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Dear MAPS,

I just wanted to let you know that I’m asking all of my friends to donate to MAPS in lieu of a gift for my 60th birthday next week (I already have more “stuff” than I need or could ever want). Jeez, am I really 60 already? How time flies.

Hope that all is well with you. Keep up the great work!

Best,

Susan P. Robbins, Ph.D., LCSW

MAPS Bulletin is produced by a small corporation funded by tax deductible donations. MAPS is focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses. Interested parties wishing to copy any portion of the 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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Published in the scientific literature presenting evidence from a controlled, clinical trial about the use of MDMA-assisted psychotherapy. Sometime in 2009, a paper about our U.S. MDMA/PTSD study will appear in the scientific literature, marking an historic achievement.

Together, we’ve succeeded against all odds. After twenty-two years of difficult struggles since MAPS was founded in 1986, we’ve overcome enormous obstacles and, finally, have successfully concluded our first MDMA-assisted psychotherapy study. We’ve demonstrated that we can provide clinically and statistically significant relief to subjects with treatment-resistant posttraumatic stress disorder (PTSD). A tantalizingly promising new world of opportunity now lies ahead for MAPS.

Our pioneering U.S. MDMA/PTSD pilot study has performed the pharmaceutical industry in the quest to develop effective treatments for PTSD. To do so, we’ve had to overcome aggressive suppression of research, and massively exaggerated estimates of the risks of MDMA put forth by anti-drug authorities around the globe—seeking to block research into the beneficial uses of MDMA. I can now see the next ten years laid out ahead of us, during which we’ll transform MDMA—and perhaps other psychedelics and marijuana—into approved prescription medicines.

To paraphrase Winston Churchill, while we’re not yet at the beginning of the end (of integrating the medical uses of psychedelics and marijuana into our culture), we are at the end of the beginning. In our rigorous, methodologically well-designed MDMA/PTSD Phase 2 study, we’ve produced data demonstrat-
ing safety and efficacy that even the most skeptical of critics will need to acknowledge.

This October, like the Phoenix rising from the ashes, partial results from MAPS’ Spanish MDMA/PTSD dose-response pilot study will appear in the 40th anniversary edition of the Journal of Psychoactive Drugs (originally called the Journal of Psychedelic Drugs). We began the study in 2001, when its heartbreakingly helpless watch as it was prematurely aborted in 2002 before completion by Spanish and U.S. anti-drug forces, who were politically opposed to the world’s first controlled, clinical study of the therapeutic use of MDMA. At present, there are over 3000 scientific papers indexed in Medline about MDMA and/or Ecstasy. Yet this paper about MAPS’ Spanish MDMA/PTSD study will be the first paper ever published in the scientific literature presenting evidence from a controlled, clinical trial about the use of MDMA-assisted psychotherapy. Sometime in 2009, a paper about our U.S. MDMA/PTSD study will appear in the scientific literature, marking an historic achievement.

We’ve now passed a critical turning point. MAPS has completed our U.S. MDMA/PTSD pilot study and is currently sponsoring additional ongoing MDMA/PTSD studies in Switzerland and Israel. We’re working to obtain permission for further Phase 2 MDMA/PTSD studies in Canada, Spain, France, Jordan, and the U.S., and we catalyzed and arranged for the funding of a study at Harvard Medical School into the use of MDMA-assisted psychotherapy in treating anxiety in advanced-stage cancer patients. We’re refining our MDMA/PTSD treatment manual that describes our method of MDMA-assisted psychotherapy for PTSD patients. We’re also developing a therapist training program for the twenty to thirty male/female co-therapist teams who will eventually conduct our large-scale, multisite Phase 3 studies, that will be required by the FDA and the European Medicines Agency (EMEA) to prove safety and efficacy prior to approval of MDMA for prescription use.

The challenge ahead is daunting. For the next two years, we’ll be conducting and completing several additional Phase 2 studies, designed to gather data necessary for an “End of Phase 2” meeting with the FDA to determine the design of our two, large Phase 3 multisite studies, with perhaps six hundred subjects. These Phase 3 studies will take an additional three to five years, followed by FDA and EMEA review of the data lasting another year or two.

For the last ten years, I’ve spoken and written about a five million dollar, five-year plan to develop MDMA into a prescription medicine. Based on the last decade of experience, I’m now thinking in terms of a $10 million, 10-year plan which, if we’re lucky, may end up as a $7 million, 5-year plan. In any case, what’s a few years and a few million dollars either way, when the goal is so tremendous? MAPS is also involved in LSD and MDMA and, eventually, psilocybin research, in people with anxiety associated with end-of-life issues. We plan to expand our research into the use of ibogaine in the treatment of substance abuse. If we can break the federal monopoly on the supply of marijuana for legal research, we’ll also work to start developing marijuana into a prescription medicine.

Together, we can work wonders and make a positive and lasting contribution to this magnificent yet hugely suffering world.

Rick Doblin, Ph.D.

MAPS President
Letter from the Editor David Jay Brown

Editing this Bulletin completes my eight month commitment with MAPS as their Guest Editor--a spot that I was temporarily filling, while MAPS found a new Director of Communications to replace Jay Davies, who is now working with the ACLU. (But join us in this Bulletin to report on the legal logistics of MAPS vaporizer study that is being held up by NIDA!) The next issue of the Bulletin will be edited by Randolph Hencken, MAPS’ new Director of Communications and Marketing. This issue of the Bulletin contains a warm introduction from Randy, so please join me in welcoming him to the MAPS community.

It’s been a real pleasure working with everyone at MAPS these past few months, and an honor to be part of this dedicated team of public policy reformers and researchers. Although I’ll be bowing offstage, and leaving you all in Randy’s capable hands, this won’t be the last that MAPS members will be seeing of me. I’ll be back again as Guest Editor next Spring to compile and edit another special theme issue of the Bulletin. This special issue will be devoted to the theme of “ecology and psychedelics.” Increased ecological awareness is an important lasting effect of many psychedelic experiences, and at this juncture in our species’ evolution it certainly seems like a timely topic for discussion. Please contact me if you are interested in contributing to this special issue of the Bulletin: davidjay@maps.org

Twenty years ago, when I was in graduate school studying psychobiology, what I wanted more than anything else was to be able to conduct psychedelic drug research--but the opportunities just weren’t available. Today, things are different. Thanks to MAPS, and sister organizations like the Heffter Foundation, psychedelic drug research is once again a legitimate area of scientific study.

Psychedelic drug research is once again a legitimate area of scientific study. Thirty-five years is a pretty long time to just be sitting on a substance that has, in previous studies--demonstrated so many remarkable abilities for safely treating a wide range of difficult-to-treat medical conditions.

Also very exciting are Dr. Peter Oehen’s and Dr. Michael Mitrooer’s reports on their MDMA/Posttraumatic Stress Disorder (PTSD) studies. The preliminary results from both of these studies, which are reported on in this issue, are extremely encouraging, and Dr. Mittoeuer’s Phase II study is now almost complete. I’m fully convinced that MAPS—along with our sister organizations—will eventually accomplish our mission of making MDMA, LSD, psilocybin, DMT, mescaline, ibogaine, and marijuana into legal prescription medicines. It looks like MDMA will probably be the first. The forces of evolution are with us, to be sure, but part of the reason that I’m so confident about this is a result of my personal interactions with Dr. Rick Doblin, founder and president of MAPS.

