. I highly recommend this book to anyone interested in the medical potential of cannabis, the conflict between pharmaceutical drugs and herbal supplements, drug war politics, grassroots political activism, and alternative healthcare.

(To find out more about WAMM, or purchase this book see: www.wamm.org. Donations can be sent to: WAMM, 309 Cedar Street, #34, Santa Crux, CA 95060.)

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, Director of Operations and Clinical Research Associate, coordinates projects at MAPS' Love Creek office and facilitates psychedelic research around the globe. Formally educated at New College of Florida and the California Insitute of Integral Sudies.

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

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

Randolph Henken, M.A., B.S. Communication and Marketing Director, earned his Master of Arts in Communication, and his Bachelors of Science in Business Administration from San Diego State University, where he focused all of his graduate studies on drug policy issues. He was the founder and president of the university's chapter of Students for Sensible Drug Policy, and he interned for the Drug Policy Alliance in San Diego. Formerly he was the program coordinator at the Ibogaine Association in Mexico.

Jalene Otto, Membership and Sales Coordinator, studied philosophy and sociology at Cabrillo College and the University of California, Santa Cruz. She is a story weaver and a mother.

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.

"Most of the things worth doing in the world had been declared impossible before they were done."
– Louis D. Brandeis

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 *MAPS 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.

309 Cedar Street, #2323,
Santa Cruz, CA 95060
Phone: 831-336-4325
Fax: 831-336-3665
E-mail: askmaps@maps.org
Web: www.maps.org

MAPS (Multidisciplinary Association
for Psychedelic Studies, Inc.)
309 Cedar Street, #2323
Santa Cruz, CA 95060
Phone: 831-336-4325
Fax: 831-336-3665
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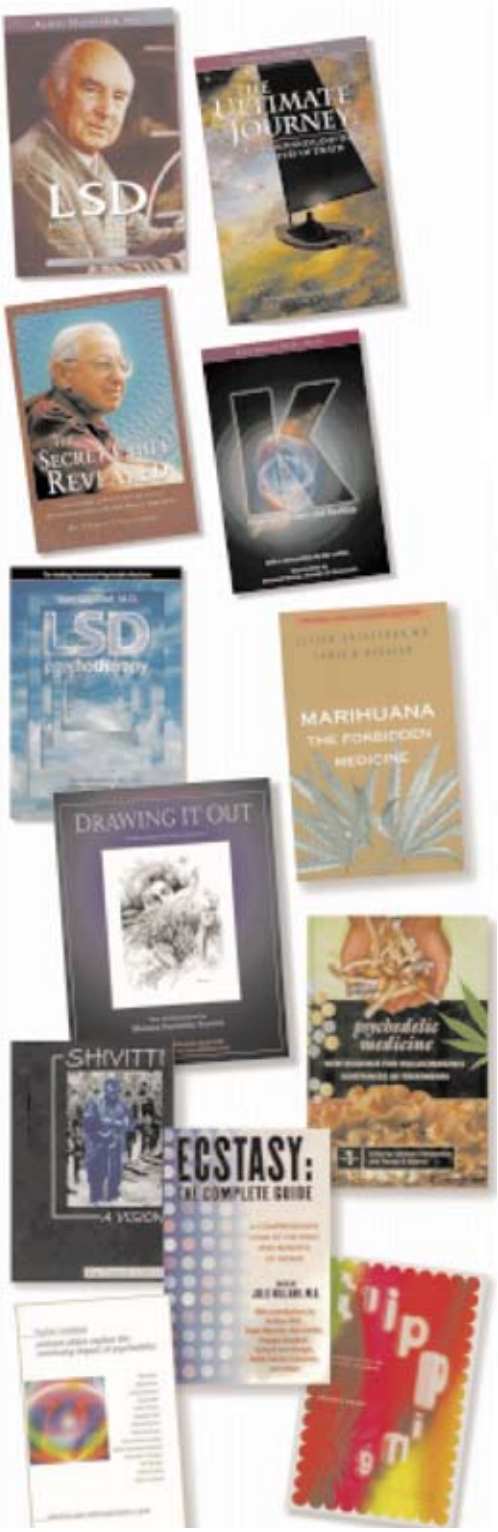

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Support MAPS Research and Educational Efforts by Commemorating Albert Hofmann, the Father of LSD.

