

Summer 2005

- 2 Letter from Rick Doblin, MAPS President**
-
- 3 MAPS' Proposed Israeli MDMA/PTSD Pilot Study**
by Rick Doblin, Ph.D.
-
- 4 The 2005 MAPS Conference in Israel**
by Brandy Doyle
-
- 7 Ecstasy: Not What You Thought**
by Adi Alia
-
- 12 Psychedelic Therapy in the Holy Land:
MAPS Israel Conference, 2005**
by René A. Ruiz and Susan M. Mosher
-
- 13 Israeli Drug Policy and Harm Reduction**
by Dan Goldenblatt
-
- 15 Personal Account of MDMA Easing Posttraumatic Stress
Disorder (PTSD) Symptoms**
by D.
-
- 16 MDMA and Warfare: Rumor Control, Ethical Concerns,
and Hopes for the Future**
by Brandy Doyle
-
- 20 Jews & Drugs: A Book in Progress**
by Daniel Sieradski
-
- 20 Letters to the Editor**
-
- 21 Ibogaine—Rite of Passage**
by Ben De Loenen
-
- 22 New Directions**
Goodbye from MAPS Staffer Brandy Doyle
by Brandy Doyle
-
- 23 Membership/Staff Pages**

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

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for Psychedelic Studies, Inc. (MAPS)
2105 Robinson Avenue
Sarasota, FL 34232
Phone: **941-924-6277** or
888-868-MAPS (868-6277)
Fax: 941-924-6265
E-mail: askmaps@maps.org
Web: www.maps.org

Front cover photo, of the view from the Temple Mount in Jerusalem, is by John Halpern.

From inside front cover:

Back row from left: Jordi Riba, Rod Mann, Victoria Mylecraine, Michael Mithoefer, June May Ruse, Rick Doblin, Binny Jolly, Ami Schinitsky, Nuria Rodo, Jose Carlos Bouso

Front row from left: Susan Mosher, Brandy Doyle, Torsten Passie, Réne Ruiz, Valerie Mojeiko, Gilla Treibich, Jerry Dincin

Dead Sea Resorts and goat photos on inside front cover by Brandy Doyle. Dead Sea photo by John Halpern. Market photo by Valerie Mojeiko.

About the back cover

"EIN ODE MILVADO!"—This quote from the Torah can be translated as "THERE IS NOTHING BUT GOD!" The spiritual experience of realizing the Divine Presence within every moment are reflected in the holy words of this Kabbalistic meditation. Kabbalistic meditations and contemporary painting are combined in the works of artist Avraham Loewenthal, who lives in Tzfat, Israel. Avraham met with members of the MAPS group during their Israel trip for a discussion of Kabbalistic principles of expanded consciousness through unconditional love. To see more Kabbalistic paintings on-line, visit the Tfat Gallery of Mystical Art at: www.kabbalahart.com.



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Letter from Rick Doblin, MAPS President

This issue of the MAPS Bulletin, centering on our March 24, 2005, scientific conference in Israel, is our effort to share our experiences and our reflections with the people who've made this conference and project possible—MAPS' membership.

One of MAPS' most idealistic projects is our effort to sponsor MDMA-assisted psychotherapy research in Israel, in the midst of war, terrorism and the shadow of the Holocaust. Perhaps the fear surrounding illicit drugs there is lessened by the more profound forms of suffering already happening. In any case, Israelis welcomed MAPS with open arms, and we were heartened by the possibilities opening before us there.

Studies in Israel treating people with posttraumatic stress disorder (PTSD) are an integral part of our mission to develop MDMA into an FDA- and European Medicines Agency-approved prescription medicine, in that data from Israel can be submitted to both regulatory agencies.

MDMA is a popular drug among Israelis, especially youth, and we hope this research may also shed light on why there is so much MDMA consumed in Israel in non-medical settings. The article on page 15 suggests this goes beyond mere hedonism and can catalyze significant healing and stress reduction.

This study is also part of an effort, in some not-too-distant future, to sponsor research where Israeli and Palestinian therapists can work together to help people from all sides of the current conflict. We're trying to channel the healing potential of MDMA into studies that not only treat individuals suffering from the debilitating trauma of violent conflict but also, in a form of preventative medicine, address larger social patterns of fear, hatred, and division. Idealistic plans, certainly. Achievable, perhaps.

In our increasingly interconnected world, MAPS is going enthusiastically global. Building on last year's breakthrough of finally being able to start MDMA-assisted psychotherapy research in the US after twenty years of struggle, we're working now to start a series of pilot studies in Israel, Spain, Switzerland and Germany. These studies will lay the groundwork for obtaining approval for the prescription use of MDMA and other psychedelics in the US and Europe, and can also insulate our overall drug development program from the possibility of backlash in any one country.

The fragility of the renewal of psychedelic psychotherapy research was made clear to me in the course of responding to a request from Albert Hofmann, who asked MAPS to explore translating his book, *LSD: My Problem Child*, into both Russian and Chinese. (We will also be publishing a new English edition.) In the course of unexpectedly finding an existing Russian translation and initiating a Chinese one, I've learned that in both Russia and China, there are vague laws against the promotion of illegal drugs. MAPS couldn't exist in these countries and the laws are sufficiently intimidating that a Russian publisher told us that he's fearful of legal consequences were he to print a Russian edition of *LSD: My Problem Child*. Printing a Chinese edition is also problematic. As a result, we'll rely on posting the Russian and Chinese translations on the MAPS and Erowid websites, protected by the relative freedom of the Internet.

Here in America, there are no such laws. However, when MAPS tried to purchase a small ad on Google when people use the search terms "MDMA" or "Ecstasy," our ad was initially rejected. Turns out Google has a vague policy against accepting ads from sites promoting illegal drug use, similar to laws in Russia and China! Google, to its credit, eventually reversed its decision and let MAPS advertise.

Here in America, Prof. Lyle Craker, Director, Medicinal Plant Program, UMass Amherst, begins his MAPS-coordinated lawsuit against the DEA on August 22, 2005. His lawsuit challenges DEA's rejection of his license to grow marijuana, with a grant from MAPS, exclusively for federally-approved research. Meanwhile, Chemic Labs has now been waiting over two years for NIDA to respond to its application to purchase ten grams (!) of marijuana for MAPS and CaNORML-sponsored vaporizer research. The Drug Czar and the DEA try to justify suppressing science because of the fear that certain studies would "send the wrong message" to kids who apparently aren't deserving of a truthful message (an approach that lawmakers in Russia and China would support).

Enjoy this issue, about our hope and vision for an MDMA psychotherapy research program in Israel. With the ongoing support of its members, MAPS can cross many a threshold, both in the US and around the world.

Psychedelically yours,

-Rick Doblin, Ph.D., MAPS President

MAPS' Proposed Israeli MDMA/PTSD Pilot Study

MAPS' effort to sponsor research in Israel into the use of MDMA-assisted psychotherapy in subjects with war and terrorism-related posttraumatic stress disorder (PTSD) began in 1998, when I first met with Israel psychiatrist Dr. Moshe Kotler. At that time, MDMA/PTSD research had not yet begun in the United States (that would take six more years) nor had the MAPS-sponsored MDMA/PTSD dose-response study in Spain been approved (that would take about two more years). Three MAPS-sponsored scientific conferences in Israel later (September 1999, *MAPS Bulletin* online archives Volume 9, Number 3; November 2002, archives Volume 13, Number 1; and March 2005, see page 4), and after FDA had approved two MAPS-sponsored MDMA-assisted psychotherapy studies (Dr. Mithoefer's MDMA/PTSD study, approved in February 2004, and Dr. Halpern's MDMA/cancer anxiety study, approved in December 2004), the Israeli research team felt that the time had arrived to submit the protocol for review.

On May 3, 2005, MAPS donated \$5,000 to the Medical Research Fund at Beer Yaakov Mental Health Center, to cover costs and professional time associated with the review of the protocol by the local and national ethics committees. An additional \$5,000 will be donated after the protocol has been approved by both the ethics committees, to cover costs associated with the review of the protocol by the Ministry of Health. Once the study becomes fully approved, we have budgeted \$75,000, from funds we still need to raise.

On June 6, 2005, the ethics committee at Beer Yaakov Mental Health Center, where the study will take place, approved the protocol. They subsequently passed the protocol on to the national ethics committee for its review. We expect to hear from them around the end of the summer. If approved, the protocol will then be submitted to the Ministry of Health. We're hoping we will have all the approvals required to begin the study before the end of this year.

The Israeli protocol differs from Dr. Mithoefer's US MDMA/PTSD study in several respects. This study focuses specifically on people who have developed PTSD as a result of war or terrorism, while Dr. Mithoefer's study includes victims of rape and sexual assault as well. Instead of an inactive placebo, we're proposing the use of low-dose MDMA as an active placebo that should be more effective at creating uncertainty as to which dose was received. We're also proposing that subjects receive a supplement-

Rick Doblin, Ph.D.



tal dose of half the initial dose, to be administered about 2 1/2 hours after the initial dose. This will extend the period of the peak therapeutic effects into a plateau lasting for several more hours, enabling the subjects and therapists to do additional emotional work. We're going to keep the model of a male/female co-therapist team and use the same primary outcome measure, the Clinician Administered PTSD Scale (CAPS).

MAPS' long-term goals are to obtain permission from the FDA as well as the European Medicines Agency for the use of MDMA-assisted psychotherapy by prescription, in specially-licensed clinics by specially trained and licensed therapists. Our strategy to achieve this goal is to conduct pilot studies and one of the two required large-scale Phase III studies in the US, while also having pilot studies and the other of the two required large-scale Phase III studies conducted in Europe. We hope to develop studies in Israel, Spain, Switzerland and elsewhere, perhaps even Palestine. Around 300 subjects would be enrolled in the US studies and a similar number in those around the world.

Though it may seem surprising, much credit for the progress that we have made so far in the review process is due to the Israeli Anti-Drug Authority. We arranged a meeting at their office the day

before our scientific conference to discuss in detail the purpose of the initial pilot study and our longer-term plans. In particular, the chief scientist of the Authority, Dr. Rachel Bar-Hamburger, attended the conference and spoke to the media expressing support for the study. See page 11 for some of her comments.

