20 YEARS AGO, on April 8, 1986, I filed the necessary papers with the Florida Secretary of State to create the Multidisciplinary Association for Psychedelic Studies (MAPS). MAPS was initially created in response to DEA’s 1985 action making both the therapeutic and non-medical uses of MDMA illegal. I intended to use the non-profit structure primarily to build a membership-based research and educational organization that would develop MDMA into an FDA-approved prescription medicine. Through the sponsorship of scientific research, I planned for MAPS to serve as a scout into consciousness and culture, seeking to bring the psychedelic experiences and explorations that had been so beneficial to me and many others into wider, legal contexts.

Letter from Rick Doblin, MAPS President

I stumbled upon the underground MDMA psychotherapy community in 1982, when MDMA was still legal, and enthusiastically participated in a movement that felt profoundly healing, wonderfully freeing, and doomed. I was inspired to join hands with others to struggle against the slow, inexorable criminalization and demonization of MDMA. In 1984, we initiated a lawsuit against DEA seeking to protect MDMA’s therapeutic use. Despite our best efforts, we observed history repeat itself as hope was swallowed by fear, mirroring the prohibition of psychedelics in the 1960s. Yet even by 1986, I had benefited so much from my experiences with MDMA and other psychedelics that I felt I could work for these last twenty years, and for the next twenty as well, and still end up giving back to our culture just a fraction of what I had gained.

Twenty years after its founding, MAPS is where I thought it would take about five years to reach. However, considering the obstacles that we have overcome and our recent breakthroughs, I’m deeply satisfied. MAPS MDMA psychotherapy research studies in subjects with posttraumatic stress disorder (PTSD) have been approved in the US (p.7), Israel (p.10) and Switzerland (p.9). In addition, we’ve obtained final approval for MDMA research at Harvard in advanced-stage cancer patients with anxiety, though MAPS has withdrawn from formal sponsorship of that study (p.11). MAPS is also involved in suing the DEA for obstruction of our medical marijuana production facility (p.3), bringing MAPS full-circle.

MAPS’s work requires a successful balancing act that is as difficult as it is exciting. I’m frequently reminded of one Timothy Leary’s wiser sayings, “If you want to be a bridge, you have to get used to being stepped on.” I recently attended a conference in Israel that illustrates the different worlds that MAPS is trying to bridge. The conference was sponsored by the Israeli Anti-Drug Authority and included a talk by Acting Prime Minister Ehud Olmert. The rhetoric was of the sort that would delight US Drug Czar John Walters. Haim Messing, the Director of the Anti-Drug Authority, reported that about 20 million doses of MDMA are smuggled into Israel each year, and “every one is a hand grenade.” In contrast, Mr. Messing had previously written and sent a formal letter of support for MAPS’ MDMA/PTSD pilot study to the Israeli Ministry of Health, at its request. Over the past seven years, MAPS has built relationships and offered educational seminars about MDMA research to members of the Israeli Ministry of Health and the Anti-Drug Authority, and this work bore fruit in the letter of support from Messing. Similarly, a letter of support for the MDMA/cancer anxiety pilot study to senior administrators at Harvard Medical School’s McLean Hospital, from a former senior official at the US White House Office of National Drug Control Policy with whom I’ve built a dialogue for over fifteen years, was instrumental in obtaining the final approval for that study.

Perhaps it will take the next twenty years for MAPS to complete it’s five-year, $5 million plan to obtain FDA approval for the prescription use MDMA. Perhaps it will just take five years. Either way, it’s a worthy struggle. It’s my privilege to thank everyone who has supported MAPS since its inception, especially the MAPS staff members who have worked with us in our quixotic quest. I’m thrilled to contemplate what we can accomplish together over the next twenty years!

Rick Doblin, Ph.D., MAPS President

Lyle Craker’s DEA Lawsuit for a MAPS-Sponsored Medical Marijuana Production Facility: An Update

The courtroom drama is over. The political wrangling is in temporary respite. And, the possibility of MAPS-sponsored FDA-approved clinical trials with marijuana is now hinging on a recommendation to DEA Administrator Karen Tandy from DEA Administrative Law Judge Mary Ellen Bittner, expected by summer or fall of 2006.

Following two rounds of hearings and an aborted hearing in January, lawyers for the DEA and lawyers from the ACLU and the two Washington, DC, law firms working largely pro bono for Prof. Lyle Craker, Ph.D., are now preparing final legal briefs. The legal briefs, due April 27, will build legal arguments based on the evidence presented in court during oral arguments, but cannot introduce new evidence.

If Judge Bittner recommends that the DEA issue a Schedule I manufacturing license to Prof. Craker, it will be just that—a recommendation. The DEA could still reject the Judge’s ruling, leaving us with the inextricable option of suing the DEA in the Washington, DC, Circuit Court of Appeals on the grounds that their rationale for rejecting a favorable recommendation was flawed, a process that could delay the case for several more years. Therefore, if Judge Bittner makes a favorable recommendation, we will need to place political pressure on the DEA to follow it, even though we already have letters to the DEA urging it to issue the license from 38 members of the House of Representatives (35 Democrats and 3 Republicans), both US Senators from Massachusetts (Kennedy and Kerry), Republican strategist Grover Norquist, and organizations such as the California Medical Association, the Lymphoma Foundation of America, the United Methodist Church (UMC), and several state nurses’ associations.

The Background

Although federal law requires adequate competition in the production of Schedule 1 drugs [21 U.S.C. § 834(a)(1); 21 C.F.R. § 1301.35(b)], at present, the federal government’s National Institute on Drug Abuse (NIDA) has a monopoly on the supply of marijuana, but no other Schedule 1 drug, that can be legally used in federally-approved research. This monopoly has been used to obstruct privately-funded research aimed at developing marijuana into an FDA-approved prescription medicine.

For example, NIDA has refused to...