MAPS Announces Formation of New Public Benefit Corporation

MAPS is proud to announce the formation of the MAPS Public Benefit Corporation (MPBC), a new wholly owned subsidiary of MAPS. The special purpose of MPBC is to serve as a vehicle for conducting MAPS’ research, and to balance social benefits with income from the legal prescription sale of MDMA, other psychedelics, and marijuana. See the full story on page 4.

MAPS Receives $82,766 Award as one of reddit’s Top 10 Charities

On February 26, 2015, the community news website reddit awarded $82,765.95 to MAPS and nine other non-profit organizations chosen by the reddit community. We express our profound appreciation to reddit and the reddit community for supporting psychedelic and medical marijuana research and education. Join the conversation at maps.org/reddit.

Michael Pollan Writes for The New Yorker about Psychedelic Research

Acclaimed journalist Michael Pollan’s article in The New Yorker covers the resurgence of psychedelic science, highlighting current clinical research into the benefits of psychedelic-assisted psychotherapy for medical, spiritual, and personal growth purposes. “The Trip Treatment,” published on February 9, 2015, features interviews with leading researchers and study participants.

Credit: Illustration by Stephen Doyle

DEA Approves Study of MDMA-Assisted Psychotherapy for Anxiety Associated with Life-Threatening Illness

On Friday, March 13, the U.S. Drug Enforcement Administration approved our study of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness, led by Principal Investigator Phil Wolfson, M.D., in Marin, California (pictured, right). This will be the first clinical trial of MDMA-assisted psychotherapy for this indication. This study is now screening and enrolling subjects.

$587,000 estimated study cost • $176,000 raised
$411,000 still needed

Treatments Begin in Canadian Study of MDMA-Assisted Psychotherapy for PTSD

On March 14, 2015, the third subject received their first experimental treatment in our Canadian study of MDMA-assisted psychotherapy for PTSD. Led by Principal Investigator Ingrid Pacey, M.D., in Vancouver, B.C., this Phase 2 study will treat up to 12 subjects with chronic, treatment-resistant PTSD from any cause. This is the first Health Canada-approved clinical psychedelic research to take place in over 40 years. “After suffering under the drug war paradigm for decades, the current change toward an evidence-based approach to psychedelics is both refreshing and illuminating,” says MAPS Canada Board of Directors chair Mark Haden (pictured, left).

$419,000 estimated study cost • $51,000 raised + $3,500 raised by partners
$364,500 still needed

Colorado Awards MAPS $2 Million for Medical Marijuana Study

On December 17, 2014, the Colorado Department of Public Health and Environment awarded MAPS a $2 million grant, fully funding our planned study of marijuana for PTSD in 76 U.S. veterans. This is the first public funding that MAPS has ever received in our 28½ year history. We are now waiting to receive marijuana from the National Institute on Drug Abuse (NIDA), the sole supplier of marijuana for federally regulated research in the U.S.

Principal Investigator Sue Sisley, M.D., was honored with the Americans for Safe Access (ASA) Researcher of the Year Award at the National Medical Marijuana Unity Conference in Washington, D.C., on March 30, 2015 (pictured, right).