We look forward to continuing to work closely with all the Israeli regulators to shepherd this study through the approval process. We're eager to reach the point where we are able to actually gather data about whether MDMA-assisted psychotherapy can indeed play a role in reducing the terrible amount of trauma suffered by many people in Israel and Palestine.

We're trying to channel the healing potential of MDMA into studies that not only treat individuals suffering from the debilitating trauma of violent conflict but also, in a form of preventative medicine, address larger social patterns of fear, hatred, and division.

The 2005 MAPS Conference in Israel

Brandy Doyle
brandy@maps.org

The March 24, 2005 Israeli MAPS conference may have been the most “mainstream” psychedelic research conference in decades. Held under the auspices of the Israeli Ministry of Health and the Israeli Society of Addiction Medicine, the one-day event also brought representatives from the Israeli Anti-Drug Authority (equivalent to the Office of National Drug Control Policy), and even Israeli legislator Roman Bronfman’s office to learn about psychedelic research projects around the world.

MAPS organized the conference to educate Israeli researchers and regulators about the proposed MAPS-sponsored Israeli MDMA/PTSD pilot study (see page 3). The study would be under the direction of Dr. Moshe Kotler, Chair, Department of Psychiatry, Tel Aviv University, Sackler School of Medicine. The speakers included most of the few researchers in the world who have permission to give psychedelics to humans.

Here is a summary of the speakers’ presentations, in the order they were given. You can also watch videos of the talks at <http://www.maps.org/avarchive/>. In addition to the “usual gang” of MAPS-sponsored researchers, like Dr. Michael Mithoefer and Dr. John Halpern, we had the opportunity to hear from researchers in Israel, Spain, and Germany. All have exciting projects in the field of psychedelic or marijuana research.

Rick Doblin, Ph.D.

Opening the event, MAPS President Rick Doblin discussed MAPS’ seven-year effort to start MDMA/PTSD research in Israel. After meeting Dr. Moshe Kotler in 1998, MAPS organized two scientific conferences to pave the way for an Israeli study. In 1999, MAPS brought to Israel at least one person from every scientific team in the world that had permission to administer MDMA to human subjects. The second conference, in 2002, brought all the researchers who had conducted MDMA/PTSD research, as well as other scientists and researchers. Now that the U.S. MDMA/PTSD pilot study has generated promising results and the FDA has approved an MDMA/cancer anxiety study at Harvard, Doblin said he hoped that this third conference would be sufficient to start the formal protocol design and review process for an Israeli pilot study.

Michael Mithoefer, M.D.

The principal investigator of the MAPS-sponsored MDMA/PTSD study in South Carolina, Dr. Mithoefer discussed the preliminary results from the first five subjects who have completed the entire study, as well as two others who have completed everything but the final follow-ups. While no conclusions can be drawn from such a small sample, the data is extremely promising. There have been



Rick Doblin, June May Ruse, John Halpern, and Michael Mithoefer listen attentively during a meeting with the officials at the Israeli Anti-Drug Authority. Photo by Jose Carlos Bouso.

no adverse physiological responses or measurable neuro-cognitive problems. Five of these seven participants were given MDMA and two were given placebo; all five subjects who received MDMA and one who received placebo improved on scales that measure PTSD symptoms.

The fact that these subjects improved, particularly since all were resistant to conventional therapy and medications, is very promising. The fact that one placebo subject improved shows that the team’s approach can be beneficial, with or without the drug. If the rest of the data is similar to that already gathered, the pilot study will be a strong testament that MDMA can be used safely in this patient population and to the likelihood that MDMA-assisted psychotherapy is therapeutic.

Raphael Mechoulam, Ph.D.

Dr. Mechoulam is the Israeli scientist who identified THC as the psychoactive compound in marijuana, and decades later he discovered the brain’s endocannabinoid system and the endogenous neurotransmitter anandamide. He is one of the most respected Israeli neuroscientists and has been a senior advisor to the Israeli government on marijuana policy and the ethics of research with human subjects. He discussed his experiments demonstrating the neuroprotective effects of the endocannabinoid system in mice that have had traumatic injuries to the brain. He believes the neuroprotective effects of marijuana may eventually have applications for other neurological and psychiatric conditions, including Alzheimer’s and Parkinson’s disease.

Another fascinating discovery, one with implications for PTSD, is that the cannabinoid system is integrally related to memory, specifically to memory extinction. Memory extinction is the normal, healthy process of removing associations from stimuli. Dr. Mechoulam explained that an animal which has been administered an electric shock

after a certain noise will eventually forget about the shock after the noise appears alone for a few days. Mice without cannabinoid systems simply never forget—they continue to cringe at the noise indefinitely.

This has implications for patients with PTSD, who respond to stimuli that remind them of their initial trauma even when it is no longer appropriate. By aiding in memory extinction, marijuana could help patients reduce their association between stimuli (perhaps loud noises or stress) and the traumatic situations in their past. Working with Army psychiatrists, Dr. Mechoulam has obtained the necessary approvals for a study on PTSD in Israeli veterans, and hopes to begin the study soon.

This theoretical model is in some senses the opposite of the one underpinning MDMA research, as people report remembering their trauma more clearly with MDMA. By processing painful emotions that were too difficult without the MDMA, people can move past the trauma. This is not through forgetting, but through accepting and realizing that the present moment carries with it the scars of the past but that the past trauma does not necessarily have to be repeated in the present.

Dr. Mechoulam also obtained permission from the Israeli Ministry of Health for some hospitals to administer marijuana to patients under limited circumstances. The patient's doctor must submit a request to a hospital committee, and usually within 24 hours the patient can receive the medication. Marijuana has so far been used for cancer-related nausea, eating disorders, Tourette's syndrome, and depression.

Jose Carlos Bouso, Ph.D. candidate

Jose Carlos Bouso is a Ph.D. candidate at the Autonomous University of Madrid, and the principal investigator for the MAPS-sponsored MDMA/PTSD dose-response study in Spain, which was the first legal MDMA psychotherapy study in the world. The Madrid Anti-Drug Authority, after favorable media reports about the initial subjects treated in the study, pressured the hospital hosting the study to shut it down. MAPS is working with Bouso to submit a new protocol with several changes to the Ministry of Health.

The new study will be at a private hospital, making it easier to resist political pressure than at the public hospital at which the initial study took place. It will also use higher doses of MDMA, since appropriate dosing (one of the questions in the earlier dose-response study) has been determined by other projects.

June May Ruse, Psy.D.

Dr. Ruse is the director of MAPS' MDMA/PTSD treatment manual project. The treatment manual serves not only as a teaching guide for therapists, but also as a way to formalize and standardize the treatment method for the FDA, the National Institute of Mental Health (NIMH), and the scientific community. This is a necessary step to obtain

federal funding for future MDMA-assisted therapy studies and particularly if MDMA is to become a prescription medicine.

The manual (available at <http://www.maps.org/research/mdma>, look under "Clinical Research") covers all stages of treatment, including initial assessment, establishing a therapeutic relationship, creating a safe space, preparation, facilitating the MDMA-assisted sessions, and following-up to help the subject integrate insights from the process.

MAPS submitted a grant application on June 1, 2005 to NIMH seeking \$50,000 a year for two years for the development of our treatment manual, and for the creation of a standardized system to evaluate compliance of therapists to the principles set out in the manual. NIMH was a major funder of psychedelic psychotherapy research in the 1960s but hasn't funded any such research for over 35 years.

Valerie Mojeiko

MAPS staffer and Clinical Research Associate Valerie Mojeiko discussed her proposed outcome study of the use of ibogaine in treating substance abusers. She described different ibogaine treatment options and explained the necessity of an evaluation component of ibogaine treatment programs. After explaining the measures used to evaluate patients' recovery, she reported on promising preliminary data gathered from patients of the Iboga Therapy House in Vancouver.

The Addiction Severity Index will be the primary outcome variable in the study. While many outcome studies on substance abuse report only whether patients have maintained abstinence or not, the proposed MAPS-sponsored study would measure relapsed patients' quality of life and substance use patterns, avoiding the "zero tolerance" approach and examining whether the treatment was helpful even if patients have returned to use. In some cases, patients may have moved to less destructive patterns or improved other aspects of their lives. The study will also employ the Peak Experience Profile, to show whether a more intense psychedelic experience (whether pleasant or unpleasant) is more beneficial or not.

Udi Bastiaans, M.D.

Dr. Bastiaans is a clinical researcher who recently moved to Israel from the Netherlands. His thesis for medical school, "Life after Ibogaine," is the first longitudinal study of ibogaine treatment's effects. He also used a variation on the Addiction Severity Index, examining both drug use patterns and other factors of healthy living in the 21 patients he surveyed. The study found that 24% of the participants were drug free at the time they filled in the questionnaire, with an average abstinence period of over three years. Another 43% of the participants were not using their primary and secondary drugs (which they were treated for), but were using other substances (often marijuana or alcohol). The remaining 33% of the sample

were using either primary or secondary drugs. All participants reported using less of their substances of abuse than before the study.

Although the study's conclusions are based on a relatively small number of subjects who completed a self-reported Internet questionnaire, the project serves to support the need for more controlled studies into ibogaine's potential for treating drug dependence.

Dr. Bastiaans' grandfather, Dr. Jan Bastiaans, was the first physician to work with ibogaine for drug dependence. He was also the therapist who pioneered the use of LSD in the psychotherapeutic treatment of concentration camp survivors. He worked with Ka-Tzetnik, the Holocaust survivor who describes his LSD psychotherapy in the autobiographical *Shivitti*. (*Shivitti* may be ordered from MAPS: see page 23 for more information.)

John Halpern, M.D.

The Assistant Director of Substance Abuse Research at Harvard Medical School's McLean Hospital, Dr. Halpern spoke about two research projects with MDMA. The first is his study on the neurocognitive profile of moderate and heavy MDMA users. Unlike previous studies, this one compares a population of non-drug using young people who attend raves with a population of MDMA users who also attend raves, and who do not use other drugs or alcohol. Participants must have taken MDMA 20 or more times.

