ONE BAROMETER of success for social change movements is whether their struggles, spanning decades or longer, are taken for granted by new generations. I saw hints of this July 29 when I spoke about MAPS’ research into MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) to about 50 psychiatrists, psychotherapists and other medical professionals in the Department of Psychiatry at Kaiser Permanente Hospital in San Francisco. To my surprise and satisfaction, the healing professionals were not that interested in my chronicle of our quarter-century of struggles between the DEA’s criminalization of MDMA on July 1, 1985, which outlawed all uses, and the July 19, 2010, Journal of Psychopharmacology publication of the results of MAPS’ U.S. MDMA/PTSD pilot study. The Kaiser staff were far more interested in practical details regarding our safety and efficacy data from the world’s first completed, controlled study of the therapeutic use of MDMA.

I knew we’d entered a new era when I was asked about the casualties of a recent Bay area rave that resulted in an Ecstasy-related death and lasting damage to a young woman who was treated at this very same hospital. Within a few minutes, I was able to acknowledge and differentiate the risks of Ecstasy taken in uncontrolled settings with the risks of pure MDMA administered to screened subjects in therapeutic research. For decades, fears about the risks of the non-medical use of Ecstasy were sufficient to derail research and interest in the medical uses of MDMA. My experience at Kaiser demonstrated to me how far we have progressed in our mission to mainstream psychedelic psychotherapy.

Meanwhile, our new MDMA-assisted psychotherapy study with veterans suffering from war-related PTSD is fully approved and about to begin, while signs of our growing mainstream acceptance can be found in the more than 140 media articles about our paper.

• In July 20 WebMD article, Charles R. Marmar, M.D., Chair of Psychiatry at New York University’s Langone Medical Center, referenced our work as a “well-conducted clinical trial showing positive effects. MDMA appears to be reasonably safe and effective and requires more trials. …The fact of the matter is that these are difficult-to-treat patients, so having another tool in the armamentarium would be helpful. Assuming it is done under highly professional conditions and patients didn’t have history of abuse, there is no reason to believe it would be dangerous – yet we need more work to find out what the risks are.” Marmar’s comments are especially relevant because he represented Pfizer, manufacturer of Zoloft, in the FDA’s 1999 Advisory Committee hearing that resulted in the approval of Zoloft for the treatment of PTSD.

• Also in WebMD, Harriet deWit, Ph.D., Professor of Psychiatry and Behavioral Neuroscience at the University of Chicago and a NIDA-funded neuroscientist who has seen the MDMA neurotoxicity debate from the beginning, remarked, “The results were quite dramatic and it is proof of concept and very good early evidence.”

• In the Aug. 4 edition of the Toronto Sun, Lt. Col. Rakesh Jelley, a psychiatrist and senior health adviser for the Canadian Armed Forces, said about our research, “We’re in the business of stopping suffering and if something is shown to do it, then we would certainly give it serious consideration.”

With these experts calling for more research, our momentum is building. MAPS’ so far fruitless efforts to collaborate on MDMA/PTSD research with the U.S. Department of Veterans Affairs, the Department of Defense and the National Institute on Mental Health no longer seem so far-fetched.

The incredible progress we have made in the past few years allows us to move beyond the politics of MDMA and expand our research into the healing potential of psychedelics. While unfortunately our medical marijuana research efforts are still blocked by politics over science, even that will change eventually. With your continued support for our expanding research agenda, we look forward to being taken for granted.

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