$419,000 estimated study cost • $51,000 raised + $3,500 raised by partners
$364,500 still needed
# CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>From the Desk of Rick Doblin, Ph.D.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Introducing the MAPS Public Benefit Corporation</td>
<td>Rick Doblin, Ph.D.</td>
</tr>
<tr>
<td>6</td>
<td>The Politics of Research:</td>
<td>Science's Role in Ending the Drug War</td>
</tr>
<tr>
<td></td>
<td>Science's Role in Ending the Drug War</td>
<td>Natalie Lyla Ginsberg</td>
</tr>
<tr>
<td>10</td>
<td>The Globalization of Ayahuasca:</td>
<td>Public Policy Considerations</td>
</tr>
<tr>
<td></td>
<td>Public Policy Considerations</td>
<td>Jeffrey Bronfman</td>
</tr>
<tr>
<td>13</td>
<td>Imagine You Are a Judge:</td>
<td>Ayahuasca in the Courtroom</td>
</tr>
<tr>
<td></td>
<td>Ayahuasca in the Courtroom</td>
<td>Constanza Sánchez Avilés, Ph.D., Benjamin K. De Loenen, M.A., and José Carlos Bouso Saiz, Ph.D.</td>
</tr>
<tr>
<td>18</td>
<td>Decriminalization and Harm Reduction in Portugal:</td>
<td>An Interview with Dr. João Goulão</td>
</tr>
<tr>
<td></td>
<td>An Interview with Dr. João Goulão</td>
<td>with Linnae Ponté</td>
</tr>
<tr>
<td>22</td>
<td>Boom Festival: The Kosmicare Project</td>
<td>Artur Soares da Silva</td>
</tr>
<tr>
<td>26</td>
<td>Bringing Light to Dark Places:</td>
<td>The Manual of Psychedelic Support</td>
</tr>
<tr>
<td></td>
<td>The Manual of Psychedelic Support</td>
<td>Zevic Mishor</td>
</tr>
<tr>
<td>29</td>
<td>Marijuana and American Society:</td>
<td>An Idea Whose Time Has Come</td>
</tr>
<tr>
<td></td>
<td>An Idea Whose Time Has Come</td>
<td>Amanda Reiman, Ph.D., M.S.W.</td>
</tr>
<tr>
<td>32</td>
<td>Emerging Opportunities for Psychedelic Policy Reform</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emerging Opportunities for Psychedelic Policy Reform</td>
<td>Jag Davies and Stefanie Jones</td>
</tr>
<tr>
<td>34</td>
<td>In the Press, “Insanity Chemicals” Become Mind Medicines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Insanity Chemicals” Become Mind Medicines</td>
<td>Jacob Sullum</td>
</tr>
<tr>
<td>36</td>
<td>Opening Hearts and Healing Minds:</td>
<td>MAPS and Dr. Bronner’s Magic Soaps</td>
</tr>
<tr>
<td></td>
<td>MAPS and Dr. Bronner’s Magic Soaps</td>
<td>Rick Doblin, Ph.D.</td>
</tr>
<tr>
<td>38</td>
<td>Putting “All-One” Into Practice:</td>
<td>An Interview with David Bronner, CEO of Dr. Bronner’s Magic Soaps</td>
</tr>
<tr>
<td></td>
<td>An Interview with David Bronner, CEO of Dr. Bronner’s Magic Soaps</td>
<td>with Brad Burge</td>
</tr>
<tr>
<td>42</td>
<td>MAPS: Who We Are</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>MAPS Membership</td>
<td></td>
</tr>
</tbody>
</table>

**MAPS Bulletin**

**Multidisciplinary Association for Psychedelic Studies (MAPS)**

Founded in 1986, the Multidisciplinary Association for Psychedelic Studies (MAPS) is a 501(c)(3) non-profit research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.

MAPS furthers its mission by:

- Developing psychedelics and marijuana into prescription medicines.
- Training therapists and working to establish a network of treatment centers.
- Supporting scientific research into spirituality, creativity, and neuroscience.
- Educating the public honestly about the risks and benefits of psychedelics and marijuana.

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This issue of the Multidisciplinary Association for Psychedelic Studies (MAPS) Bulletin is our 13th special theme edition, starting in 2000 with our special issue on Psychedelics and Creativity. Given how profoundly public policy has influenced the field of psychedelic research, it’s somewhat surprising that it’s taken us this long to focus on Psychedelics and Policy. Now, with psychedelics and medical marijuana clearly moving back into the mainstream, we feel the time has come to take a broad, multidisciplinary look at current opportunities and challenges for psychedelic and marijuana policy in the early 21st century.

I began my policy work in 1984, when the Drug Enforcement Administration (DEA) first moved to criminalize MDMA. When I learned of their plans, I traveled to DEA headquarters in Washington, D.C., to file paperwork requesting a DEA Administrative Law Judge (ALJ) hearing to protect the legal therapeutic use of MDMA. We won the lawsuit, but the ALJ’s recommendation was rejected by the DEA Administrator. I founded MAPS the following year, in 1986, to begin the work of going through the Food and Drug Administration (FDA), the only route still available to restoring MDMA’s use in therapy, even though—at the time—the FDA was also blocking all MDMA research.

For several decades beginning in the early 1970s, U.S. government policy (followed by almost all governments around the world) was to prevent all psychedelic research. That changed in 1992 when the FDA decided to prioritize science over politics and open the door to scientifically rigorous research into psychedelics and marijuana. An article in the Summer 1992 MAPS Bulletin (Volume 3, No. 3) describes the historic meeting at which the FDA changed its policy, in response to a protocol submitted by MAPS to study the use of MDMA-assisted psychotherapy in cancer patients experiencing anxiety about death.