MAPS provided the initial \$15,000 for this study, and based on the pilot data on over 40 subjects, the National Institute on Drug Abuse (NIDA) provided a five-year \$1.8 million grant for its completion. The study will eventually include 200 participants, a much larger group than has been used in most studies of MDMA users.

The data from the pilot study indicates no differences between the control group and the moderate user group (20-55 exposures to MDMA), and only slight differences in the heaviest users (60 or more exposures). These differences are not in verbal memory deficits, as some studies have shown, but in strategic thinking. These users' scores, however, remain in the normal range. It remains to be seen whether this difference will be significant in the larger study.

Dr. Halpern is also the principal investigator for the proposed MAPS-sponsored research on MDMA for anxiety in patients with advanced-stage cancer. The research is already approved by the FDA and two institutional review boards (IRB), and awaits DEA registration.

Jordi Riba, Ph.D.

A pharmacologist at the Autonomous University of Barcelona, Dr. Riba studied ayahuasca users for his Ph.D. dissertation. While not directly related to therapy, Dr. Riba's research paves the way for studies on beneficial uses of ayahuasca by providing information about its safety and mode of action. He discussed the chemical composition of ayahuasca, noting that three basic alkaloids are present—harmine, harmaline, and DMT. His first study was a single-blind pilot study of six males, given placebo then three doses in increasing size, leading to 1 mg/kg. After this pilot study, a second study included eighteen participants in a double-blind, placebo controlled, randomized design.

Dr. Riba's team is studying a number of different factors, including cardiovascular effects, cerebral blood flow, hormone levels, and immune system effects. Future studies will include a repeat dose to test tolerance.

Interestingly, only one volunteer in the study experienced vomiting as a side effect. The study employed encapsulated, freeze-dried preparations of the ayahuasca brew, indicating that the common side effect may be closely related to the taste and smell of the tea.

Torsten Passie, M.D.

Dr. Passie is a German researcher who studies psilocybin, ketamine, and other psychoactive substances. He first talked about a current study on psilocybin intended to measure subjective effects of psilocybin, and visual effects in particular. It is a double-blind study in which participants spend their experience lying on a couch with little outside intervention.

Dr. Passie also discussed his plans for an upcoming study using MDE (methylenedioxyethylamphetamine, a substance similar to MDMA) and/or MDMA as an adjunct to couples therapy. Dr. Passie noted that the World Health Organization considers troubled relationships to be a significant health problem, and studies have found that a satisfying relationship is the strongest marker for a high quality of life. The study is still in the design phase and MAPS has pledged \$25,000 to this project.

Outcomes

The conference was a success. Soon after the event, Dr. Kotler submitted the study protocol to the local ethics committee at Beer Yaakov Mental Health Center, and on June 6, 2005, the hospital's committee approved it, sending it on for review to the national ethics committee. The conference also sparked a favorable article in a prominent Israeli newsmagazine (see page 7). In fact, the article concluded with the endorsement of the study by Dr. Rachel Bar-Hamburger, chief scientist of the Israeli Anti-Drug Authority.

We now hope that the next MAPS conference in Israel will include the presentation of data from an Israeli MDMA/PTSD pilot study.

Ecstasy: Not What You Thought

Adi Alia
(bracha@goleshet.com)

The following article was published in the March 25, 2005 weekly magazine edition of Yediot Ahronot, the largest newspaper in Israel. The translation is by Gilla Treibich. To read the original article in Hebrew, go to www.maps.org/media.

Victims of shell-shock and rape victims use ecstasy pills to cope with trauma, hallucinogenic mushrooms are used in treatment for compulsive behavior, the anesthetic drug ketamine helps heroin addicts, and an ancient South American drug helps cure alcoholics. A conference under the auspices of the Israel Ministry of Health shows that these drugs have never been more popular in medical research.

Amir read in the paper about the new research in the U.S. studying the effectiveness of MDMA, or ecstasy, in treating posttraumatic stress disorder (PTSD). The subject came up in the military clinic in Tel Hashomer, where Amir is treated regularly, but when he asked the doctors what they thought, their advice was to wait for the results of systematic research.

About six months ago, experiencing deep distress, Amir decided to take ecstasy without medical supervision and he has not regretted it since. Since then he has taken the pill several times. "I felt tremendous relief," he says. "I got a gift of a few hours with no distress and anxiety, I was free of inhibitions, I managed to communicate better with others. People don't understand what shell shock is all about. They think that we are all in a state of shock, zombies, but it's not that at all. Today, when I see characters like Rambo in the movies, I know that shell shock can look exactly like this. I too was Rambo—that was my initial reaction to the trauma, but it changed.

"Today I cannot walk across an open area. I get 100 shekel parking fines from the Tel Aviv municipality because I am not capable of walking across a street. I can get stuck for four hours until I muster up courage to walk across a street, so I drive everywhere, and if I can't get there by car I don't get there. Look at how banged up my car is; it's from parking it everywhere.

"And after I took ecstasy I was suddenly calm. I get 12 anxiety attacks a day and they are stronger than a heart attack. I know it, because I have been through a real heart attack once. During an anxiety attack you'll do anything to get rid of it: drink, smoke grass, take pills—anything you can find."

As long as you are in distress,
you function. But when you go
home you have to conduct an
Operation Entebbe every day in
order to feel that you are alive.

AA: "Do you know a lot of shell-shocked people who use drugs in a non-therapeutic framework?"

Amir: "Loads of them, they mostly drink."

We meet on the beach, at a place where other shell-shocked guys often come together. A guy slowly passes by, holding a large beer can well tucked away behind his back, and he waves at us. He looks 70+. Amir, who is 50 and has suffered shell shock since the Lebanon War, says the guy is 53. He too suffers shell shock, but does not agree to be recognized as a disabled person. He drinks non-stop. Alcohol numbs the sensations we can't stand.

Amir was once considered a success story of recovery from shell shock. Although he describes his trauma as a multi-level one—he was a regular soldier in the Yom Kippur War (1973) and a reserve soldier in the Lebanon War (1982)—he succeeded in building a thriving event

production business. "Every production was like Operation Entebbe," he says. "I needed the adrenalin; it was a substitute for the extreme experiences I had in the military."

But the success story was just the outer cover. Deep inside there was a totally different life. "At 18 you are completely immune, you fear nothing. But it seems that the shock is as deep as the suppression. During my regular service we used to go

almost every night into Fattah Land in Southern Lebanon. One time my rifle died on me during shooting and I was left with a broomstick in the midst of an ambush. I found myself all alone in the midst of buildings in enemy territory, after most of my friends were killed or wounded. I couldn't get out for 24 hours."

AA: "What did you feel while this was happening?"

Amir: "Very cool, no problem. As long as you are in distress, you function. But when you go home you have to conduct an Operation Entebbe every day in order to feel that you are alive. You get out with a big "scar in your brain" that can be very productive. Everybody said about me, 'the guy is rehabilitated.' They didn't understand that it was a reaction to trauma."

In '94 a Number 5 bus blew up on Dizengoff Street right in front of Amir's business.

"That finished me off. I could not leave the house for a year and a half. I lost everything I had: my family, a business of 150 workers, a home, loads of money. My wife didn't leave me alone, she couldn't understand why I didn't

go out. For her I was like a broken ATM. At night I had to choose which one of my wounded friends I was going to save and who I was condemning to death. This is something that keeps coming back to me all the time.”

A year ago, Amir started experimenting with the use of ecstasy in an attempt to free himself of the posttraumatic symptoms. “Judging by my feeling when I am under the influence of the substance, they should have put some MDMA in the medication that we are receiving. You need to check for adverse effects, naturally, but I ingest so many poisons in the medication I’m already taking that I don’t know if this is more or less dangerous.”

Amir would be glad to participate in an experiment of MDMA induced therapy. He is also aware of the danger in using ecstasy in a non-therapeutic framework. “I know it can be dangerous for people with high blood pressure, and that is a common thing with people like me who take psychiatric medication.”

Dr. Rachel Bar-Hamburger, the chief scientist of the Anti-Drug Authority, disagrees with the illegal use of the drug. “The fact that a certain person took the drug and it helped him is not sufficient proof,” she says. “I know that people try by themselves or with underground therapists, but I don’t believe that this will bring a breakthrough.”

Without Ecstasy

Therapy induced by substances used as recreational drugs has become quite popular in recent years. “Like a fire in a thorn field,” writes the London *Guardian*, “these experiments spread, as if we were in the midst of the merry sixties.” It’s not only experiments on MDMA that are blossoming. An experiment on obsessive-compulsive disorder at the University in Arizona studies therapy aided by psilocybin, the active chemical in hallucinogenic mushrooms. At the University of California-Los Angeles, psilocybin therapy is used experimentally for terminal cancer patients suffering from death-related anxiety; in Boston a similar experiment using LSD is awaiting FDA authorization [Editor’s note: MDMA, not LSD, is awaiting approval (DEA licensing, it is already FDA approved). An LSD study is also in development, but has not yet been submitted for approval.]. Two Russian groups are testing the possibility of helping drug and alcohol addicts using the veterinarian anesthetic Ketamine, while a small clinic in Peru is trying to help alcoholics using an ancient South American potion extracted from the ayahuasca vine which causes potent hallucinations. Three years ago in Spain, research was interrupted studying the use of MDMA in therapy for rape victims; it is being renewed soon.

In Israel too, there is considerable activity on the subject. Dr. Moshe Kotler of Tel Aviv University has recently been granted authorization to conduct an experiment on 12 heroin addicts using the psychedelic substance Ibogaine, trying to test its effect on addiction. He is now working on a research proposal for using MDMA with shell

shock victims. Dr. Mechoulam, a cannabis researcher from Jerusalem, has already obtained authorization to research the effects of marijuana and hashish on reserve soldiers with shell shock. In addition, this week the Ministry of Health is hosting an international conference dealing with research on the therapeutic effects of MDMA. Israel is one of the countries where research is planned to study the effects of the known club drug on shell shock victims.