I met Rick in 1994 at a conference in Los Angeles, sponsored by the Laura Huxley Foundation, called “Children: Our Ultimate Investment,” which addressed children’s issues in our present society. Within minutes of meeting Rick, I witnessed his trademark, closely-mouthing grin—reminiscent of an MDMA afterglow—and after hearing him talk about his ideas for advancing psychedelic research, I was instantly charmed. Over the years, I’ve watched in awe at Rick’s near-miraculous ability to communicate across great cultural divides, to patiently and persistently navigate his way through bureaucratic mazes and government blockades—that appeared impassable even to the Hindu deity Ganesh—and to make the seemingly impossible happen with psychedelic drug research. Rick has an uncanny ability to communicate effectively with hard-nosed scientific researchers, cautious government officials, frightened patients, curious students, concerned parents and teachers, counterculturally-minded trippers, skeptical mainstream journalists, and mystically-minded visionary artists. I think that this culture-bridging ability that Rick has so skillfully mastered is the secret to MAPS’ great success, and this is why I think its success will only continue to snowball. I share Rick’s vision and I believe in MAPS’ mission, as do many people, across many disciplines. I think that making therapeutic psychedelic experiences legally available to all who need them is one of the most important things that we can be doing, and I look forward to the day when Rick can use his untapped shamanic skills as a fully-licensed and practicing psychedelic psychotherapist.

It seems pretty clear that our planet is currently in a deep ecological and spiritual crisis, and that there isn’t a whole lot of time left to rescue our biosphere from serious damage. I’ve personally witnessed how psychedelic experiences can psychologically transform people, how those very human traits that seem so great, so positive, healthy ways, so quickly--over night, like Scrooge in The Christmas Carol. This knowledge motivates me, and it’s why I believe so strongly in what MAPS is doing. I encourage you to contribute what you can to MAPS, to get involved and spread the word--because without you, and without your help, none of this would be possible.

Letter from the Editor David Jay Brown
MAPS’ US MDMA/PTSD Phase II Study:  
The 12th and Final Progress Report

On June 18, 2008 we conducted the final all-day experimental session of our MDMA/PTSD study. It was the third MDMA-assisted session for our 31st and last subject, who had previously had two placebo experimental sessions during the double-blind stage of the protocol. After a series of integration sessions with Annie and me, the subject will meet with Mark Wagner, Ph.D. in mid-September for her final symptom measures, at which point this Phase II study will be completed. Our longer-term follow-up study is considered a separate study and will be initiated shortly after the final subject’s two-month follow-up is completed. Since the study started treating subjects 4 1/2 years ago, we’ll be evaluating subjects from one to 4 1/2 years after treatment.

The study has now included 51 MDMA-assisted experimental sessions, 16 placebo experimental sessions, 337 non-drug therapy sessions for preparation and integration, and 128 psychological testing sessions. During the four and a half years over which these sessions have taken place, there have been no serious drug-related adverse events.

The next step will be statistical analysis of the data and publishing the results in a peer-reviewed journal, Mark Wagner, the neuropsychologist who has done all the screening, symptom measures and neuropsychological testing, has begun work on the data analysis. We will not be prepared to publish the results prior to peer-reviewed publication, however we continue to be very encouraged by the changes we are seeing in PTSD symptoms and the lack of evidence for any adverse neuropsychological effects.

In the meantime, we have been turning our attentions to preparation for the much larger multi-center trials that are required for FDA drug approval. Before MAPS is in a position to apply for approval of these Phase III studies, they will need data from at least one other Phase II study to demonstrate that our results can be replicated. The studies that are ongoing in Switzerland and Israel (and in the design and approval process in Vancouver) will likely produce this data within the next year or two. The preparations that we’ll be working on during this time are related to the design of Phase III trials and the training of therapists to work in Phase III.

Design: Data from the present study will allow us to request FDA and IRB permission to streamline the protocol for Phase III trials in various ways, such as eliminating the presence of an ER nurse, not monitoring liver enzymes after experimental sessions, and decreasing the frequency of vital sign measurements. One of the major remaining challenges in Phase III design is to maximize the effectiveness of the double-blind by making it more difficult for investigators and subjects to distinguish full-dose MDMA sessions from placebo sessions. In our study we used an inactive placebo and compared it to 125 milligrams of MDMA (followed by a supplemental dose of 62.5 milligrams in our later subjects).

There is some PTSD research experience with lower doses. In a Spanish study conducted by Jose Carlos Ruso and colleagues—which was stopped for political reasons before full doses were reached—six subjects received either an inactive placebo, 50 milligrams of MDMA or 75 milligrams of MDMA. The Swiss, Israeli and Canadian studies mentioned above are all using low-dose MDMA as an “active placebo.” We are currently discussing the possibility of doing an additional Phase II study with low, intermediate, and full-dose MDMA in a small group of PTSD patients, in order to help determine the best active placebo dose for Phase III trials.

Training: In order to conduct a valid study at multiple sites, with different therapists, it is necessary to have a standardized approach to therapy, as defined in a treatment manual and also as a means of determining whether or not different therapist teams are in fact using the same approach. June May Ruse, Ph.D. has spent many hours listening to recordings of our study sessions and has taken the lead role in developing drafts of a treatment manual—with contributions from Rick Doblin, Ilsa Jerome, Annie Mitroofer, and me, along with editing assistance from Elizabeth Gibson. June has also written a draft of about ten rating scales, each focusing on one of the central aspects of our therapeutic approach, which will be necessary for an observer to confirm whether or not a therapist team is adhering to the manual.

Along with the manual and adherence scales, we are designing a training program for potential Phase III therapists. In August, June, Annie, and I scheduled a week to intensively review audio and video recordings from the study sessions in order to further refine the Treatment Manual, the adherence scales, and the training program design. We are well aware that our approach to MDMA-assisted therapy does not lend itself to “manualizing” as readily as some other forms of therapy. Our approach is largely non-directive and, except for the introductory sessions, there is not a predetermined structure regarding what is dealt with in a particular session.

Nevertheless, we believe we can describe the essential elements in a manual, and design valid adherence measures for them. Our approach is largely based on what we’ve learned from the writings of Stanislav and Christina Grof and others, and in our Holotropic Breathwork training with Stan and Christina. We recognize that our experience in this one study does not give us the definitive answer about the best way to conduct MDMA-assisted therapy. What it does provide is evidence that this can be an effective approach, and is a worthwhile model to carry forward into larger studies.

We’re delighted to be bringing this study to completion with encouraging therapeutic results and a good safety profile. At the same time the feeling is bittersweet, because we have so enjoyed working with all the people who have volunteered to participate in this study. We feel great respect and appreciation for their courage and willingness to do this deep experiential work, especially in an experimental protocol. We know that doing so often presented considerable logistical as well as emotional challenges. Their determination to heal has inspired us, as has the community of supporters whose generosity and hard work has made it possible to offer this tool to facilitate healing.

The study has now included 51 MDMA-assisted experimental sessions, 16 placebo experimental sessions, 337 non-drug therapy sessions for preparation and integration, and 128 psychological testing sessions.

...we continue to be very encouraged by the changes we are seeing in PTSD symptoms and the lack of evidence for any adverse neuropyschological effects.

Michael Mitroofer, M.D.  
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Swiss MDMA-assisted Psychotherapy Study: Update on Study Progress

Ten first half of the MAPS-sponsored Swiss MDMA/PTSD study has been completed. So far, six subjects have completed the MDMA-assisted psychotherapy study protocol—which involves twelve subjects who suffer from treatment-resistant posttraumatic stress disorder (PTSD)—and are now in the follow-up phase of the protocol. Subjects will be evaluated several times during the year after their third and last MDMA-assisted session.