While MAPS’ psychedelic research is currently proceeding without regulatory obstructions in the U.S. and around the world, our medical marijuana drug development research is still fundamentally obstructed by federal policies protecting the National Institute on Drug Abuse (NIDA) monopoly on the supply of marijuana for research. In contrast, MAPS has its own legal DEA-licensed supply of MDMA for research; we also obtained a legal supply of psilocybin for a planned study of psilocybin for obsessive-compulsive disorder (OCD), and used LSD licensed by Swissmedic for our completed study in Switzerland.

Once the policies blocking privately funded medical marijuana drug development research are ended, MAPS and other organizations will be able to make much more progress. When the science is conducted without political interference, we will be able to collect the safety and efficacy data required by the FDA to evaluate their approval for prescription use. The Compassionate Access, Research Expansion and Respect States (CARERS) Act, a new bipartisan Senate bill originally sponsored by Sen. Cory Booker (D-NJ), Sen. Kirsten Gillibrand (D-NY), and Rand Paul (R-KY), is focused in part on ending the NIDA monopoly and the redundant, obstructive Public Health Service review process for medical marijuana research (see article page 6).

The FDA’s approval of the prescription use of any psychedelic or marijuana will initiate a series of policy discussions about how to regulate these drugs as medicines. Policy questions to be evaluated and decided will include: (a) what types of training will be required of prescribers, (b) in what settings will the prescriptions be permitted (different policies will be required for psychedelics, which will be used under therapist supervision, than for marijuana, which will be a take-home drug), (c) how the drug will be manufactured and distributed to reduce drug diversion, (d) how will off-label prescriptions be monitored, (e) what total number of uses will be permitted for each patient, (f) will a patient registry will be created, (g) how will advertising and marketing be regulated, and a host of other questions.

Policy also impacts psychedelics and psychedelic users in
the area of non-medical uses. This includes laws surrounding religious freedom and cognitive liberty, since limiting legal access of psychedelics to people with a psychiatric diagnosis is too limited; so many people can benefit from psychedelics regardless of whether they have a formal psychiatric illness. We also desperately need policy reform regarding the provision of psychedelic harm reduction services at festivals, clubs, and other group settings since the RAVE Act criminalizes harm reduction services and threatens those providing such services with prosecution and asset forfeiture. The RAVE Act has directly impacted MAPS’ work by reducing some festival organizers, concert promoters, and club owners’ willingness to work with the Zendo Project (zendoproject.org; also see article page 32).

In 2015, MAPS’ 29th year, our culture is actively reviewing and reforming policies regarding psychedelics and marijuana. We are grateful and fortunate to include in this edition of the MAPS Bulletin so many timely and thoughtful articles from some of the advocates, researchers, policymakers, and writers helping to nurture this long-awaited cultural shift. To keep psychedelic and medical marijuana policy moving forward, please consider continuing and deepening your support of MAPS in this time of historic opportunity.

Rick Doblin, Ph.D.
Maps Founder and Executive Director

Cover Artist
Title: March Fourth
by Android Jones
Materials: Electro-Mineralism

Android Jones’ pictorial work is one strain of a larger project that he calls “Electro-Mineralist Art.” Moving “beyond the traditional organic vegetable and animal technologies of pencils, ink, and brushes,” Android takes up emergent technologies that are crystalline, metallic, electronic, and digital in their materiality and aesthetic feel, implicating a historical scheme that echoes the integral view of planetary evolution from physiosphere to biosphere to noosphere to theosphere; where the techno-media of exhibition artworks have been, by and large, as the artist says, bound to or associated with the biologic. Android is classically trained in academic drawing and painting and this traditional art background is the foundation through which he bridges the knowledge of the past and brings it into the future. For a post-postmodern art of high noospheric and theospheric expression, Android instead upgrades to more resonate noospheric vehicles; where the crystalline or “mineralist,” proper to the physiosphere, is recovered as a marginalized inorganic principle for the artistic celebration of the energies of life.

The content of these marvelous works ranges vastly from the kosmic to the micro, from tantric beloved to sacred civics, from expansions of consciousness to reconfigurations of our three bodies. The pictorial syntax is at the very least proper to a teal register; a collage mode descending from synthetic cubism. Subtle radiance and causal voids abound throughout.

Honoring the history of art, the mystical projects of the later Dalí come to mind, Android taps into pre-modern, modernist, and post-modernist aesthetic idioms, advancing an Electro-Mineralist Art as Integral Alchemy.