One of the conference participants is Dr Michael Mithoefer, who is the first researcher in the U.S. to conduct government-approved MDMA-assisted therapy. To date seven people have completed his experiment program (out of twenty planned), all of whom suffer post-traumatic stress disorder (PTSD) as a result of sexual abuse. Doctors and patients in Israel are among those awaiting the results of his experiment.

“The patients relive the trauma in various ways,” he says. “Flashbacks, recurrent disturbing thoughts, nightmares. In order to avoid the pain, they avoid activities or places that remind them of the trauma and they develop emotional numbing. The numbing can sometimes be an obstacle to traditional therapy. It is still too soon to draw conclusions from the experiment, but so far the results are very promising and we see dramatic improvement in the patients’ condition—they feel emotionally invigorated. All the participants have severe posttraumatic symptoms, and all had treatment with medication which did not improve their conditions. Recently I was granted approval to include in the experiment not only victims of sexual abuse but also those with PTSD from war or terrorism. We are now inviting soldiers who returned from Afghanistan or Iraq to take part in the experiment.”

AA: “How did the experiment participants react to the idea of using MDMA?”

MM: “In the beginning most of them were apprehensive. Some never thought of using this kind of substance, but because nothing else helps they were willing to try.”

AA: “Did any of them use drugs previously?”

MM: “Most of them did not, and those who did used MDMA no more than three times and not recently.”

Dr. Moshe Kotler of Tel Aviv University has recently been granted authorization to conduct an experiment on 12 heroin addicts using the psychedelic substance Ibogaine, trying to test its effect on addiction.

AA: “What happens during this kind of therapy?”

MM: “It consists of a series of meetings and only in two of them does the patient take MDMA, with a two to five week interval in between. It is not a continuous treatment of medication. The patient comes to the clinic in the morning, lies down on the bed and swallows the substance in the presence of two therapists, a man and a woman, at least one of whom is a psychiatrist. It is very beneficial for sex abuse victims who find it difficult to connect with a therapist of a certain sex. I work with my wife Ann, who is a psychiatric nurse.

There is a basic agreement that people are in the experiment to work on the trauma, but we don't direct them to it, we only provide a secure and supporting environment. People don't understand how important that is when you are dealing with psychedelic drugs; it can mean the difference between a hard and problematic experience and one that helps healing. The most important part of the therapy is to learn how to integrate the feeling of safety in your life later. After the meetings we talk to them on the phone almost every day for three to four weeks.”

AA: “How long is a session?”

MM: “Between six and eight hours. The patients receive 125 milligrams—approximately the amount in a typical ecstasy pill. Forty percent of the patients receive placebo to serve as a control group.”

AA: “Why did you choose MDMA for your experiment?”

MM: “The substance was used by therapists in the US before it was outlawed. In the beginning of the eighties, a lot of evidence was accumulated showing that the substance allows the patient to connect to the trauma in a deeply emotional way without being swallowed by fear. The substance was not outlawed because of problems in therapy, but because it became a popular street drug. However, I can't guarantee that our experiment is totally risk free.”

AA: “Why would someone agree to revisit the trauma out of his or her free will? Isn't it better to suppress?”

MM: “I will never try to persuade anyone to do this, but when people who have been medicated for years still experience the trauma over and over again, it is not new to him or her. I think that the name “ecstasy” is very misleading in this case. The patients don't experience ecstasy. Some of the time they cry, they shake, but some of the time—and that is crucial, they experience happiness and safety.

AA: “Still, it is ecstasy. Aren't there serious risks?”

MM: The only danger is that blood pressure could go up, and this is why we do early screening on the participants. In the framework of therapy and in the doses we administer, there is no evidence of physical harm. The problem of high body heat, which happens at parties, does not happen in this framework, as the patient is lying down and drinks sufficiently.

Rape Victims

Mithoefer's experiment was delayed by four years because the FDA required one more approval, of an independent review board that would examine the ethical issues. Seven separate groups refused to grant such an approval—not surprising in view of the experiments conducted by Dr George Ricaurte published in 2002, where he

states that one dose of MDMA can cause Parkinson's disease and irreversible destruction of brain cells. It was not until September 2003, when Dr Ricaurte's team retracted the results because the substance they administered to the monkeys was not MDMA but methamphetamine (speed), that things started moving along. Mithoefer's team obtained the long overdue clearance from the ethics committee in 18 days.

Dr. Jose Carlos Buoso, a psychologist from the Autonomous University of Madrid, was exhausted

by bureaucracy. In 2001 he started an experiment in MDMA therapy with rape victims. “In May 2002 a Spanish newspaper published an article about my research, and as a result, the drug authorities started pressuring the CEO of the public hospital where we conducted the experiment. As a result he decided to withdraw the authorization to use his facility.” Unlike Mithoefer, Buoso started his experiment using smaller doses of MDMA, gradually increasing the dose. When the study was shut down, they had not reached a dose higher than 50 mg. “They did not fully experience MDMA,” he says. He hopes to renew his experiment next September.

AA: “Most people who take ecstasy report increased openness for physical contact. Does this feature influence rape victims in any way?”

JCB: “According to experiments, MDMA does not cause sexual arousal but rather intimacy. People like to hug and to touch each other, but there is no sexual intention. For women who have been raped, the possibility of separating the association between touching and hugging and sexual feelings can restore confidence in intimate relations. It is very important in order to enjoy sexual life in the future.”

Few of the researchers who arrived in Israel last week had heard of the experiment conducted here in the

Nearly 5,000 people who live in Israel have been diagnosed by the Israeli Defense Force as shell shock victims, and there are probably several thousand more who don't report it.

seventies, where victims of shell shock were given shots of pentathol (“truth serum”) and with it the trauma was relived through audiovisual means. That experiment was considered a colossal failure, and many of the participants still suffer the consequences. Dr Mithoefer claims there is no comparison between the use of pentathol and MDMA in therapy.

“As far as I know these substances have nothing in common,” he said. “MDMA tends to reduce fears and defenses and increase trust and security. Pentathol does not have these qualities. In therapy conducted when MDMA was still legal, we observed that people were moved by the experience, felt a high degree of self esteem, experienced a certain illumination about the source of their trauma, and at the same time discovered they have more mental power than they thought. It turns out that not every achievement has to be obtained with sweat and blood.”

Nearly 5,000 people who live in Israel have been diagnosed by the Israeli Defense Force as shell shock victims, and there are probably several thousand more who don't report it.

Gideon, a doctor, who had the misfortune of being present at two terrorist attacks, one three years ago and the second one a year and a half ago, didn't know he was suffering from posttraumatic stress disorder. “I considered the matter in a fairly rational manner,” he says. “I understood the attacks were not directed at me personally, but after the first attack my mental situation kept deteriorating. I started drinking tremendous amounts; I could not go anywhere without alcohol. The people in Social Security used to ask me how I was, but I told them nothing.”

One day, after the second bombing, he was invited for a meeting with a psychiatrist with Social Security and was diagnosed as a posttrauma victim and a potential alcoholic. “He warned me that if I don't treat it, my life is going to go downhill, and he explained in medical terms what is happening to me.”

AA: “Where does ecstasy come into the picture?”

G: “The psychiatric medications that I took at first caused trouble to my digestive system and I could not take them. At that time I tried all sorts of things and one evening somebody gave me an ecstasy pill. I took it and suddenly I felt alive.”

In the past year Gideon has been taking ecstasy once a week, along with prescribed psychiatric medication.

G: “MDMA is a strange and complex substance. It does not necessarily make you happy; it makes your emotions more extreme. One time I took ecstasy when I was depressed and my condition deteriorated. Part of my problem is that normal stimulation does not reach me. I came out alive from a bombing where everybody around me died, and in some way you could say that I too died there. Today in order to feel alive I need loud music, lights, people, noise—

and ecstasy sharpens your sensations very much. Even two days later I still feel like the person I would like to be.”

AA: “How do you know that what you are buying is actually MDMA?”

G: “I don't know and that is one of the greatest problems. I buy what I can get. I found out by experience, for instance, that you can't mix ecstasy with the sleeping pills I take. I was alone and I had pretty frightening hallucinations.”

AA: “How do you decide how much ecstasy to take?”

G: “I try not to take more than one pill, but I can definitely feel the effect decreasing and the need to increase the dose. I would love to know how much I am allowed to take and when it starts being dangerous, but there is not sufficient research in the field yet.”

Trips and Nudism

It is not the first time a conference like this has taken place in Israel. Three other conferences preceded it in the last several years, and behind all of them is a warm Jewish guy by the name of Dr. Rick Doblin. The 50-year old Doblin was a young boy when he heard President Nixon calling Timothy Leary, a professor from Harvard who conducted experiments with psychedelic drugs, “the most dangerous man in America.”

“For me this was a hint that if we use psychedelic substances wisely, it could free us of, among other things, the manipulations the government is putting us through. At 18 I had an idea that seems wonderful still today: I decided to dedicate my life to research and therapy using psychedelic drugs, first for myself and later perhaps to help others as well.

Today Doblin is the engine behind most research conducted in the field of psychedelics throughout the world.

The organization that he founded and heads is MAPS (Multidisciplinary Association for Psychedelic Studies). MAPS has a budget of \$1 million, all from contributions. Dr. Kotler's experiment in Israel will also be financed by MAPS.

In 1971, Doblin enrolled in New College of Sarasota, Florida, which was considered an experimental institution. “I didn't know it when I enrolled, but part of the college was a nudist colony that gathered regularly around the pool, and there was a tradition of long parties where people used LSD. At that time I already knew that my problem, like the rest of the people around me, was that we were intellectually very advanced but emotionally—gurnischt (nothing). The first time I tried a psychedelic I understood that this is the tool that will help me work on this lack of balance. I happened upon a book by John Lilly about experiments he did with LSD inside an isolation tank that he developed. My friend and I tried to create isolated spaces where we could have trips, but I was not mature enough to cope with the strong emotions that came up. The college

psychologist gave me a book by Stanislav Grof, *Realms of the Human Unconscious*, that dealt with the results of his experiments with LSD, which was interrupted by the government. This was a decisive moment in my life. The book offered scientific methods to evaluate religious and mystical experiences.

After dropping out of college and going into the construction business, Doblin returned to school at 28.