Two subjects have dropped out of the study. They both had decided to discontinue participation in the study after their first MDMA-assisted sessions. One of the subjects received the full dose of MDMA and felt unable to face and endure reliving the trauma—as well as its emotional sequelae—under the influence of the MDMA. After a disturbing first week following the MDMA experience, he stabilized and eventually returned to his usual state of mind. This demonstrated to us that even in a very difficult situation—which we assessed as an expected adverse event—the MDMA experience can be handled safely.

The other subject who dropped out of the study had received an active placebo. This is a low dose of MDMA (25 milligrams), followed by booster dose of 12.5 milligrams of MDMA two and a half hours later. This subject had to face previously suppressed, traumatic memories during the active placebo session—intensely reliving the trauma, but without receiving specific support from the MDMA. This also proved to be a very trying situation for both the subject, as well as the therapists, and required additional support for the integration of the experience in the following two to three weeks after the subject had decided to drop out.

A few months later we experienced a similar situation with another subject, who also received an active placebo. This situation helped to highlight the question of how the active placebo was “more active than a placebo.” This low dose of 25 milligrams is distinctly below the commonly accepted threshold dose of 80 milligrams, and it can actually activate PTSD symptoms in some sensitive subjects. This is an important ques-

tion to look into with regard to developing future MDMA studies.

Two of the subjects who finished the protocol were evaluated as “non-responders.” This means that they did not improve signifi-
cantly after the MDMA-assisted psychotherapy, with the full dose of MDMA, as assessed by the main outcome measure and by the principal investigator’s clinical judgment. Both subjects reported that the MDMA-assisted psychotherapy had helped them to some degree, and both felt that additional MDMA sessions could help assist them further on their way to healing from PTSD. We therefore applied for two addi-
tional MDMA sessions, with the possibility of administering a twenty percent higher MDMA dose. Final approval from the Swiss health authorities was obtained for this at the end of April 2008.

The first of the “non-responders” has completed the two additional sessions—with the higher MDMA dose of 150 milligrams, followed by a booster dose of 75 milligrams. This was well tolerated in both sessions, and did not lead to any significant rise in blood pressure, temperature, or any increase of typical MDMA side-effects. The follow-up measurements have yet to be performed, but the subject reported feeling further improvement. We have not yet been able to tell if this improvement is due to the additional sessions or the higher dose of MDMA. The other “non-responders” subject will go through the two additional sessions soon.

Along with Michael and Annie Mithoe-
fer, we were able to present the preliminary results of our U.S. and Swiss MDMA/PTSD pilot studies at the World Psychedelic Forum conference in Basel, Switzerland in March 2008. Our work received a lot of positive attention from conference participants—and from the media, which is now helping us to recruit additional subjects for the Swiss study. With the help of the media, we have now received inquiries from another six potential subjects. If recruitment continues to be as promising as it is at the moment, then we hope to be able to finish the study within a year.

By Peter Oehen, M.D.
peteroehen@eth.ch

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MDMA-assisted psychotherapy had helped them to some degree, and both felt that additional MDMA sessions could help assist them further on their way to healing from PTSD. This also proved to be a very trying situation for both the subject, as well as the therapists, and required additional support from the MDMA sessions.

Every step in a clinical trial is geared towards fostering the collection of high quality data—to support the protocol hypothesis, and to demonstrate that the drug is safe.

There are many key players in the design and conduct of a clinical trial: the doctors, nurses, patients, regulatory agencies, ethical committees, etc. One of the most important players, which may sometimes not be considered from the lay perspective, is the data. Every step in a clinical trial is geared towards fostering the collection of high quality data—to support the protocol hypothesis, and to demonstrate that the drug is safe. My role is to take care of the data, from the very inception of the trial, to the final study report. I am a Clinical Data Manager (CDM).

The CDM is a behind-the-scenes player in the world of clinical Trials. Typically, it is my job to design the data collection forms, to build the database(s), to enter the data, and to review the data ensuring that it is complete, clear, and consistent. The CDM works with raw data, in various forms, to prepare it for statistical analysis and reporting. I have been a CDM for many years in the pharmaceutical and biotech industry; this is my first time working with MAPS.

Over the past few months I have been working diligently to design a database for MAPS to use in storing data from this, and other MAPS trials. I have also been reviewing the data in paper form and entering them into the new database system. Once the data entry is complete, I will review the data to ensure that they are complete and consistent.

Data Management

“Sherbie” (pseudonym)

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With the imminent completion of the first pilot MDMA study at Dr. Michael Mithoefer’s clinic in South Carolina, it is now time for MAPS to collect, database, review, and analyze their results. Over the past few months I have been working diligently to design a database for MAPS to use in storing data from this, and other MAPS trials. I have also been reviewing the data in paper form and entering them into the new database system. Once the data entry is complete, I will review the data to ensure that they are complete and consistent.

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MAPS Clinical Research Team Explores New Research Sites
in France and Spain—And Speaks in Ibiza

As MAPS’ flagship MDMA/PTSD study in Charleston, South Carolina draws to a close with promising results, MAPS clinical research monitoring team has been busy scouting our potential new sites where we hope to replicate our results.

In June we traveled to Lyon, France and Barcelona, Spain to explore new possibilities for future research.

We frugally combined this with another trip to Ibiza, where I was invited to speak at the Club Health 2008 conference, with all expenses paid by conference organizers from John Moore University in Liverpool, England. I opened as a keynote panelist at the conference and spoke about MAPS’ revolutionary grassroots research applying psychedelic techniques to those people who are having difficult psychological experiences at festivals. It was fun and productive to network with a slightly different, though allied, set of people and organizations at this harm reduction event—and it significantly cut MAPS’ travel expenses, since the conference paid for my trip across the Atlantic (as well as room and board in an Ibiza resort for a few days).

After departing from Ibiza, we arrived in Lyon, France, where we met with French psychiatrist Dr. Fred Rosenfeld, M.D. Rosenfeld and his colleague Olivier Chambon, M.D., are interested in conducting an MDMA/PTSD study with MAPS. They are currently in the very early stages of negotiating the maze of bureaucratic and political approval before they can even submit a formal protocol, but our meeting set the next steps in motion and hopefully inspired collaboration in this process.

In Lyon, we boarded the train and traveled down the coast to Barcelona, Spain, where we took a few days off and were graciously shown around the city by psychedelic documentary Ben de Leeuw. (De Leeuw directed and produced the Ibogaine documentary which is for sale in the MAPS online store.) We returned to work by heading to the Hospital de San Pau, a prestigious and historic hospital in the heart of Barcelona, blocks from Gaudi’s famous Sagrada Familia.

The head of the clinical research unit—along with researchers Jose Carlos Bousso, Ph.D. and Jordi Ribas M.D.—warmly welcomed us to their impressive inpatient research center. They presented us with a detailed slide show showcasing their broad research capabilities and experience. MAPS’ first MDMA/PTSD study started in Madrid, Spain in 2000, under the direction of Bousso. Unfortunately, this study was shut down in 2002 as a result of pressure from the Madrid Anti-Drug Authority. Bousso said he has been patiently waiting for the right opportunity to resume his research, and he has now found the place to do it. MAPS is eager to renew MDMA/PTSD research in Spain, both as a symbol that we’ve overcome the political suppression of scientific research, and also because we need to treat more subjects in Phase II clinical trials.

All of a sudden, there was a huge interest in Switzerland and abroad about this first psychotherapy study with LSD in 35 years.