—Michael Schwartz, January 2014

View and purchase artwork:
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Introducing the MAPS Public Benefit Corporation

RICK DOBLIN, PH.D.

The Multidisciplinary Association for Psychedelic Studies (MAPS) is proud to announce the formation of the MAPS Public Benefit Corporation (MPBC), a new wholly owned subsidiary of MAPS. The special purpose of MPBC is to serve as a vehicle for conducting MAPS’ research, and to balance social benefits with income from the legal prescription sale of MDMA, other psychedelics, and marijuana.

MPBC’s primary work is completing Phase 2 studies of MDMA-assisted psychotherapy for PTSD, and preparing for the Phase 3 clinical trials required to develop MDMA-assisted psychotherapy into an approved treatment for PTSD. MAPS will continue to conduct education and harm reduction projects, to raise funds for MPBC projects, and serve as parent organization and sole funder of MPBC.

MPBC is a key part of MAPS’ strategy to become a sustainable non-profit organization. MAPS currently projects FDA and European Medicines Agency (EMA) approval for the prescription use of MDMA-assisted psychotherapy for PTSD in 2021. Once MDMA-assisted psychotherapy is approved, MPBC will manage prescription sales of MDMA, a taxable activity not possible with MAPS’ 501(c)(3) designation. Research expenses incurred by MPBC will be used to reduce taxes on income received by MPBC from legal sales of MDMA. Income from prescription sales of MDMA will help fund further research and educational projects in accordance with MAPS’ mission, reducing MAPS’ reliance on donations over the long term.

The MPBC team is led by Amy Emerson (Executive Director/Director of Clinical Research), who has managed MAPS’ clinical research programs since 2009. The majority of MAPS’ clinical research staff has also joined the MPBC team. The MBPC Board of Directors is appointed by the MAPS Board of Directors, and currently includes Rick Doblin, Ph.D. (MAPS Founder and Executive Director), Allen Hopper (American Civil Liberties Union), and Matt Neal (Amgen).

A new website detailing MPBC’s purpose, bylaws, and current projects is under development. If you have questions about MAPS and MPBC’s work to develop psychedelics and marijuana into legal prescription treatments, contact askMAPS@maps.org.

Questions and Answers

In January 2013, MAPS’ Board of Directors authorized planning for the projected rollout of FDA approved MDMA-assisted psychotherapy in the United States in 2021. The goal was to enhance MAPS’ potential to become a sustainable non-profit through earned income from the sale of prescription medicines for which MAPS obtained FDA approval to market, to supplement continued tax-deductible donations. Planned activities include the sale of MDMA for use in psychotherapy initially for PTSD and subsequently for other indications, training psychotherapists to use MDMA in treating PTSD and other indications, and establishing a network of clinics to provide MDMA-assisted psychotherapy.

After extensive consultation regarding IRS regulations, MAPS’ attorneys and accountants recommended the establishment of a new 100% MAPS-owned for-profit subsidiary, the MAPS Public Benefit Corporation (MPBC), to conduct these activities. This 100% MAPS-owned subsidiary has been structured to strengthen MAPS’ ability to benefit the public in a sustainable manner, while ensuring IRS regulations are followed. The following are some commonly asked questions regarding the rationale for a for-profit subsidiary and responses indicating how the subsidiary enables MAPS to further its mission.
Why does MAPS need a for-profit corporation?

• **Sale of MDMA for use in psychotherapy:** In itself, the sale of pharmaceuticals is not an exempt activity under Section 501(c)(3); it is typically a commercial activity conducted by a for-profit business.
  
  » Consequently, the IRS will require MAPS, a 501(c)(3) non-profit, or any other charitable organization in similar circumstances, to conduct the actual sale of MDMA at a price in excess of its cost to trained therapists from a company that is not a 501(c)(3) non-profit—i.e. a for-profit.

• **Establishing a network of clinics and the risk to tax-exempt status from unrelated business activity:** If an organization primarily operates legitimate exempt activities, it may also operate a substantial unrelated business in furtherance of its exempt purposes without losing its exempt status, as long as its primary purpose and activity continues to be exempt.
  
  » Since the provision of health care for the benefit of the community through clinics is not one of MAPS’ approved exempt activities, MAPS is required to conduct this activity through another company.