“MDMA was still legal at that time. During the first semester, I discovered to my amazement that there were underground therapists, researchers, and chemists who worked with the substance. I started to think politically; I knew that the minute someone finds out that MDMA is used outside the therapists’ community, it’s going to be outlawed, and that’s exactly what happened. When the anti-drug authorities announced their intention to declare the drug as a substance with no medical use, I organized a group of 15 researchers who argued this was not the case. In a court hearing, a judge decided that it would be preferable to define the substance as a medication that requires doctor’s prescription, but the anti-drug authorities used an emergency regulation to bypass the judge and forbid any use of the drug.”

AA: “Did you use MDMA in therapy in those years?”

RD: “Yes, I sat in many therapy sessions, especially with Vietnam veterans. In ‘84 I worked with a woman who suffered posttraumatic symptoms and wanted to commit suicide. Her therapy succeeded above and beyond expectations. She was rehabilitated and became a therapist who worked with us on research in Spain. Ultimately a post-traumatic disturbance is like a phone that will not stop ringing until you answer. MDMA helps people pick up the receiver.”

Permission is granted

Dr. Rachel Bar-Hamburger, the chief scientist of the Anti-Drug Authority, does not object to treatment facilitated by substances defined in the law as unauthorized drugs. “If the treatment has a medical purpose and is administered by a professional, as far as I am concerned it is Kosher. I am not only talking about MDMA, but about

any other psychoactive substance that will be developed. In my view it is appropriate, it is right, and it is fair.

AA: “Do you think there can be risks in this kind of therapy?”

RB-H: “The main problem is to verify the source of the substance and supervise its quality. The risks of ecstasy can be under control in the framework of psychotherapy.”

AA: “Is there no danger of addiction as a result of therapy?”

RB-H: “As far as I know there is no danger of addiction with MDMA. This is not the problem of this drug.”

AA: “A person could fall in love with the substance and try to get it on the street.”

RB-H: “If it is administered as medication the chance of this happening is minimal. Very few people try to buy in the black market substances that were authorized as medication. When a substance is under supervision it goes through a recognized process of production and marketing.”

AA: “What do you think of Dr Kotler’s planned experiment?”

RB-H: “It is a very focused experiment for a focused purpose, and it certainly has a place. The fact the U.S. has now authorized similar experiments tells us that our move is the right one. I am very much in favor of the development of medication in this way, even in substances that have a reputation as dangerous. If you are sick, it is a good idea to support a lobby that will exert pressure to develop the substance as medication.”

AA: “Is this not in total contradiction to the position taken by the Anti-Drug Authority?”

RB-H: “No. Our problem is with recreational use by every ragtag and bobtail, without realizing the damage.”

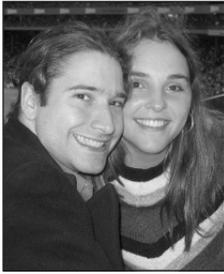
AA: “And the public will know how to make the differentiation?”

RB-H: “Listen, if you want to use drugs you’ll always justify to yourself why you are doing it. You don’t need us for that.”

“It is a very focused experiment for a focused purpose, and it certainly has a place. The fact the U.S. has now authorized similar experiments tells us that our move is the right one. I am very much in favor of the development of medication in this way, even in substances that have a reputation as dangerous.”

—Dr. Rachel Bar-Hamburger, Chief Scientist, Israeli Anti-Drug Authority

Psychedelic Therapy in the Holy Land: MAPS Israel Conference, 2005



René A. Ruiz and Susan M. Mosher
rene@chillonia.org, sue@chillonia.org

Having discovered MAPS in 2003 via a donation to Erowid, we were intrigued upon hearing about the MAPS conference in Israel this March. Following an impromptu decision, a ten-hour plane ride to Tel Aviv, and a shared cab, we

arrived in Jerusalem to begin one of the most memorable vacations of our lifetimes.

After checking into the Beit Shmuel Hotel in Jerusalem (located at the World Union for Progressive Judaism), we adventured out on our own through the Old City before meeting up with the MAPS crew for dinner. We had arrived later in the week than most of the group, so that night we met and got to know other MAPS members, including researchers, scientists, doctors, benefactors, artists, organizers, and dedicated supporters, and learned why they would travel so far to be a part of what was happening at this conference. We discussed the state of MDMA research worldwide, and emphasized the importance, indeed the necessity, of the work MAPS does, particularly within the context of global prohibition.

Early the following morning, the MAPS bus loaded up for the trip from Jerusalem to Rishon LeZion, a suburb of Tel Aviv. The conference took place at a hall called Beit Haam, which means “House of the People” in Hebrew. Luckily for us, the conference was conducted almost entirely in English. Among the approximately 30–40 people in the audience was Dr. Moshe Kotler, Chair of the Department of Psychiatry at Tel Aviv University’s Sackler School of Medicine, and principal investigator of the MAPS-funded Israeli MDMA-assisted psychotherapy pilot study. A spirited introduction by the ever-persistent “dutiful surfer of the bureaucracy” Dr. Rick Doblin got things underway.



The conference was a great success, and we were impressed by how knowledgeable and professional all the speakers were. Each delivered a polished slideshow presentation, containing comprehensive scientific data, showing significant (and in some cases, preliminary) results from research with psychedelics. [The lectures can be seen at: <http://www.maps.org/avarchive/index.html#israel2005>]

It was great to gain an international perspective and experience the opening of a more global dialogue on the subject. We were honored to be there, and humbled by the expansive and dedicated research being done on these medicines that hold so much untapped potential.

The following night, some of the MAPS team (including ourselves) attended a rave in Jerusalem, held in the parking garage of the Israeli Supreme Court building. We were guided to this event by MAPS member Dan Sieradski (<http://orthodoxanarchist.com/>). It took place during the Jewish holiday Purim, which is quite the party in Israel. The rave featured three rooms of music and dancing, and at least two bars (it was sponsored by Goldstar, an Israeli brewing company). We danced the night away into the morning, to solidify our work from the day before. Rod Mann, director of the upcoming movie release *Entheogen: Awakening the God Within*, remarked to us that a wise person once said, “when we dance, we are dancing to save the world.” It is our hope that we are moving in this direction through ongoing psychedelic research.

We returned home to Boston feeling grateful to know that there are such good people out there who are making psychedelic research a reality.



(top) Church of the Holy Sepulcher.
Photo by René Ruiz.

(left) The Dome of the Rock. Photo
by Brandy Doyle.

Israeli Drug Policy and Harm Reduction

The official Israeli drug policy greatly corresponds to that of the United States. As is the case with other conservative governments, Israeli policy is characterized by an official “zero tolerance” with marijuana defined as a Schedule I drug. The result of such a policy, which is evident in any conservative establishment, is that the actual messages that go out to the public are a mixture of semi-truths, lies, and myths as well as utter policy mistakes even when the truth is involved.

Thus, heads of the Anti-Drug Authority (ADA) are noted to have said: “...but alcohol and nicotine are not drugs...” (Mr. Haim Messing, Executive Director of the ADA, on a radio debate in November 2002); the chief scientist of the authority, Dr. Rachel Bar-Hamburger, gave, on public radio, a recipe for making Datura tea, and just last week the ADA’s website gave a detailed price list of the major illicit drugs throughout the country.

On the bright side, the courts and the legal system, which are required to deal with the “criminals” using drugs, are displaying a remarkably practical approach. Unlike the US where prison space is not a problem, no such “luxury” is currently available in Israel (though initial attempts to privatize prisons are already underway). The Israeli judicial system cannot offer space for pot or other drug users, or even small-time growers, and alternatives are constantly being sought. At the same time, judges are begging, and in certain cases, instructing public prosecutors to “consider whether it is appropriate to submit criminal charges against offenders without a criminal record, where simple possession is involved, so as to clear the court’s diary for more serious cases...” (Justice Moshe Alter, Acco Magistrates Court, December 2004). In addition, just before his appointment to the Supreme Court, former Attorney General, Elyakim Rubinstein, issued official guidelines for first time offenders of cannabis use. These guidelines give the option of writing an “administrative warning” in an offender’s criminal record instead of criminal proceedings. This does not, however, solve the problem of what happens to offenders on subsequent occasions, when according to the guidelines, this warning should be taken into consideration and thus exacerbates the next judgment against the offender.

We can easily see the establishment’s confusion and inability to put forward a coherent and comprehensive

The courts and the legal system, which are required to deal with the “criminals” using drugs, are displaying a remarkably practical approach.

drug policy. This failure has a dire effect on drug use and abuse and is demonstrated by a steady increase in drug use spanning all ages in Israel. Naturally, this use/misuse is not accompanied by any form of reliable information, which aggravates the dangers inherent in uninformed use of drugs.

The emergence of the Green Leaf Party, which actively promotes legalization of cannabis and a change of drug policy to harm reduction, combined with the adoption of this point of view by a number of members of the Israeli Knesset (equivalent to Congress), has had a positive effect on the public debate. Harm reduction is being openly discussed. A Harm Reduction Forum has been formed by MK Roman Bronfman of the Democratic Choice Party, with notable members such as Dr. Rafael Mechoulam, Dr. Stanley Einstein, Dr. Hanan Frank, Dr. Yossef Agasi, Mr. Boaz Wachtel and others. This forum, with the substantial academic clout provided by its members, is putting forward documents of a new nature. Of special note is a booklet reviewing nine drugs, following the DanceSafe model, which is being examined by the Tel Aviv Municipal Anti-Drug Office, headed by a progressive official, Mr. Benny Avrahami. It is hoped that this may be the first cooperation between the forum with the “establishment.” Another paper, on heroin-related policy, has also been prepared by the forum.