Since my last report in the Autumn 2007 MAPS Bulletin, we have now completed six months of our fully-approved study “LSD-assisted psychotherapy in persons suffering from anxiety associated with advanced stage life-threatening disease.” After the final step of approval was completed with the Swiss Ministry of Health (BAG), this became an intense and rich time of publicity for us. All of a sudden, there was a huge interest in Switzerland and abroad about this “first psychotherapy study with LSD in 35 years.” I was also enthusiastic about reporting in this field, and, of course, it was an honor for me to become a person of interest just over night.

But this was not the main thing that I was concerned with. Far more important for me seemed the fact that it was now possible to speak in public about LSD therapy, and to provide “good” information about the topic. In other words, this new research has allowed me to leave the very polarized field of the ‘War On Drugs’, on the one hand, and on the other hand, to take a more neutral or scientific position than in the counterculture movement. My intention was to find something in between, that would make LSD therapy more of a normal thing, like other therapies.

It consumed a lot of personal energy to answer all of the journalists’ questions, although—with only one exception—all of these people were fair and interested professionals who did not try to make a flat sensational story out of it. The exhausting aspect of all this was that I always had to think about what the right information and the core message that I wanted to give was, and how this will be read or listened to by the people who receive it.

Finally, I had to learn that people who are really against “drugs,” and who fight against “drug consumption,” put some pressure on the authorities. I also learned that there are some people in the Swiss parliament who are very critical of this new study. These observations were signals for me to withdraw from all the publicity until I am able to present some, hopefully, positive results from the work that I am currently doing.

So, since Easter 2008, it has become much quieter around the study, and that is okay, because it allows me to fully concentrate on the scientific and therapeutic aspects of the work. This was an abrupt change in my own “information policy,” as, for awhile, I feared that my publicity could bring the whole study in danger. However, there was an entirely positive aspect to all this in the way that it developed. Albert Hofmann was very happy to see that his work will be continued, and that his longtime wish will become realized—that LSD will once again become a medicine in the hands of medical doctors.

Albert was pleased to see how positive the new LSD research was accepted by the public, and the last television interview that he gave on December 19, 2007 on the Swiss national TV network was like a blessing over the study from his side. Since Albert died this past Spring, I am grateful that he was able to see the start of our work.

Recruiting subjects for the study has not been as easy as I thought it would be, and as other people told me it would be. Although our publicity reached hundreds of thousands of people, and, in this way, obviously, hundreds of potential candidates, there were only few people inter-
Albert Hofmann was very happy to see that LSD will once again become a medicine in the hands of medical doctors. His longtime wish will become realized—his work will be medical doctors.

As of this writing (June 22, 2008), we will soon be running the second LSD or placebo session with the first subject. The second subject that we examined did not qualify for the study because of his daily consumption of marijuana, which is an exclusion factor. He would have had to withdraw for sixty days before starting the study, and then for another three to five months during the treatment phase. The third subject, who has been fully approved at the baseline exams, will start the study in the next month. Two further subjects are currently waiting for the baseline examination with the independent rater. So far, all five subjects are men. Two subjects are suffering from cancer, one from HIV/AIDS, another from progressive muscular disease, and the other from a neurological disorder.

The first subject had his initial LSD/placebo session in early June. The subject, the other therapist, and I were all convinced that he had the LSD dose. However, at the moment the seal of the blinding has not yet been broken. In his session the subject entered a deep process of psychic pain and sadness about his life situation, his loneliness, and his loss of trust in life after his diagnosis of stomach cancer two years ago. He experienced a sense of deep relaxation and cultivated a spiritual feeling of turning negative things into good, but he also experienced a deep despair about his depressed withdrawal from his girlfriend, and his exhaustion over being stuck in his work situation.

I am very curious about how the second session on June 27 will turn out, and about the follow up studies that will be done after three months. It is difficult to say how the subject will develop, as two LSD sessions and three months in the treatment phase are short amounts of time for psychological processes to occur. This is due to the methodology of the study. Nevertheless, I am convinced that we can demonstrate positive changes in this period.

Last, but not least, I would like to say that I work mainly as a psychiatrist/psychotherapist in my office, and doing the study is extra work. I have no university or research background I can rely on. The support and help from MAPS is very important in this situation. It is not just the financial side that they help with through their fundraising. They also help with the manpower and the know-how aspects of the study, which make this collaboration indispensable.

LSD showed me the inseparable interaction between the material and the spiritual world. By Albert Hofmann, Ph.D.

Translation from German by Elisabeth Riccabona

MY FIRST childhood memory is an image of large red strawberries in the garden where my mother used to carry me around in her arms. Another image I remember: It is night time, many people are standing in the street. They are pointing towards the sky in excitement. There is a comet in the sky. It was the Halley’s Comet in 1910.

Another striking memory I have is of cartwheels. I rode with them to make hay, and in autumn up to the Allmend which lay high above town. Up there you could often hear the distant roaring of guns sounding from the Alsace; it was at the time of the First World War. I also spent a lot of time at the blacksmith’s, watching how the blacksmith schoed the horses and wound the red hot iron hoops onto the wooden cartwheels.

The area surrounding the remains of Stein Castle was a wonderful place for us kids to play. I can still remember hearing my mother calling out from the kitchen window for us kids to come in for lunch or dinner when we had forgotten all about time while playing up in the ruins. The way to school, which led through the old town gate and through alleyways of the old town, always brings forth many fond memories.
In the beauty of nature, the wonder of creation revealed itself to me in its basic features. During enchanted moments, the wonder of creation revealed itself to me in the beauty of nature, and already then forged my view of the world in its basic features.

Fascinated by the mysteries of the subject, I decided to study chemistry at the University of Zurich. As a citizen of Weiningen in the Canton of Zurich I received a scholarship from the university. Living with my parents in Baden with no money for any distractions I immersed myself completely in my studies as my only enjoyment. Professor Paul Karrer, Director for the Department of Chemistry at that time, soon found me a position as an assistant to the professor. At the age of 23 I had already finished my Chemistry studies, after only eight semesters and received my Ph.D.

My father passed away three months before I finished my studies. However, before his death I was still able to show him my employment contract which I had already signed with Sandoz Pharmaceuticals.

In May 1929, I started my professional life, joining the Basel-based Pharmaceuticals–Chemical Department of Sandoz Laboratories, whose director was Professor Arthur Stoll. At the laboratories we were studying the properties of medicinal plants, the kind of work that entirely fulfilled my love of plants. I found complete satisfaction in my work when isolating, elucidating the chemical structure, and synthesizing the active substances of medicinal plants. So it was that my whole professional career evolved all around the Sandoz Pharmaceutical Laboratories, starting off as a coworker with Professor Stoll, working my way up to become team leader, and eventually being appointed Director of Research for the Department of Natural Products.

Valuable drugs like Methergyn, Dihydergarg, and Hydergine derive from substances I produced during my studies. By research and chance I discovered the psychoactive agent, which became known worldwide as LSD. In my book entitled LSD: My Problem Child I illustrated the history of LSD and its relation to the Mexican magic mushrooms. During lecture tours and conference visits I formed lasting friendships, mainly with colleagues from the United States, Mexico and Sweden.

The shining light that guided me through my professional career also accompanied me in my private life. In Anita Guanella I found the partner who gave me great happiness in marriage and in my family.

We met in 1934 while on skiing holidays in Arona. The first five years of our marriage we lived in Basel in Holz Street. Our two sons, Dieter and Andreas were born there. Several times during the war I had to go to Ticino for a few months to serve in the army.

During a holiday in May 1946, we moved to the countryside, to Oberwiler Street in the municipality of Bottmingen. For the next twenty-seven years we lived there, in our own house with its beautiful garden standing amidst a then still entirely rural area. My family soon grew bigger. We were blessed with two daughters, Gaby and Beatrix.