• **Supporting sustainable development of FDA-approved use of psychedelics and marijuana for medical conditions:** Both MAPS’ attorneys and accountants agree that establishing the MPBC now instead of waiting for FDA approval of MDMA-assisted psychotherapy for PTSD will enable the funds required for research to be characterized as tax deductible expenses of the MPBC and ultimately used to offset taxable income from sales. With roughly $18 million in research expenses remaining this could amount to an additional $6.3 million that may be available to further MAPS’ mission and thereby reduce MAPS’ reliance on donated funds.

What is a Public Benefit Corporation?

A public benefit corporation is a recently enacted hybrid corporate form in several states including California and Delaware that has several key attributes that differentiate it from standard corporations.

These are:

• **The pursuit of social objectives:** Directors of public benefit corporation are legally authorized (and sometimes required) to take non-economic factors such as social goals and constituencies other than shareholders into consideration when making business decisions.
  
  » MAPS has defined MPBC’s social objectives to be identical with those of MAPS. In the event that the MPBC makes a profit sometime in the future, all monies will be legally constrained to be used for purposes consistent with MAPS’ mission.

• **Increased transparency:** Public benefit corporations generally must issue annual reports addressing the societal benefit of their activities and must typically make these reports available to the public.

  » The MPBC will issue annual reports that will spell out on both a qualitative and quantitative basis, the societal benefits that have been realized each year. This is actually a greater level of transparency than is currently required of MAPS.

• **Long-term protection of a social-benefit purpose:** Since a supermajority of shareholder votes are required to convert public benefit corporations into standard corporations, it is more difficult for dissident shareholders to shift the company away from its social mission in favor of additional profitability.
  
  » In addition, and perhaps more importantly, the MPBC is a 100% owned subsidiary of MAPS and so has no other shareholders who might object to using any or all funds generated to further MAPS’ mission.

How does the MAPS Public Benefit Corporation function in practice?

• **Current activities:** The MPBC’s primary work is to complete Phase 2 studies of MDMA-assisted psychotherapy for PTSD, and prepare for Phase 3 clinical trials required to develop MDMA-assisted psychotherapy into an approved treatment for PTSD. MPBC also conducts initial Phase 2 research on other beneficial uses of MDMA such as anxiety related to life-threatening illness and social anxiety related high-functioning autism, as well as research with other psychedelics and marijuana.
  
  » MAPS will continue to conduct education and harm reduction projects, raise funds for MPBC projects, conduct some research, and serve as parent organization of the MAPS Public Benefit Corporation.

• **Funding:** The MPBC is 100% funded by MAPS through the generosity and support of MAPS’ donors. No private investment is accepted.

• **Oversight:** The MPBC Board of Directors is appointed by the MAPS Board of Directors, and currently includes Rick Doblin, Ph.D. (MAPS Founder and Executive Director), Allen Hopper (American Civil Liberties Union), and Matthew Neal (Amgen).

• **Staffing:** The MPBC team is led by Amy Emerson (Executive Director and Director of Clinical Research), who has managed MAPS’ clinical research programs since 2009. The majority of MAPS’ clinical research staff has also joined the MPBC team.

The MPBC is not only a necessary step to adhere to IRS regulations but also a key part of MAPS’ strategy to become a sustainable non-profit organization. Once MDMA-assisted psychotherapy is approved, any profits generated from the MPBC’s activities will help fund further research and educational projects in accordance with MAPS’ mission, thereby reducing MAPS’, and indirectly the MPBC’s, reliance on donations over the long term. If you have further questions, feel free to contact us at sustainability@maps.org.
The Politics of Research: Science’s Role in Ending the Drug War

NATALIE LYLA GINSBERG

Did you know that even though MAPS has conducted clinical trials with Schedule I substances including MDMA and LSD for over a decade, the United States government is still preventing us from conducting marijuana research? In December 2014, we even received a $2 million grant from the State of Colorado for the study, but the federal government continues to obstruct our research. The repressive U.S. federal research policies are a blatant rejection of science, logic, and compassion.

Research is essential to dismantling the failed policies of the war on drugs. Unbiased research invalidates the baseless hysteria used to justify these destructive policies for decades. As these senseless drug policies were instituted with no basis in science, marijuana reform has largely been able to progress within the same framework—that is, without substantial clinical research. Opponents of marijuana reform often justify their position by pointing to the lack of research, and they are right, though their energy would be much better spent promoting research than fighting patients in desperate need. As a result, most marijuana policy advocates have chosen not to address these research barriers. That is why MAPS focuses our policy work on protecting research—we believe drug policy should be grounded in science.