The treatment of heroin addicts suffers from a similarly confused and incoherent policy. Several months ago, at the request of a property owner, the Tel Aviv municipality together with extensive police force “deported” 120 heroin addicts from their south Tel-Aviv squat in a sad display of wasted public funds. Yet even as this was done, it was fully accepted by nearly all parties, that upon being dropped off in one of four destinations throughout Israel, they would all restart their journey back to the big city. This assumption was later confirmed by a number of social workers. It is interesting to point out that conversations with the ADA revealed that there was no federal support for this action. It would appear that with hard drugs, such as heroin, ADA

Dan Goldenblatt
d_goldenblatt@yahoo.com



This more enlightened approach [to heroin] sadly still stands in stark contrast with the government approach to “party drugs” or cannabis.

has acknowledged the inevitable—that drug use has to be treated, at most, as an illness, and that the criminal justice system has nothing to contribute to this end. This more enlightened approach sadly still stands in stark contrast with their approach to “party drugs” or cannabis.

I would conclude that the Israeli prohibition ethos on drug use, misuse, and abuse fails time and time again to get a clear and comprehensive mes-

sage across. The messages that are put forward span from ridiculous (such as the TV ad campaign that showed a joint turning into a syringe) to outright stupid and, from the

ADA’s point of view, counterproductive (showing people laughing and dancing at a rave and then warning about the dangers of ecstasy use).

When the author has requested to inform young Israelis traveling to the Far East and South America (where drug experimentation is the norm for young travelers) of the methods to reduce the harm associated with use of LSD, ecstasy, psilocybin, and other substances, the response from government officials has been “but if we do that then we condone the use...”

In conclusion, Israel is not the place where great hope for the progressive drug policy movement can be expected. However, the existence of a public debate is noteworthy. Legitimacy for a view opposing that of the establishment is slowly gaining ground and will undoubtedly have an impact on the future of drug policy in Israel.

Dan Goldenblatt is a political advisor to MK Roman Bronfman. He held the number two position in the Green Leaf Party list for the 2003 elections.



After a productive meeting with Anti-Drug Authority officials, MAPS researchers and staff stop to mark the moment. From the left: John Halpern, M.D., Rick Doblin, Ph.D., Michael Mithoefer, M.D., June May Ruse, Psy.D., and Jose Carlos Bouso. Photo courtesy of John Halpern.

Personal Account of MDMA Easing Posttraumatic Stress Disorder (PTSD) Symptoms

D., a 38-year old dentist, married with three children.
[D. is referred to as "Gideon" in the article on page 10]

April 2004

In March 2002 I was in a cafe across the road from my office in Jerusalem when a suicide bomber exploded next to me. Amazingly I survived (although eleven others did not), with permanent damage only to my hearing. I was later diagnosed with PTSD. The presentation of PTSD can be complex with many possible expressions, and my symptoms indicated the "arousal" type.

In my personal search to fulfill new psychological needs, I began to use MDMA at parties. MDMA use in this very social and very stimulatory context enabled me to reach profound and satisfying levels of emotional experience. At the same time I was getting psychological support from a National Insurance-sponsored psychologist (interestingly, she felt that my MDMA self-medication was a way of attempting to gain control of the original traumatic incident).

However, beyond these immediate effects, it was the effect that lasted up to 48 hours following MDMA ingestion that intrigued me. A cognitive exercise that I did under the guidance of my psychologist, involving logging all my PTSD occurrences, revealed consistently zero PTSD manifestations for the two days following MDMA use. This discovery is what prompted me to survey the literature on MDMA in PTSD therapy, find MAPS, and prepare this report at Dr. Doblin's request, in the hope it will help with his effort to further study in this area. I must point out that I have no experience with MDMA as part of psychotherapy, nor do I have any reason to think it would be especially beneficial in that context.

I am not happy using MDMA because, as production and distribution of the material is both illegal and unsupervised, I don't know exactly what composition I'm ingesting, the effects vary according to the batch, and there is also a negative social stigma.

I should also point out that I tried SSRIs on two separate occasions (paroxetine and sertraline) but had to abort because of side effects on my problematic gastrointestinal system.

I would be happy to be able to use MDMA in a legal and supervised context, and I therefore support Dr. Doblin in his project.

An update in May 2005:

A year ago I wrote a report for MAPS on my personal experience with MDMA. I reported that I was using MDMA on a weekly basis in order to alleviate symptoms of PTSD. Typically I would have an emotionally fulfilling experience at the time of ingestion, followed by two days free of PTSD symptoms. This would help me get through the week while functioning normally and fulfilling my obligations.

As an update, I can report a few interesting points from my experience over the past year:

- Being treated all the while with conventional psychotherapy sponsored by Israeli National Insurance, I was prescribed antidepressants. As in the past, these were eventually discontinued due to their numerous and various side effects, from tremour and dry mouth to gastrointestinal and sexual dysfunction. MDMA, however, had no apparent side effects.
- I have not used MDMA for several weeks now in order to test dependency. I can report that I have no sense of desire for the substance and no withdrawal symptoms, so apparently no dependence.
- Overall, I feel today more connected to life. I attribute this to my two years of experience with MDMA and the assistance it afforded me in reconnecting to people, music, love, et cetera.
- MDMA, however, has not been a panacea, and I am still struggling with PTSD.

I wish to emphasize the obvious, that my report is not scientific by any means, and no operative conclusions should be reached from it. And this is precisely why I support MAPS. Proper long-term clinical research needs to be done so we can ascertain the usefulness of MDMA.

Overall, I feel today more connected to life.

I attribute this to my two years of experience with MDMA and the assistance it afforded me in reconnecting to people, music, love, et cetera.

MDMA and Warfare: Rumor Control, Ethical Concerns, and Hopes for the Future

Brandy Doyle
brandy@maps.org



Excerpted from Der Spiegel:

Look what Uncle Sam is offering now!

The United States government has found a new way of recruiting soldiers for the Iraq war: It's offering them ecstasy. The trick is, the soldiers only get the free drugs after they have seen enough fighting to be experiencing flashbacks, recurring nightmares and other symptoms of posttraumatic stress disorder. The usually tough-to-please US Food and Drug Administration has given the experimental treatments an initial go ahead and scientists in South Carolina have quickly gotten to work. The idea is to take advantage of the touchy-feely effect ecstasy (the "happiness drug") has on people to get soldiers to open up about the trauma they have faced. In other news, the US government spends \$20 billion a year on the drug war...

In the rash of media coverage on MDMA psychotherapy research this year, celebrated on the covers of the last *Bulletin* (see <http://www.maps.org/images/covers>), not every news agency checked their facts. The most interesting mistake has led to a fascinating discussion of the role MDMA psychotherapy should play in wartime.

In a Feb. 17, 2005 article titled "Ecstasy on the Battlefield," the German newspaper *Der Spiegel* reported that "Ecstasy is the drug of choice for the Pentagon." (See the excerpt on this page or go to that date under <http://www.maps.org/media>.) The article incorrectly states that the Pentagon is supporting research on MDMA for posttraumatic stress disorder (PTSD) in soldiers.

In fact, MAPS is the sole sponsor for this research, conducted by Dr. Michael Mithoefer in Charleston, South Carolina. Previously open only to those with PTSD as a result of crimes like sexual abuse, the study is now enrolling subjects who have PTSD from war or terrorism, as long as the condition is of less than five years' duration. That means that soldiers returning from Afghanistan or Iraq would be eligible, though veterans of earlier wars would not. On the same date as the *Der Spiegel* story, *The Guardian* published its own inaccurate report, implying that a new study was underway, rather than an expansion of the already ongoing study.

While some MAPS supporters expressed outrage that the Pentagon would be involved in MDMA research, MAPS President Rick Doblin commented on the MAPS E-mail Forum that it would be great if the military would take over funding projects like this. Whether that would be a misuse of a precious tool or an important step toward

"mainstreaming" MDMA, it's an issue that is years down the road.

Drugs are certainly used by the military already, most commonly amphetamines ("go-pills") and sedatives ("no-go pills") for pilots. The Pentagon has experimented with all sorts of substances, sometimes testing them on soldiers without their consent or knowledge. *Acid Dreams*, by Martin Lee and Bruce Shlain, offers a well-researched look into the sordid world of CIA and Pentagon-funded research on LSD during the Cold War. American soldiers (as well as prisoners, addicts, CIA agents, and others) were given LSD and other drugs to test their efficacy as truth serums and disorienting agents. Some of this research was conducted by former Nazi scientists, brought into the country illicitly via Operation Paperclip, who had tested mescaline on concentration camp inmates.

With such a legacy of unethical "research," carefully evaluating the ethics of any psychoactive drug research program is imperative. However, is offering soldiers a way to heal the trauma of war analogous to supporting warfare? This became a topic of passionate debate on the MAPS E-mail Forum in February and March of 2005, in a thread called "MDMA abused as a weapon of war" (you can find this by searching the forum archives for "weapon" at <http://www.maps.org/forum/search.html>). Some suggested that this treatment would be, effectively, supporting war (or at least this war), by allowing soldiers to "feel better" about war-related atrocities and perhaps return to commit them again, conscience-free. Others argued that soldiers are victims of war, too, and deserve the same compassion as other PTSD sufferers.

This conversation is more relevant than ever as MAPS works towards an MDMA/PTSD study in Israel focused solely on war- and terrorism-related PTSD. (Read about the study on page 3). While we hope to eventually include Palestinian therapists and participants, logistics and politics prevent that at this stage.

Excerpted here are a few of the dozens of posts MAPS Forum subscribers made on this topic. While most of these are grounded in a criticism of war in general or the Iraq war in particular, the topic has implications that stretch beyond the anti-war community or MDMA therapy supporters. Nearly all Americans know someone in the military; nearly every generation's military sees combat. If MAPS succeeds in developing an MDMA research program in the U.S. and Israel treating soldiers (and others) with PTSD, this discussion will continue to grow.

The questions in these posts—about who should get MDMA, for what, and who should fund it—will become increasingly important as MAPS continues our drug development strategy. They are presented here to offer a range of thoughtful views from fellow MAPS supporters.

Quite shocking news indeed. I have always thought about a role for MDMA for making the world more peaceful... But this *Guardian* article points at the application of MDMA as a weapon of war. With MDMA, soldiers can kill and torture and not be harassed too much by their conscience afterwards.

I am not against helping war veterans. I am against the use of MDMA (or any other medicine) for the purpose of returning soldiers to the battlefield. This is among the most horrible forms of drug abuse I have read about in years. IMHO this type of research should be banned!!!

