There are three phases in investigating a drug as a prescription medicine. Phase I involves collecting safety data in animals and humans. Phase II involves several pilot studies administering the drug to human subjects to treat a common indication under slightly different treatment protocols. The current MAPS study in Charleston, SC, the approved studies in Switzerland and Israel, and a proposed study in Spain fall under Phase II. When these Phase II studies are completed, MAPS will submit the data to the FDA and the regulatory agencies in the other countries. We will then apply to begin Phase III, where we will expand to multi-site studies under a shared protocol to test MDMA therapy in the treatment of PTSD on a large sample of subjects. These Phase III multi-site studies, one protocol conducted throughout multiple sites in the US and one protocol conducted throughout multiple sites in Europe and Israel, will each involve about 280 total subjects, cost in the range of $2.5 million, and take two to three years.

The Israeli study differs from MAPS’ original MDMA/PTSD study conducted by Dr. Michael Mithoefer in the US in that it has supplemental dosing halfway through each of the sessions. The Israeli study also uses an active placebo of low dose MDMA, rather than an inactive placebo. This will make it more difficult for the therapist and subject to be able to tell whether the subject received an active dose of MDMA or not, increasing the success of the double-blind. In this study we will also collect long-term follow-up data for one year for the second experimental session. The study in Israel also tests the efficacy of using slightly less staff time, since only one therapist is present during some of the non-drug therapy sessions, rather than both therapists. Both therapists are present during all of the experimental sessions where MDMA is administered, and some of the non-drug therapy sessions.

MAPS Clinical Program Manager Amy Emerson has been of tremendous help in volunteering her time to implement the rigorous standards required by the US FDA and the European Medicines Agency in conducting these clinical trials with MDMA. MAPS Patron Donor Ami Shapirko has also been very generous in donating $100,000 to this study and raising an additional $25,000 of the total of $100,000 needed to conduct this research. We are now seeking an additional $65,000 for this study. Please contact the MAPS office if you are interested in making a donation.

On January 19, 2006, we learned that the DEA had issued the necessary license for Dr. Halpern’s study of MDMA-assisted psychotherapy in advanced-stage cancer patients.

VER the last five years, MAPS has donated over $34,000 to Harvard Medical School-affiliated McLean Hospital in a long-term effort to sponsor Dr. John Halpern’s proposed research into the use of MDMA-assisted psychotherapy in advanced-stage cancer patients. This MDMA-assisted psychotherapy study is part of MAPS’ overall strategy to become the leader in sponsoring research into both the risks and the benefits of MDMA (Ecstasy). In terms of studies into the risks of Ecstasy, one fruit of MAPS’ support of Dr. Halpern over the years has been the initiation of the most methodologically well-designed study of the neurocognitive effects of MDMA to take place in a population of subjects who had used Ecstasy numerous times with minimal use of other drugs. MAPS had brought information about and access to this population to the attention of Dr. Halpern and had donated in excess of $15,000 to McLean Hospital for an initial study in these subjects. The results of the pilot study were so promising that Dr. Halpern applied for and received a $1.8 million, five-year grant from the National Institute on Drug Abuse (NIDA), with the grant application containing an acknowledgement of MAPS’ support for the pilot study.

On January 19, 2006, we learned that the Drug Enforcement Administration (DEA) had issued the necessary license for Dr. Halpern’s study of MDMA-assisted psychotherapy in advanced-stage cancer patients. This meant that final regulatory approval was in hand and the study could begin since additional approvals had previously been obtained in December 2004 from the Food and Drug Administration (FDA) and prior to that from the McLean Hospital’s Institutional Review Board (IRB). The IRB at the Lahey Clinic (where Dr. Todd Shuster, the oncologist who will refer subjects to the study, works) and the Massachusetts Department of Public Health. Yet just when it seemed that MAPS had achieved in long-sought goal of starting this study, it became necessary for MAPS to withdraw from further direct sponsorship of Dr. Halpern’s research and from MAPS’ parallel effort to sponsor research at McLean Hospital into the use of LSD and psilocybin in the treatment of people suffering from cluster headaches.

Immediately after DEA approval was obtained, I learned that the McLean Hospital administration felt that MAPS’ long-term advocacy for MDMA psychotherapy research and general opposition to Prohibition would cause the results of the study to be challenged as biased if MAPS were involved in the study in any way and that they did not want McLean to be involved in a study funded by MAPS. Therefore, I decided that it would be best for MAPS to offer to withdraw from further direct financial sponsorship of Dr. Halpern’s research so that the study, which we had labored so long to start, could proceed. Sacrifices sometimes need to be made. Instead of funding the study, MAPS plans to assist Dr. Halpern in contacting donors interested in giving support directly to McLean Hospital. We believe that this financial distance from MAPS, and more so the rigor of the methodological design of the study itself, will enable the results of the research to be viewed by skeptics more objectively. If the results of the pilot study are promising, MAPS will again explore options for the support of research at McLean Hospital.”