On March 10, 2015, Senators Rand Paul (R-KY), Cory Booker (D-NJ), and Kirsten Gillibrand (D-NY), introduced the first Senate bill to end federal prohibition on medical marijuana. The CARERS Act (Compassionate Access, Research Expansion, and Respect States) comprehensively addresses the unique and extraneous barriers to marijuana research: (1) the National Institute on Drug Abuse (NIDA) monopoly on federally legal research marijuana, and (2) the redundant Public Health Service (PHS) review process for access to NIDA marijuana.

MAPS worked successfully to ensure that research played a principal role in the historic CARERS Act. The bill immediately received strong bipartisan support, even gaining a fourth sponsor, Dean Heller (R-NV), just days after its introduction. Dr. Sue Sisley, Co-Investigator for MAPS’ planned study of marijuana for symptoms of posttraumatic stress disorder (PTSD) in U.S. veterans, will present at an upcoming Senate briefing on the bill. The strong media attention and popular support received by the CARERS Act has also forced many senators to take a stance on medical marijuana, generating necessary discussion and effectively moving the issue forward. Even some who oppose the bill have voiced their support for ending barriers to research; most notably, Chuck Grassley (R-IA), Chairman of the Senate Judiciary Committee, has said he “is looking at ways to lift any unnecessary barriers” to

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A robust marijuana research program would have a dramatic and lasting impact on our entire society.
The NIDA monopoly and PHS review can be eliminated by NIDA and the Department of Health and Human Services (HHS) respectively, and do not require legislative action. MAPS will continue to maintain a presence in Washington, D.C., to ensure that Senator Grassley and his colleagues’ words are not just hollow promises.

Medical marijuana research must obtain the same approvals required for all drug development research in the U.S., including from the Food and Drug Administration (FDA) and an independent Institutional Review Board (IRB). As a Schedule I drug, just as for psychedelic research, marijuana researchers must also obtain a Schedule I license from the Drug Enforcement Administration (DEA). In addition to these reviews, marijuana studies must also endure the additional PHS review process, which exists exclusively for marijuana. This process serves only to deter research—the PHS review delayed MAPS’ planned marijuana study for PTSD for over four years. PHS ultimately approved the study in March 2013. In the four years that we waited for PHS approval, approximately 32,000 American war veterans took their own lives. MAPS remains dedicated to eliminating this unnecessary barrier so that others can pursue much-needed marijuana research without the human and financial cost of delays.

Despite PHS approval, NIDA’s monopoly on research marijuana is still preventing us from moving forward with the study. The only marijuana legal for federally approved research is grown at a NIDA-controlled farm at the University of Mississippi. To produce psychedelic medicine for research, such as LSD or MDMA, MAPS contracts with university laboratories or pharmaceutical companies. Researchers have complained for years that NIDA-produced marijuana is inadequate. NIDA’s highest THC content is 12.8%, much less than is available at dispensaries, and have only now confirmed they have marijuana with CBD. NIDA can provide marijuana for research but not for prescription use; its marijuana is inadequate for Phase 3 studies which are required to use prescription-grade marijuana.

The need and potential for marijuana research are enormous. A robust marijuana research program would have a dramatic and lasting impact on our entire society. Similar to...
psychedelic research, quantifiably demonstrating marijuana’s efficacy for even just a few ailments would present a serious challenge to pharmaceutical companies who continue to produce dangerous, addictive, yet all-too-profitable drugs with limited levels of effectiveness. Prescription drug overdoses are the number one cause of accidental death in the U.S.; these rates drop sharply in states with legal medical marijuana. Patients simply prefer marijuana, since it is more effective and dramatically safer than most prescription drugs. Marijuana’s efficacy, like that of psychedelics, helps undermine the current mental health paradigm; if one substance can alleviate such a diversity of diseases, we are forced to examine our understanding of their allegedly diverse causes.

According to the extensive body of international research now developing, together with thousands of years of documented use around the world, it’s clear that marijuana has the extraordinary potential to heal or reduce symptoms associated with a plethora of ailments, including cancer (both to inhibit tumor growth and as palliative care), PTSD, epilepsy, multiple sclerosis, depression, anxiety, chronic pain, HIV/AIDS (to slow the spread of the disease and as palliative care), fibromyalgia, insomnia, ALS, glaucoma, ADD, Tourette’s, eczema, Parkinson’s, psoriasis, and many more. More research is desperately needed to better understand how marijuana works as such a powerful medicine. Even for those patients fortunate enough to live in states with medical marijuana programs, the lack of research still hampers accessibility and understanding of what marijuana can do for them. Many states limit the qualifying conditions, and patients and physicians alike often have difficulty understanding proper dosing and methods of use.