Rene Rikkelman

Not necessarily. What if the soldier was a member of the clergy and wanted to return to the frontlines because of his/her "call"? Or what if they were medics, and that was their motivation for going (in the first place) and for wishing to return (despite their having been traumatized)? Indeed, what if they were army psychologists, and who knows, but perhaps they want to do as much as they can do to help those that they can—perhaps even advocating MDMA-assisted psychotherapy as well?

Ron Koster

Let's avoid a tendency to play God, as in "This person is deserving. That person is not." My own experience with MDMA leads me to believe that MDMA would help soldiers make future decisions

with a higher respect for life, not the other way around...

Society is awash in drugs that tend to have the effect of "not being bothered by one's conscience regarding the heinous acts that have been committed." These drugs are used widely to dull or avoid that type of emotional pain. Alcohol and opiates come to mind...

Jeff Mease

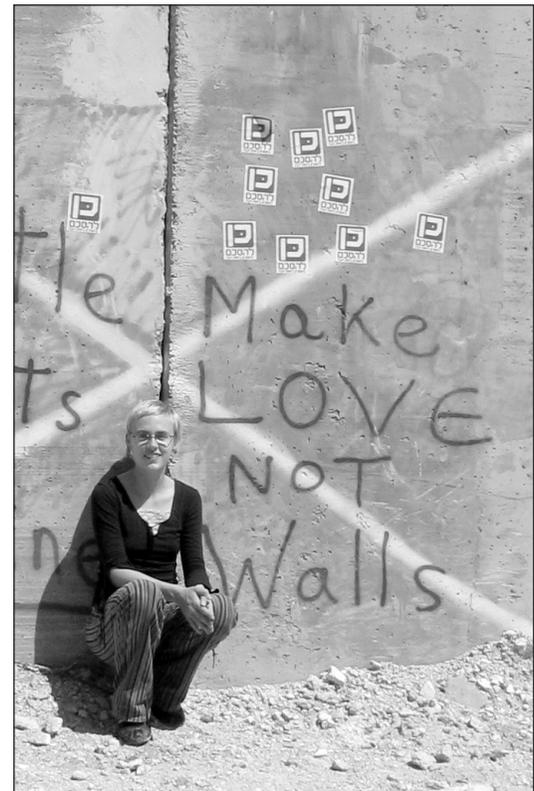
Should we pursue the consequentialist road of allowing MDMA to be used as a war weapon so that in the future it is widely available for general therapy? Or should we draw a line on what is a moral use of the substance right now?

I feel disgusted by the prospect of healing MURDERERS instead of preventing the murder with MDMA.

Christian Rauh

I recognize that as a therapist I personally wouldn't want to provide PTSD therapy for vets of the unethical U.S. invasion and occupation of Iraq. However, I think the government owes vets medical and psychological treatment services.

I am not saying that this treatment should be denied to war veterans. My point is that MAPS should not include them in the trials or have



MAPS staffer Valerie Mojeiko at a Jerusalem section of the newly built security wall. Photo by Brandy Doyle.



The view at Qumran, home of the Dead Sea Scrolls.
Photo by Brandy Doyle.

anything to do with war, even if it is curing people. Like I said, there are many people needing a cure for PTSD. I am sure this group inclusion will taint the results with the world community and with the people who support psychedelics in general. This is a very bad political move for MAPS. It sends out the message that MAPS would do anything to get their way, even joining forces with the war administration.

Sean House

Although I feel that the war in Iraq is very wrong and I have participated in protests against it, I also feel that we need to see the veterans as victims of this war. I'm also a psychotherapist. I've worked with vets from the Vietnam era who suffer from PTSD, as well as with their family members. Many already feel tremendous guilt for what they participated in during that war. Many speak about how they were spit on and called "baby killers" by the protesters when they returned and this only made the PTSD worse. I have seen their wives and children suffer as their untreated PTSD was inflicted on their spouses and children. The trauma then ripples

down to the next generation and the next and the next. Many of these vets wander homeless through our streets in a drunken or opiate haze. Anything to kill the pain.

Steve

Very few people join the armed forces to kill or for bloodlust. Those that do generally won't suffer from PTSD. The current literature on PTSD consistently finds that those that suffer from PTSD do so because they witness and experience events that don't conform to their world view; these vets are probably more like you and me than you would think.

...To confuse the treatment of PTSD with complicity to murder or an unjust war reflects a profound lack of understanding about what war, politics, change, and therapy are all about. It also reflects a limited understanding of how compassion and empathy can help to make the world a better place. We are not in any position to judge who is "worthy" of our services and who isn't. To me, suffering is all the criteria I need. I have worked with enough veterans to know that in most situations it was kill or be killed, and if they are seeing me—I'm a psychotherapist—it is because they are trying to pick up the pieces afterwards. It is a predicament I hope none of us ever find ourselves or our loved ones in. And that is precisely why exploring innovative approaches to the alleviation of suffering is such a noble endeavor, and one that we should all be happy that MAPS is on the cutting edge of.

Sameet Kumar, Ph.D.

First and foremost, those soldiers are human beings in pain. Sure, some people sign up for the military because they're jingoist hawks, and some are just downright sociopaths looking for a legal way to kill lots of people. However, I'd wager that those are a very very small percentage of troops in countries like the US with volunteer militaries, and even smaller percentages in countries with compulsory service

Most people in the military got there because it was their best path to a decent job and education, or because of family tradition, or they were drafted (depending on what time and country they served in). Does the psychopath who joined the military to "go kill some towelheads" deserve to suffer a lifetime of haunting war memories? Perhaps, but I don't think that's our call to make.

But what about the poor kid from Appalachia

or the slums of Los Angeles who joined because it was better than a life of gangs or trailerparks? Or a well-off suburban American kid who joined because his father and grandfather were career officers and “that’s just what our family does”? Or the Israeli boy who was forced to go serve in the Occupied Territories just because his country has mandatory conscription? Many Jews and Arabs living in Israel get along with each other just fine, but imagine having grown up an Israeli Jew with Palestinian friends and suddenly finding yourself in Gaza being forced to shoot or be killed?

Murple

These posts express diverse and important perspectives on the issue. I would also like to add a few important points that are missing, and articulate my own position.

First, MDMA-assisted therapy is not likely to cause people to forget the past or let go of regrets about past choices. Actually, the goal is to help people feel safe enough to finally face the past. Often PTSD sufferers who can’t do this simply become numb, a state which could be even more dangerous when making future decisions. Others search for relief through alcohol or drug abuse, or take their pain out on those around them.

Second, the session itself isn’t about fun. After establishing an atmosphere of trust, the MDMA session is about coming to terms with the trauma. This can sometimes result in a terrifying re-living of the event, hardly a pleasurable experience. Sometimes PTSD happens because the sufferer couldn’t experience the fear or horror of their trauma at the time, because it wasn’t safe then. Part of the healing process may be to create a space in which that pent-up fear can finally be experienced and released, often through shaking and crying.

The secure and “in the moment” feeling of an MDMA experience can also help the person recognize that the trauma is no longer happening—that he or she is safer now, and it’s okay to focus on issues other than survival. Integration is also an important component of the process—it means making sense of the experience in the days and weeks to follow, and incorporating the lessons learned into one’s life.

Personally, I don’t think that MDMA therapy for soldiers, even those on active duty, would be a step towards more war. I believe that regardless of the patient’s identity, real healing (and not just masking symptoms, as some drugs do) has the effect of decreasing anguish and violence in the world, not increasing it. People who have been healed of past trauma can experience a fuller range of emotions and make decisions more clearly.

While very few people are affected by these questions at this stage in our research, the discussion has important implications. We know from the past that these powerful tools can be abused (although so far with dubious results)

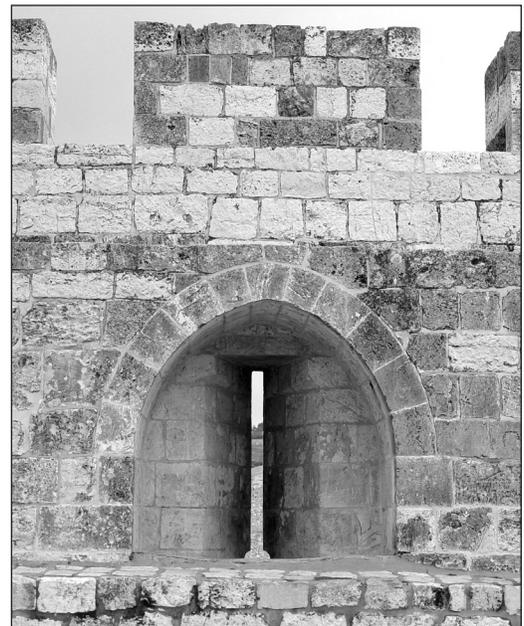
in the wrong hands. If psychedelics find a culturally sanctioned place in society, all sorts of new ethical issues will arise.

Another fascinating example can be found in the 2001 *Fortune* Magazine article which posited that psychedelics like mushrooms and ayahuasca could be used for corporate team-building retreats and creativity boosting (<http://www.maps.org/news-letters/v11n1/>). Like warfare, corporate culture is an area which some will argue is antithetical to “psychedelic values.” Others might see no problem in corporate execs using these drugs to further their goals or see a benefit in such powerful and influential people gaining access to deeper states of consciousness.

In any case, the question underlying these scenarios is the same—if psychedelics someday become legal, who will decide what uses are acceptable?

One piece of the MAPS vision is the establishment of training centers for psychedelic therapists, with MAPS as the accrediting agency that would establish guidelines for appropriate use. It’s one of the most idealistic aspects of the strategy—and a pretty distant dream, for sure. However, it’s part of what MAPS Board Member John Gilmore calls “a contingency plan in case of success.” Even at this early stage, we need to imagine the possibilities, and guard against the potential abuses.

Building a dialogue about the responsible use of psychedelics in society is valuable even if MAPS gets no further in our efforts to develop these drugs as medicines. As more studies are approved and MAPS is increasingly called upon to articulate a vision of what we seek to accomplish, debates like the one above are crucial. We can only hope that with hard work, good luck, and the support of our allies, this dialogue will someday find its way into the mainstream, and we’ll have the chance to put what we’ve learned into practice.