Only some of the many fond memories I have of that wonderful time, the middle of my life, I shall mention here: Our holidays in the Engadin valley, where Anita felt particularly happy as she originally came from the Canton of Graubünden, the home of her parents. While hiking and mountaineering together we experienced the magic, grandeur and sublime beauty of this high mountain valley. One of the highlights was certainly our ascent to the Bernina peak.

I also very fondly remember the great trips to India, Thailand, and particularly the expedition to indigenous Indian areas in Mexico. These trips were part of my work and Anita used to always accompany me.

Shortly before it was time for me to retire, and after the formerly rural and quiet municipality of Bottmingen had developed into a busy suburb, we decided to move further out into the countryside. In the village of Burg, at the very end of the Leinen valley, we found the ideal place to live. According to the plans and ideas of each family member, we build a house up at Rittimatte. There we lived happily for many years, particularly enjoying the many visits from our children, grandchil- dren and friends. While Anita found her love and joy in caring for flowers in our garden and house, like she already did in Bottmingen, I spent my time in the silence of my ‘hermitage,’ writing literary works, publications and dissertations, partly associated with my former occupation, as well as writing down my personal understandings and thoughts on natural philosophy.

It was also up at Rittimatte that my circle of life closed itself as I found the paradise of my childhood again.
An Interview with Albert Hofmann
By David Jay Brown, M.A.

This is a brief interview that I did with Albert Hofmann, shortly after his 100th birthday.

David: What inspired your interest in chemistry?

Albert: My interest in chemistry was inspired by a volume of chemistry that I bought shortly after his 100th birthday.

David: What do you think happens to consciousness after death?

Albert: I don’t know.

David: Do you think that LSD has affected human evolution?

Albert: I don’t know if it has affected human evolution, but I hope so.

David: What are your thoughts on why LSD is almost universally prohibited by governments around the world?

Albert: LSD belongs to a class of psychoactive substances that provide the user with a new concept of life, and this new way of looking at life is opposite to the officially accepted view.

David: What role do you see LSD playing in the future?

Albert: I hope that LSD provides to the future a new understanding of the mind.

David: What motivated or inspired you to do the first synthesis?

Albert: My interest in chemistry was inspired by a volume of chemistry that I bought shortly after his 100th birthday.

David: Do you think that LSD has affected human evolution?

Albert: I don’t know.

David: What role do you see LSD playing in the future?

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David: What motivated or inspired you to do the first synthesis?

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David: If you could have any ten people in the world use LSD, who would they be?

Albert: I don’t know.

David: What role do you see LSD playing in the future?

Albert: I am hopeful about the future evolution of the human species.

David: What do you think happens to consciousness after death?

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Altered states of consciousness and, more particularly, perceptual hallucinations, have puzzled philosophers and scientists interested in cognition for a long time.

Then Nicolas Franck, a psychiatrist from the Institute of Cognitive Science in Lyon, presented a neurocognitive approach to verbal hallucinations in schizophrenic patients. The afternoon hosted the colorful presentation of Canadian visionary artist Laurence Caruana: "Entheogens and Visionary Art." The following morning was dedicated by Dutch movie director Jan Kounen (famous for his film on the ayahuasca experience Other Worlds) and the attendance, around the nature and uses of ayahuasca and other master plants of traditional Shipibo-Conibo medicine.

The last day was dedicated to round-table discussions gathering experts from several fields. The first roundtable gathered Pierre Eterevich, Spanish psychologist and psychotherapist Manuel Villacresch, French neuro-psycho-pharmacologist Bois-Mariage and Finnish neuroscientist Levente Moro around the topic "Empirical Sciences and Subjectivity." The second roundtable discussion focused on "Philosophy & Hallucinations" with Benny Shanon, Markus Werning and Jérôme Dokić, a philosopher from Institute Jean-Nicod in Paris. Finally, Pierre Eterevich and Alex Porier discussed some recent studies on consciousness and its boundaries.

In conclusion, the main purpose of the present symposium was to present different methodological approaches to the study of altered states of consciousness. It is hoped that this symposium will provide a platform for the exchange of ideas and stimulate further research in this exciting field.

Future Actions and Conclusions

Since the beginning, our research group has benefited from the precious support of the RISC in France (Cognitive Science Information Network, affiliated to CNRS), who is hosting our Web site, promoting our activities, providing working spaces and supplying video equipment. We are very grateful for its enthusiastic working staff. For a number of reasons, this year’s symposium was self-financed, we are looking for and hoping to get financial support from the next Symposium. Registration was free, attendants were selected by the scientific committee after pre-registration. Our speakers came at their own expense, in a generous gesture, to participate in the event, and we are very grateful for their contribution. We also benefited from the help of qualified volunteers. Our idea in making this event free was to make it accessible to as many people as possible, especially for students.

Our idea in making this event free was to make it accessible to as many people as possible, especially for students. It turned out to be quite successful as it attracted a large number of students from all over France, Belgium, Switzerland, and Germany. Despite the lack of external funding, we had a professional sound control system as well as a cameraman, and most of the talks in French were simultaneously translated into English, using a wireless headset system (and the services of an amateur but inspired translator).

We are aware of several flaws regarding the final organization of the Symposium, but we are working toward improvement for next year’s Symposium. For instance, for 2009 we will have twice the capacity for the venue in order to accept more participants, and we will discourage no-shows and get some funding by charging an affordable registration fee. We are very open to suggestions and financial support from sponsors for next year’s Symposium (April 8-11, 2009, Paris).

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Ayahuasca: Legalized Works in the Netherlands!

Artur my first experience with MDMA, which was overpowering in every regard, I finished three years of training in psycho-cognitive psychotherapy at the Swiss Société Européenne de Thérapie during 1989 to 1992. In 1989, by divine providence, as I believe, and after a series of “synchronicities,” I likewise came into contact with ayahuasca. I won friends in the Amazon, and in Brazil I learned about the work of Santo Daime. Santo Daime is a form of spiritual practice that utilizes ayahuasca, the ancient South American psychedelic brew. It counts as a true panaacea, as the “teacher of all teachers” or “o profíderos dos profíderos,” as we sing in a “hinos” (Hinos are songs which are received by the “astral world.”)

At first, Paulo Roberto, one of the top leaders of the Santo Daime, invited me to join him on a trip through the U.S. In four weeks I experienced eight ceremonies—or “works”—from L.A. to New York. Then, to my great surprise, I received from Paulo three liters of the holy juice to start the first Santo Daime works in Germany. So, since 1989, I began leading spiritual works with the Santo Daime. However, because it became unlawful to practice in Germany during the last few years, we now celebrate in the Netherlands. These ceremonies are permitted there because of the freedom of religion. These ceremonies are permitted there because of the freedom of religion. These ceremonies are permitted there because of the freedom of religion. These ceremonies are permitted there because of the freedom of religion. These ceremonies are permitted there because of the freedom of religion. These ceremonies are permitted there because of the freedom of religion.

We may all give some examples of the curative effect of ayahuasca.

During the entire time that I was in Brazil, and took part in the works, I did not need to use my asthma medication, which is a kind of cortisone. I also experienced a powerful healing from influenza in the middle of the rain forest. Within about five hours of the work, with a high dose of ayahuasca, I overcame the fever and the infectious cold completely.