Research demonstrating marijuana’s medical value and safety also contradicts current U.S. policies that criminalize marijuana use. Marijuana is currently a Schedule I substance, which the Controlled Substances Act (1970) defines as having “no currently accepted medical use,” “high potential for abuse,” and “lack of accepted safety for use.” Research has demonstrated each criterion to be false. Millions of Americans are facing criminal penalties for marijuana. The vast majority of those apprehended are black or brown, despite nearly identical usage and distribution rates across racial groups. The war on marijuana (and all drugs) is fundamentally racist, and we at MAPS believe that unbiased scientific research will play a vital role in its demise. As more research shows the extent to which the federal government has misled U.S. citizens about marijuana, regulatory agencies will be forced to reevaluate the entire drug scheduling system.

Marijuana was first criminalized in 1937, despite strong opposition from the American Medical Association. New York City Mayor Fiorella LaGuardia even commissioned a comprehensive, five-year study on the subject by the New York Academy of Medicine, which concluded that marijuana was relatively harmless and should not be criminalized. However, Harry Anslinger, the United States’ first drug czar, dismissed the scientific community’s conclusions and embarked on a racist and sadly effective crusade to criminalize marijuana, launching the now-infamous “Reefer Madness” propaganda campaign.
Anslinger made no attempt to hide his disdain for marijuana or his prejudice:

Reefer makes darkies think they’re as good as white men…most [marijuana smokers] are Negros, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing, result from marijuana use…Marijuana causes white women to seek sexual relations with Negroes, entertainers, and any others.

In the 1960s, as more Americans experimented with marijuana, a movement began to develop to counter these preposterous claims. Congress commissioned another comprehensive, multi-year study—the Shafer Commission—which concluded, once again, that marijuana should be decriminalized. President Richard Nixon rejected the report. John Ehrlichman, Nixon’s domestic affairs counsel, later explained their rationale:

Look, we understood we couldn’t make it illegal to be young or poor or black in the United States, but we could criminalize their common pleasure. We understood that drugs were not the health problem we were making them out to be, but it was such a perfect issue…that we couldn’t resist.

Nixon’s Chief of Staff, Bob Haldeman, adds that Nixon “emphasized that…the whole problem is really the blacks…the key is to devise a system that recognizes this while not appearing to.” Nixon himself is even recorded saying: “Every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with the Jews, Bob? What is the matter with them? I suppose it is because most of them are psychiatrists.” (I’m proud to continue in this fine Jewish tradition.)

Marijuana criminalization is firmly entrenched in racism, and the resulting stigma has stunted unbiased research on all illegal substances. Marijuana is the most commonly used illegal drug, and possesses tremendous therapeutic properties. Politics—especially racist politics from a century ago—need not impede scientific and medical progress. Let science and reason lead the way.

Natalie Lyla Ginsberg is Policy and Advocacy Manager at MAPS. She earned her Master’s in Social Work from Columbia University in 2014, and her Bachelor’s in History from Yale University in 2011. At Columbia, Natalie served as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical marijuana in her home state of New York, and worked to end New York’s racist marijuana arrests. Natalie has also worked as a court-mandated therapist for individuals arrested for prostitution and drug-related offenses, and as a middle school guidance counselor at an NYC public school. Natalie’s clinical work with trauma survivors spurred her interest in psychedelic-assisted therapy, which she believes can ease a wide variety of both mental and physical ailments by addressing the root cause of individuals’ difficulties, rather than their symptoms. Through her work at MAPS, Natalie advocates for unbiased research to help undermine both the war on drugs and the current mental health paradigm. She can be reached at natalie@maps.org.
On February 21, 2006, the Supreme Court of the United States unanimously affirmed three lower court decisions granting a judicial exemption from the Controlled Substances Act for the religious use of an otherwise controlled substance: the sacramental use of *hoasca* (ayahuasca) by members of the União do Vegetal (UDV) religion in the United States. The New Mexico District Court judge who initially ordered the accommodation, required the UDV to negotiate an agreement with the Drug Enforcement Administration (DEA) and Department of Justice, whereby legitimate religious uses of the sacramental psychoactive tea could be licensed by drug control authorities. The process, and the agreement finally reached between the church and the DEA, was unprecedented.