The wall
around
Jerusalem's
Old City.
Photo by
John Halpern.

Jews & Drugs: A Book in Progress

Daniel Sieradski
bachur@orthodoxanarchist.com

Jews & Drugs (working title), which I have spent nearly five years researching and writing, explores the ancient relationship between the Jewish people and drug use, from the shamanic rites of the ancient Hebrews through the Israeli rave scene and beyond. The book seeks to communicate a cohesive understanding of the place of entheogens in Judaism and early Christianity, culminating in a proposal for the reintegration of entheogenic explorations into Jewish ritual practice for the modern era.

The book features interviews with noted Jewish scholars and scientists involved in the areas of radical Jewish thought, psychedelic research, and drug policy reform. These include Douglas Rushkoff, R.U. Sirius, Dr. Lester Grinspoon, Ethan Nadelmann, Rick Doblin, Mickey Hart, Ram Dass, and Reb Zalman Shachter-Shalomi. I explore a myriad of issues, including allusions to entheogenic substances in the Torah, psychedelic tales of Hasidic Judaism's founder, the Ba'al Shem Tov, Jewish participation in American counterculture, drug abuse in Brooklyn's Hasidic community, psychedelic use among religious settlers living in the Occupied Territories, and the Israeli ecstasy trade.

Jews & Drugs attempts to clearly delineate between acceptable religious exploration and drug abuse, relying upon rabbinic commentary and modern psychological research. The hope is to provide a counterpoint to the dominance of "zero tolerance" drug policy and the perpetuation of misinformation in the religious community by demonstrating the value of entheogens and the influence they have had on Judeo-Christian thought and practices.

I hope to complete the book by 2006. I invite anyone who has material to share relevant to these subjects to contact me via my website, OrthodoxAnarchist.com.

Daniel Sieradski is the founding editor of the popular Jewish weblog Jewschool.com. He currently lives in Jerusalem where he studies in yeshiva exploring Jewish texts and historical materials. He joined MAPS on our tour of Israel in March 2005.

Letter to the Editor

Spring 2005 Issue

I received the latest *Bulletin* recently and cruised through it, glancing at titles, pictures, and a few words. What I was most struck by was the number of M.D.'s and Ph.D's that are authoring the articles. Incredible.

Keep up the good work.

J. Cooke



Jaffa Gate, Jerusalem. Photo by René Ruiz.

Ibogaine— Rite of Passage

[Editor's Note: As mentioned in the article on page 8, research may take place in Israel into the use of ibogaine in subjects with opiate addiction. The following report is about an excellent documentary about ibogaine that MAPS helped in a small way to bring to fruition.]

Ibogaine—Rite of Passage is a documentary about the use of the controversial substance ibogaine for the treatment of addiction. After the appeal for funds that was written in the Summer 2004 *MAPS Bulletin*, this project was finished successfully, thanks to Custom House Publishers, For A Better World, Inc., and The Rotary in Antwerp, who provided us with the needed funds. The working title *Retrospection of the Future* which was stated in the article has been replaced with a new one: *Ibogaine—Rite of Passage*.

A short synopsis of the film:

Ibogaine is a substance derived from an African plant, which is used during initiations of the Bwiti culture in Gabon. In the sixties the anti-addictive properties were discovered by Howard Lotsof, who was a heroin addict at that time. Shortly after his discovery, ibogaine became illegal in the US. Ibogaine is surrounded by controversy, and the pharmaceutical companies show no interest in this substance. Is it because of economic reasons or its hallucinogenic effects?

Cy (34) has been using a mixture of heroin and amphetamine for about 11 years, but his three children and his ambitions are more valuable to him. Kicking his addiction is a tough job for him. It reveals all his suppressed emotions.

Massavou (22) lives in the village Mitoné in Gabon. For her, the traditional African initiation is part of a healing process. She suffered from an illness for more than a year,

Ben De Loenen
ben@lunartproductions.com



and she hopes that eating the holy plant will be the starting point of a new phase in her life.

This revealing documentary shows the different aspects of this special substance by means of personal experiences and explanations of ex-addicts, treatment providers, and “experts.”

On September 25, 2004, the premier took place at the Dutch Film Festival in Utrecht, Holland. On October 18, it was presented for 450 women at Actueel Denken & Leven, a Belgian organization. On November 11, it was presented at the 5th annual Harm Reduction Coalition Conference in New Orleans.

The DVD is now completed; it will have subtitles in five languages that can be selected: English, French, German, Spanish, and Dutch. The DVD will include the trailer as well as information pages about the treatment centers, organizations, and sponsors that cooperated, a list of web-sites, and a filmography of the director.

I would like to thank MAPS for giving me the opportunity to publish the appeal for funds, which brought us in contact with the right people. The trailer is online on the MAPS website at: <http://www.maps.org/ibogaine> and the entire DVD is for sale from MAPS for \$20 plus \$4 shipping. You can also visit the website of the film's production company [www.lunartproductions.com], where all the info on this project is online.



View of Haifa,
overlooking the
Cave of Elijah.
Photo by John Halpern.

New directions

Goodbye from MAPS staffer Brandy Doyle

As I wrap up the editing of this issue of the *Bulletin*, I find myself procrastinating on the article that is to be my Goodbye to MAPS. When we started work on this issue, I was a full-time staffer, living and working at the MAPS home office in Sarasota. Now I write from my laptop, having handed over my desk, my former duties, and even my old bedroom to the very capable Valerie Mojeiko. After four incredible years, I've decided to pursue other interests and see what else the world has in store. My future plans are up in the air, but I do know that the MAPS community will continue to be a part of my life.

In fact, I hope to see many of you at Burning Man this year, where I will again work with MAPS to provide volunteer "psychedelic emergency services." This will be my third year helping to organize MAPS' involvement at Burning Man, and I can't wait.

I'm also coordinating the publication of two new MAPS books this summer. We will be re-printing Albert Hofmann's *LSD: My Problem Child*, which has been out of print in English for years. We'll also be publishing a new book on death and dying by psychedelic therapy pioneer Stanislav Grof, M.D. It's an honor to be working on both projects, and I'm glad for the chance to keep contributing to MAPS and its mission. I hope to continue finding ways to stay involved in the months and years to come.

The experiences I've had working at MAPS will stay with me for my lifetime. I've had amazing opportunities for growth, both professionally and personally. I've met wonderful people, many of whom are friends and some of whom have become mentors. I feel very fortunate for the chance to work on causes that are inspiring and meaningful to me—and to do it for a living.

Writing this, it's hard to remember why I've chosen to leave at all. Yet paradoxically, it's my experiences at MAPS that give me the courage to step into the unknown. MAPS has been a great place to learn about taking risks and coping with uncertainty. Nearly every project involves breaking new ground and challenging the status quo. Often there is a crossing of boundaries, a synthesis of seemingly disparate aspects of life—science and mysticism, bureaucracy and healing, work and play. With a mission as ambitious as re-envisioning society and its relationship to psychedelics, MAPS depends on continually imagining and enacting new possibilities.

So it is with this awareness, of the necessity of uncertainty and the value of dreaming, that I venture forth to seek the next phase in my own career and in my life. After four years at MAPS and eight in Sarasota, I'm excited and somewhat terrified about the changes ahead. To use a favorite MAPS analogy, it's like a psychedelic experience—staying with the anxiety, facing the void, to see what's on the other side.

I'll let you know what I find out.

Thanks for everything,
Brandy

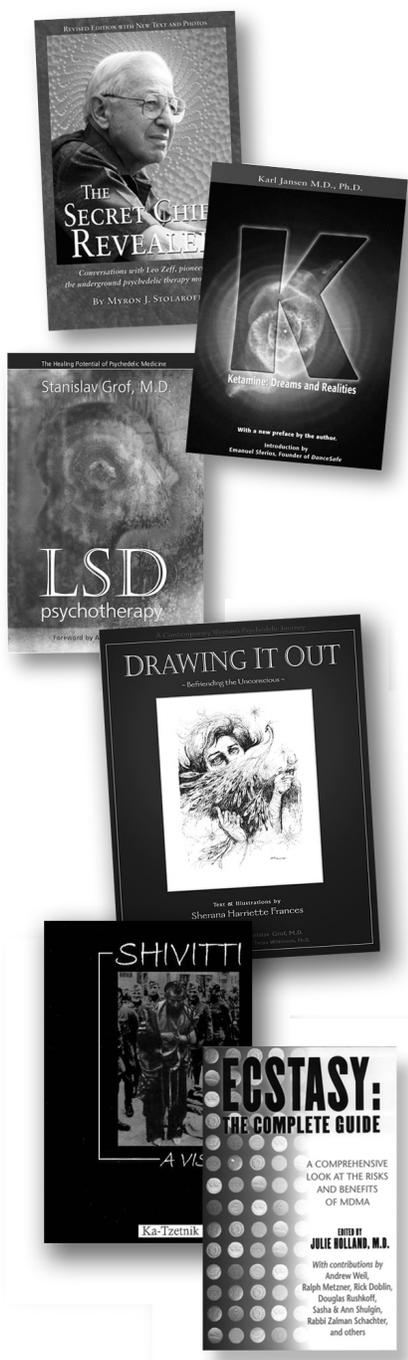
Brandy can still be reached at her MAPS address, brandy@maps.org.



Brandy in the hills above Edinburgh, Scotland.

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MAPS MEMBERSHIP INFORMATION

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

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

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

THE MAPS BULLETIN

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



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



Julia Onnie-Hay, Director of Membership and Sales, started working at MAPS after five years of volunteering while earning her B.A. in cultural anthropology from New College of Florida. She enjoys exploring the connection between ancient shamanistic and contemporary mystical healing methods, and desires to cultivate cultures that use psychedelics in r/evolutionary sustainable development.



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



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

"You gain strength, courage, and confidence by each experience in which you really stop to look fear in the face. You are able to say to yourself, 'I have lived through this horror. I can take the next thing that comes along.'"
—Eleanor Roosevelt

Yad Vashem, the Israeli Holocaust Museum. Photo by Brandy Doyle.