One of the most important curative powers of the Santo Daime is that we do not develop any tolerance to the ayahuasca, so we can drink as often and as much as is necessary or reasonable. I can adjust the dose as well, so that it seems optimum for everybody. After about two hours we have a “break” of about half an hour. Everyone can then lie down and dedicate themselves to their inward journey. Perhaps, we still drink a third time. The work is supported over and over again by “hinos,” which have the ability to canalize the energy and to steer the thoughts in a positive direction. Without this there would be a risk of the “energy” becoming very heavy, and then some could become entangled in dark thoughts. After the “break,” the ritual continues for approximately two more hours. At the end we pray again together. To gradually “come down” a suitable music is played.

On the next day we meet at midday for a detailed integration conversation. At the same time we also evaluate for the bigger work of Saturday evening. Then, in the evening, at about 7:00, we meet again in white. We drink the ayahuasca three or four times. In the last “round” we dance together, in a quite special, ritual dance, while we sing “hinos.” This type of dancing offers unprecedented opportunities, and equally important basic lessons to learn for our lives and our happiness. Singing is, of course, one’s free choice. Those who might find it too demanding can simply remain in their concentration. Then, on Sunday, we meet again about the midday for the next integration. Afterwards, is again, a free time, which we can use for walks in a nice area. Then, early in the evening, we gather for an “open” meeting. In each case I decide spontaneously what we will do together (our method, etc.). This meeting serves to further strengthen and integrate that which we have learned or recognized. One of the most important lessons that I learned during the works with the Santo Daime is not to react to the “negative” moods or actions from others. This is how I see the meaning of the phrase “If one gives you a blow on your right cheek, present the other also to him.” I’m still learning to live my life in this direction of love and forgiveness.

During the works with ayahuasca we can learn to steer our thoughts in a positive direction. The power of the plant spirits sometimes brings us completely to the border, and herein lies the special remedial potential of this “magic drug.” In the “Groznisituation” nothing else is left to us than to completely surrender, no matter how we feel. This is the main goal—to surrender to the divine or the universe.

My Way

On account of my special education and long-standing experience I carry out the trabaljos in quite a special way. A very important aspect of my work is to show how we can handle situations when we are confronted with people who (at least for ourselves) are behaving “negatively.” It is very important that we learn not to react to it in the same negative way. So not “an eye for an eye” but forgiveness. This depends substantially on the fact that the forgiving is not only theoretical but really from the heart. In this manner, we are able to master the difficult task of “integrating the shadow” as C.G. Jung called it.

Integration: “To integrate” the ayahuasca experience is at least as important as the work (ritual) itself. Only he, who practices the truth of the light. Another special point of my works is that we all stay together after the trabaljos. By staying together we have a very special opportunity to integrate into our life that which we might have seen or recognized during the works. We can then immediately test this out together, or discuss other questions, problems or conflicts, and try to solve them with the power of love and forgiveness.

Dates

Our works take place every three months. The next work will take place from the 7th to the 10th of November, 2008.

Last, but not least, I want to mention that because of my first experience with MDMA there arose the big opportunity to meet Dr. Rick Doblin. As a member of the European College for the Study of Consciousness (Das Europäische Collegium für Bewußtseinsstudien), I helped to make connections between him and the “psychedelic society” in Europe. I am very grateful for the indispensable important work and success of Rick and MAPS.

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Feds Continue to Barricade Marijuana FDA Drug Development Research: NIDA Rejects Vaporizer Protocol, DEA Continues Strategy of Delay

Over the past twelve years, a dozen U.S. states have passed laws either through ballot initiatives or state legislation allowing for the use of physician-supervised medical marijuana, and a dozen more states—even Illinois, Wisconsin, Minnesota, New York, and Michigan—have taken steps to pass similar laws that could pass over the next five years. To grasp the historically bizarre and unparalleled nature of state medical marijuana laws, one must remember that there is no other instance in recent history when states have regulated medicine—for better or worse, that has been the sole responsibility of the U.S. federal government’s Food & Drug Administration (FDA) for most of the past century.

Thankfully, one nonprofit pharmaceutical drug development organization—MAPS—has been working diligently for the past two decades to go for the “whole ball of wax” by attempting to design, fund, obtain government approvals, and conduct the clinical trials that are necessary to bring the marijuana plant itself to market as an FDA-approved prescription medicine in all 50 states. Unfortunately, rather than conducting research, MAPS has been drawn into lengthy legal and political battles with government agencies that have a vested interest in the status quo: the National Institute on Drug Abuse, also known as NIDA (a branch of the National Institutes of Health, or NIH), and the Drug Enforcement Agency, also known as DEA (an agency in the Department of Justice). DEA and NIDA are overseen by the White House’s Office of National Drug Control Policy (ONDCP), a Cabinet-level office that coordinates all of the executive branch’s “drug control” efforts. The FDA itself is not officially opposed to medical marijuana research, but DEA and NIDA have the power to obstruct privately-funded clinical research aimed at evaluating whether smoked and/or vaporized marijuana meets the requirements to be developed into an FDA-approved prescription medicine. NIDA has refused to supply marijuana to two FDA-approved protocols sponsored by MAPS, preventing these studies from taking place.

NIDA has a monopoly on the supply of marijuana, but it is Schedule I drug, that can be legally used in federally-approved research—despite a federal law that requires adequate competition in the production of Schedule I drugs. Human studies on any Schedule I drug must gain approval from the Food and Drug Administration (FDA) for research, with researchers unable to optimize the strain of marijuana they prefer to use for costly drug development efforts. NIDA cannot even guarantee that the same material will be available for prescription use should FDA determine that safety and efficacy has been proven, rendering any drug development effort using NIDA marijuana impossible.

The end result is that NIDA’s monopoly deters privately-funded researchers from proposing or conducting medical marijuana research, since financial sponsors will not invest millions of dollars into research studies until there is reliable access to a supply of high-quality material that can be used both in research and—if the research should prove successful—as an FDA-approved prescription medicine.

Update: Vaporizer Protocol Rejected by NIDA

For the last five years, NIDA has refused to sell 10 grams of marijuana for a MAPS-funded laboratory study evaluating the effectiveness of a marijuana vaporizer. The goal of this study is to gather further information about the chemical constituents that are contained in the cannabis vapor stream. A vaporizer is a non-smoking drug delivery device that eliminates the products of combustion that patients would otherwise inhale after burning marijuana. The Institute of Medicine recommended the development of non-smoking delivery devices in its landmark 1999 report on medical marijuana. MAPS’ initial vaporizer protocol was submitted to NIDA in July 2003, though NIDA rejected the protocol in August 2005, more than two years after it was submitted. Less than a month later, NIDA responded by not only rejecting the protocol, but also by asking an exorbitant number of questions that appeared to be designed to delay as long as possible. Chemic Laboratories, which would conduct the proposed study, responded to all of NIDA’s questions in August and is once again awaiting a response.

Update: Eighteen Months After Favorable Ruling from DEA Judge, NIDA Censures MapSponsored Marijuana Production Facility

In June 2001, with support from ACLU attorney Allen Hopper and Julie Carpenter from the Washington, D.C. law firm of Jenner and Block.

On Feb. 12, 2007, following a comprehensive review of the available evidence from the 2005 DEA law hearing, DEA Administrative Law Judge Mary Ellen Bittner issued a decision—but nonbinding—opinion and recommended ruling that Craker’s application be approved. It is up to the DEA to decide whether to accept or reject Bittner’s recommendation, but since there is no set deadline for DEA’s decision, the agency appears content to continue its strategy of delay.

If the DEA rejects Bittner’s recommendation, or if the delay continues so long as to be deemed “unreasonable” under the law, MAPS and Dr. Craker can appeal to the Federal Court of Appeals for the D.C. Circuit.