Be one of the few people to own one of these limited edition portraits or books which will never again be reproduced.

Only 15 out of 50 **Robert Venosa portraits of Albert Hofmann** remain available! **Both Hofmann and Venosa signed each print**. These portraits are printed on archival, acid-free Somerset Velvet paper. The prints measure 27x33", with an image of 23x28". A Certificate of Authenticity, signed by the artist, accompanies each print.
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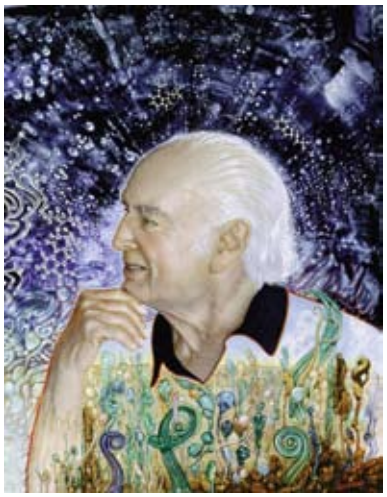
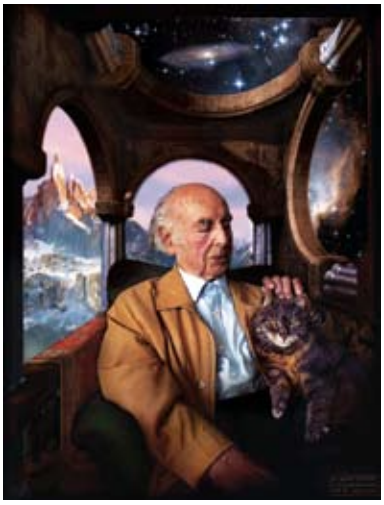

Venosa

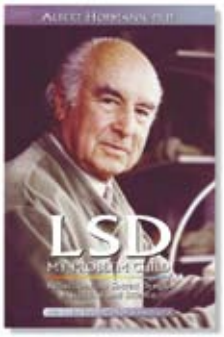
Only 14 of 25 Dean Chamberlain light portraits of Albert Hofmann remain!
These remaining items from the collection of Dean Chamberlain's "Psychedelic Pioneers" series are printed on heavyweight fine-art archival paper. The image size is 22x28", on 30x36" paper. This portrait was made in 1997 at Albert's home in Switzerland and **signed by both Hofmann and Chamberlain**. Dean's light painting technique involves working with his camera and subject in a completely dark space. This portrait was created entirely in the camera, with no computer manipulation. Dean used a several hour exposure and moved through the composition space with a flash-light and colored gels. He illuminated each individual element–not so much photographing a moment–but painting with light through time and space.
Prints are priced from $5,000 to $7,000, based on print number.


Chamberlain

24 Portraits of Albert Hofmann by Brummbaer remain.
The image size is 18x24", they are printed with archival pigment ink either on acid free -100% cotton, 310gm watercolor-paper, or on demand, canvas with a water and UV resistant barrier coating.
Print prices range from $500 to $1,500 each.


Brummbaer

100 Limited Edition Hardbound copies of Albert Hofmann's autobiography **"LSD: My Problem Child."** This second edition published by MAPS includes 16 pages of color images and a new introduction by Stanislav Grof, M.D., **signed by both Hofmann and Grof**. Copies 5–86 have all sold. Some of the copies numbered 87 through 100 remain: these are priced at $1,000 each.
All profits from the sale of this signed edition are restricted to MAPS-sponsored LSD and psilocybin research.



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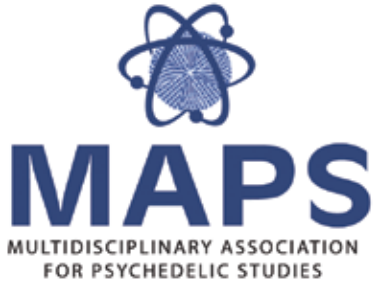
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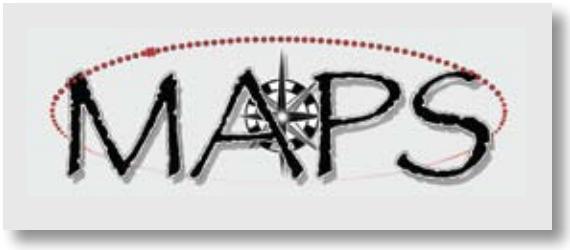
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