MAPS and its allies are taking advantage of this intervening period to build on our congressional and organizational lobbying efforts to demonstrate to DEA that there will be a price to pay for the continued political obstruction of medical science.
that there will be a price to pay for the continued political obstruction of medical science. Organizations that have written to DEA in favor of Craker’s application include the Multiple Sclerosis Foundation, the Lymphoma Foundation of America, the National Association for Public Health Policy, the United Methodist Church, Americans for Tax Reform, the American Medical Students Association, several state nurses’ associations, the Massachusetts Department of Public Health, and the California and Texas State Medical Associations, the two largest U.S. state medical associations. Also, as a result of MAPS’ congressional efforts, last fall 45 senators John Kerry and Edward M. Kennedy and representatives signed a letter to DEA in support of Craker’s application. Massachusetts representatives signed a letter to DEA in support of Craker’s application. DEA and NIDA are clearly scared of the truth about medical marijuana and are taking advantage of their lack of accountability to play politics with science. With nearly 80% of the states having laws (such as military-style raids on medical marijuana pharmacies and hospices in California) on the basis that marijuana has not been approved by the FDA as a medicine. Yet, as MAPS’ efforts have demonstrated, DEA and NIDA have created a Catch-22 for researchers—on the one hand, denying that marijuana is a medicine because the FDA has not approved it, while on the other hand obstructing the very research that would be required for FDA to approve marijuana as a medicine. Let’s hope that the next administration in Washington will have the courage and common sense to implement evidence-based policies that value science and the human rights of drug users more than blind allegiance to political orthodoxy.

Our capacity to intentionally choose our states of consciousness is about to expand dramatically, due to recent advances in biofeedback and neurofeedback technology. This technology has the capacity to rapidly train users to improve focus, reduce anxiety, elevate mood, or enhance meditation. It can also train us to produce some of the experiences commonly associated with psychedelic states, such as an expansive feeling of oneness, synesthesia, or travel outside of the body.

Training the Psychedelic Brain

This technology has the capacity to:

- train users to produce
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...the next generation of EEG devices... are designed to be inexpensive and user-friendly enough to allow just about anyone to use biofeedback to control brain-wave activity.

of skilled meditators, which he called the awakened mind pattern. This pattern, which is frequently seen during periods of enhanced awareness, is a laterally symmetrical and focused activation of alpha waves (mid-frequency) and theta waves (low frequency). Some variations of this pattern also include beta (fast) and Delta (very slow) waves. Learning to maintain the awakened mind pattern, through intentional meditative practice, or by other means, helps us to access states of inner peace and gain access to our higher wisdom, as well as increase our capacity for creativity and compassion. In my own biofeedback practice, I have observed many clients producing some variation of this pattern. I have seen this pattern associated with experiences of out of body travel, synesthesia, deep stillness, Shamanic healing trance, communication with Spirit Guides, or self-described “psychodelic states”.

Perhaps the most dramatic finding in the study of EEG activity in psychodelic states was the discovery by Frank Echthorfer and David Stuckey that coherent high frequency brain activity within the gamma spectrum is substantially increased during ayahuasca use. Gamma coherence is thought to be associated with increased cortical processing, attention and information binding. Richard Davidson and his colleagues found that gamma coherence was elevated in skilled meditators during practice. Meditation leads to improved physical and emotional health, and it improves cognition. In my own practice of enhancing gamma coherence through biofeedback, I have noticed an improvement in attention, sensory awareness and information processing.

This correlation between psychodelic and meditative physiology might be the first physical evidence of what many of us know experientially, that at the heart of the psychodelic experience, there is a still, yet intense awareness, which is not very different in essence from the awareness that we can experience during deep meditative, connection with a loved one or with nature, ecstatic dance, complete immersion in the creative process, or during those moments which sometimes come to nearly all of us, when we spontaneously feel a connection to and appreciation of the fullness of life. This awareness comes in many “flavors,” which might be described as immersion in visions, physical ecstasy, or bathing in profound peace.

My clients and I frequently attain these states intentionally through biofeedback, and sometimes maintain the core awareness for prolonged periods, even during challenging circumstances in the everyday world. The most effective technique for attaining these states vary among individuals, and the specific flavor of state enhancement is still not very predictable, yet there is a high degree of consistency in the physiology that I see when one of these states, which I refer to as states of “engaged stillness,” is achieved.

The EEG generally shows reasonably high alpha and gamma coherence, and either some variety of the awakened mind pattern or a pattern of intense activity usually peaking within the alpha band, and dropping off toward both higher and lower frequencies. This alternate pattern is usually associated with bliss states. In addition to the EEG patterns, a person who is fully in a state of engaged stillness usually has a high level of heart coherence, which reflects the synchronization of the heart rate with the breath, and low levels of muscle tension in the head, neck and shoulders. Personally, I have learned to fairly consistently create a state which is nearly indistinguishable from an MDMA experience. While everyone’s response is different, I have yet to see any one with all of these simultaneous physiological patterns who is not experiencing a state of heightened presence.

In addition to creating elements of psychodelic states with biofeedback, it is also possible to use this technology to intentionally guide the direction of a psychodelic or other drug experience. It was during one of these experiences, when I trained myself to alter my own response to caffetin through a simple process of drinking coffee while increasing heart coherence and reducing my galvanic skin response, which is related to sweat production. During graduate school, I developed a strong reactivity to caffeine, due to overuse. The response included shaking, an uncomfortable buzzing feeling in my head, and intestinal cramping. After a single session of biofeedback, I was able to retain the heightened sense of being awake and focused from the caffetin, yet without the negative side effects. Much of this work has stayed with me now for many months. Although the physiology of psychodelic states is much more variable than that of a drug like caffetin, it is likely that we could use this basic strategy to train ourselves to eliminate negative aspects of psychodelic use or enhance positive ones.

We might also be able to dramatically increase the amount of information which we can carry back with us from the vast stores of information available to us from the subconscious and other realms while using psychodelics. One strategy that could be used is similar to the process of learning to retain more from deep trance states by creating what we call an “alpha bridge.” The alpha bridge is simply a strong, steady alpha rhythm, which facilitates the transfer of information between the waking mind, which contains substantial beta activity, and the lucid dream state, which is dominated by theta. Although the research on alpha activity during psychodelic states currently gives us an unclear picture, it is likely that a biofeedback protocol that produces increased sensory awareness and clarity, such as enhancing focused alpha activity at the 10 Hz. frequency, might serve to create a bridge from ordinary psychodelic consciousness, as it does with other non-ordinary states.

I believe that in order to create the society that we truly desire and deserve, and that will allow for the survival of our species (as well as many others), it will be necessary for hundreds of millions of us to learn to use these advanced technologies, and live in these states of engaged stillness within the next decade or so. While this seems like an impossibly tall order, we already have much of the knowledge that would allow for this massive shift in consciousness to occur. We could probably learn enough, with a few years of intense research, to understand how to reliably and efficiently help people to achieve and maintain higher states of awareness, with or without the use of psychodelics. It would then be possible to create a viable system for training huge numbers of people, through freely available software over the internet, and sensors that would be affordable for just about everyone.

I have recently taken over management of a nonprofit organization, the Inner Active Health Project, which aims to substantially facilitate this process. Our goal is to gather information from scientific studies, biofeedback practitioners, and experienced consciousness explorers of all varieties about the relationship between easily measured physiology and non-ordinary states of consciousness.

Our goal is to gather information from scientific studies, biofeedback practitioners, and experienced consciousness explorers of all varieties about the relationship between easily measured physiology and non-ordinary states of consciousness. We will then create software that is capable of monitoring and skillfully guiding users of biofeedback video games toward the most highly evolved states of being that are within our realm of understanding. In cooperation with researchers, game developers, psychodelic enthusiasts, and other visionary supporters, it seems likely that we can reach critical mass in consciousness in time to help guide humanity toward a truly sustainable and joyful future.
Psychedelics as Medicine

This favorable treatment turning public opinion around public policy. which can help turn on Fox daytime TV something to fear, which can help turn toward seeing toward something to fear, which can help turn around public policy.

The Heffter psilocybin research programs continue to make exciting progress. All subjects in the Harbor-UCLA cancer-anxiety study, directed by Heffter Board member Charles Grob, M.D., have been treated. The study is now in the follow-up phase for the last subjects. The next step is to analyze the data and publish the results.

One of the subjects, and the husband of another, were recently featured on “The Morning Show With Mike and Juliet” on the Fox television network. The online version of the show is mislabeled, but should still be available online at: www.mandipowell.com/videos/bel-the-cure. This favorable treatment on Fox daytime TV is a big step in turning public opinion toward seeing psychedelics as medicine rather than something to fear, which can help turn around public policy.

In our other ongoing project utilizing psilocybin for cancer-related anxiety, the Johns Hopkins team has begun treating their patients, but finding it slow to recruit subjects. MAPS members can help by referring anyone who might benefit from the treatment, plus anyone working in the field of cancer treatment and palliative care. Information can be found at canceranxiety.org or www.cancerdepression.org, which both link to their study Web site at www.bpru.org/cancer. This project utilizing psilocybin in Zurich should be complete, if not yet approved by the Zürich authorities, even if they are not terminally ill.

Ultimately, hundreds of subjects will need to be treated before the FDA actually approves psilocybin for medical use. The results of our current studies should be sufficient for the FDA to advise us on the additional research required for that approval. These studies are also designed to demonstrate enough efficacy to allow investigators to receive grants from the National Institutes of Health to fund the additional studies required for approval.

Our approach involves both the development of practical medical treatments and an understanding of the effects of psychedelics on human consciousness, with an eye toward demonstrating their distinctive significance to both the public and the scientific/medical establishment. We believe psychedelic research is essential to discovering a more comprehensive, scientifically based understanding of who we are, which is critical to our creating a sustainable culture on this planet.

MAPS members can consult our web site at www.heffter.org for the extensive list of published research projects supported by the Heffter Research Institute.

The medicinal application of ibogaine pulled me out of the throes of addiction and propelled me onto a brighter and more fulfilling life path. I am a living testament to the fact that psychedelic therapy can be miraculous!

Randy Hencken

At the end of the year, the current study of serotonin receptor activation by psilocybin in Zurich should be complete, and then the study of patients with obsessive-compulsive disorder will begin. This is an exciting direction because we hope it not only will help the patients with their symptoms, but shows us how psilocybin is working in that healing process, which could lead to many other medical applications.

Introducing Randy Hencken: MAPS New Director of Communication and Marketing

Six years ago I was Program Coordinator at the Ibogaine Association in Mexico. It was not a coincidence that I worked with ibogaine. In my early twenties I was addicted to heroin and cocaine. That part of my life seems like ancient history to me now, and I don’t feel it is necessary to write in detail about my addiction. However, my experience is of great relevance to my connection with the MAPS community. The medicinal application of ibogaine pulled me out of the throes of addiction and propelled me onto a brighter and more fulfilling life path. I am a living testament to the fact that psychedelic therapy can be miraculous!

I met Rick Doblin during my time at the Ibogaine Association. Rick nurtured a relationship between the Ibogaine Association and MAPS, as well as relationships between numerous active members of the community and myself. Valerie Mojeiko made several visits to our facility and she performed hours of research to establish a methodology for measuring patient outcomes with ibogaine treatment. Unfortunately, due to the worst of undesirable outcomes—the deaths of one of our patients—the project was stalled. At the same time, I left my position and focused on therapy in their choice to abstain from drug use to increase our member base. It is, after all, our members who make it possible to communicate with our members and helping with anyone who might benefit from ibogaine treatment. Unfortunately, due to the worst of undesirable consequences—the deaths of one of our patients—the project was stalled. At the same time, I left my position and focused on therapy in their choice to abstain from drug use to increase our member base. It is, after all, our members who make it possible to communicate with our members and helping with anyone who might benefit from ibogaine treatment. Unfortunately, due to the worst of undesirable consequences—the deaths of one of our patients—the project was stalled. At the same time, I left my position and focused on therapy in their choice to abstain from drug use to increase our member base. It is, after all, our members who make it possible to communicate with our members and helping with anyone who might benefit from ibogaine treatment. Unfortunately, due to the worst of undesirable consequences—the deaths of one of our patients—the project was stalled. At the same time, I left my position and focused on therapy in their choice to abstain from drug use to increase our member base. It is, after all, our members who make it possible to communicate with our members and helping with anyone who might benefit from ibogaine treatment. Ultimately, hundreds of subjects will need to be treated before the FDA actually approves psilocybin for medical use. The results of our current studies should be sufficient for the FDA to advise us on the additional research required for that approval. These studies are also designed to demonstrate enough efficacy to allow investigators to receive grants from the National Institutes of Health to fund the additional studies required for approval.

I am very excited about my new position at MAPS! I look forward to communicating with our members and helping to increase our member base. It is, after all, our members who make it possible to fund our efforts to demonstrate the therapeutic values of psychedelic medicines and medical marijuana.
Maps: Who We Are

Maps is a membership-based organization working to assist researchers worldwide to design, fund, conduct, obtain governmental approval for, and report on psychedelic research in humans. Founded in 1986, Maps is an IRS approved 501(c)(3) non-profit corporation funded by tax-deductible donations from members.

“Most of the things worth doing in the world had been declared impossible before they were done.”

— Louis D. Brandeis

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

The Maps Bulletin

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

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

Valerie Mojeiko, Director of Operations and Clinical Research Associate, coordinates projects at Maps’ Love Creek office and facilitates psychedelic research around the globe. Formally educated at New College of Florida and the California Institute of Integral Studies.

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

Josh Soukream, Technology Specialist and Events Coordinator. Josh has a B.A. in Philosophy and Religion from New College of Florida and is a chef, musician, poet and technologist. He immersely enjoys the depths of existential experience.

David Jay Brown, Guest Editor. Earned his Masters degree in psychology from New York University, and has been interviewing accomplished thinkers about their creative process for over 20 years. He is the author of Mavericks of Medicine: Conversations on the Edge of the Apocalypse, and five other books about the frontiers of science and consciousness. To find out more about David’s work see: www.mavericksofthemind.com

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

Maps: The Secret Chief Revealed: Conversations with a Pioneer of the Underground Psychedelic Therapy Movement

By Stanislav Grof, MD

LSD: My Problem Child

By Stanislaw Grof, MD

Psychedelic Medicine: New Evidence for Hallucinogenic Substances as Treatments: Vol. 1&2

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LSD Psychotherapy

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TOTAL $ enclosed. Donations to Maps are tax-deductible.
Paracelsus described nature and creation as a “book that was written by God’s finger”. During my life I was given this exhilarating and entirely comforting experience: The one who understands how to read this book, not only with regards to scientific research but with marveling and loving eyes, will find a deeper, wonderful reality revealing itself — a reality in which we are all secure and united for ever and ever.

— Albert Hofmann, from his autobiography, see page 13