Under U.S. Congressional authority, the DEA provides licenses for the manufacture and distribution of controlled substances for research and medical purposes. Prior to the 2006 decision, these scientific and medical uses were the only contexts in which substances of this type were considered licit. The accommodation granted to the UDV opened a whole new context for the “legitimate” use of controlled psychoactive compounds in the U.S.—religious use. Today, the DEA has a form where religious groups can apply to be licensed just as pharmacies and scientific researchers commonly do. The significance of this accommodation deserves to be recognized.

It is appropriate for the religious use of certain plants to recognized as legitimate, as these uses go back centuries before the creation of modern nation-states. Even the 1971 International Convention on Psychotropic Substances, which defines systems for global drug control, recognizes the use of certain plants (or preparations made from plants) by “small, clearly defined groups in magical and religious rights” as requiring cultural sensitivity and “tolerance” by the world’s governments.

Today, cultural and religious accommodations for certain uses of ayahuasca exist (under certain delineated conditions) in the United States, Brazil, Peru, Colombia, the Netherlands, and Switzerland. At the recent 2014 World Ayahuasca Conference in Ibiza, Spain, participants from over 60 countries who had used ayahuasca within a variety of contexts (including religious, shamanic, personal growth, therapeutic, and as treatment for alcoholism and problematic drug use) discussed strategies for gaining further acceptance and decriminalization by international drug control authorities.

The politics and legality of the use of ayahuasca are complex, as each country who is a signatory to the international conventions (which define the systems for international drug control) is free to mandate controls more stringent than those required under the treaties if determined to be in their national interest.

When the UDV first brought its case forward, the U.S. government attempted to justify its position of prohibition by declaring that the substance was illicit under the terms of the 1971 Convention on Psychotropic Substances because it contained dimethyltryptamine (DMT). The UDV’s argument ultimately succeeded, maintaining that U.S. laws guaranteeing the “free exercise of religion” trumped those prohibitions, particularly where a substance has been used with documented safety, in “clearly defined” contexts, and in “religious rites” for decades. This was the case for the UDV’s sacramental use of *hoasca* in Brazil where, within its 163 church communities, over 650,000 monitored religious uses occur each year.
While continuing accommodations for religious uses of ayahuasca have been made in Brazil and the United States (as well as cultural recognition for ayahuasca as a cultural treasure in Peru), many other countries around the world have been taking increasingly restrictive approaches. This has been particularly evident in Europe where centuries of perceived corruption and abuses of power by organized religions have led to very different sociological and political responses to religious movements than in the United States and Brazil, where such activities are not only constitutionally supported, but encouraged.

The present system of international drug control grew out of the recognized need for forums to discuss issues of international concern following World War II. Today the system is implemented and administered through bodies receiving their authority from the United Nations, including the World Health Organization (WHO), the Commission on Narcotic Drugs (CND) and the International Narcotics Control Board (INCB). Three treaties, signed by over 180 nations, define these protocols and systems for international drug control. The INCB is charged with monitoring and oversight of the implementation of these treaties.

The official commentary to the 1971 Convention states:

"The inclusion in Schedule 1 of the active principle of a substance does not mean that the substance itself is also included therein if it is a substance clearly distinct from the substance constituting the active principle....Neither the crown (fruit, mescal button) of the Peyote cactus nor the roots of the plant Mimosa Hostilis nor Psilocybe mushrooms themselves are included in Schedule 1, but only their respective active principles, mescaline, DMT and psilocybin.

This suggests, (as further reflected in section of the treaty previously cited, speaking of the “continued tolerance” for the uses of psychoactive plants in “magical and religious rites”) that at the time of it’s inception, the convention did not intend to treat the religious use of ayahuasca as a prohibited or illicit activity compelling international prohibition and control. However, growing international interest in the use of ayahuasca (as reflected by the interest shown at the 2014 Ibiza conference) has generated new concerns related to ayahuasca’s uses outside of the Amazon region where it originated. A parallel issue that has arisen is what has been called “ayahuasca tourism,” with people traveling from around the world to the Amazon seeking experiences with the tea.

Some well-publicized events involving deaths, not directly related to the plants themselves (which have been proven over centuries of use to be non-toxic) but most likely due to a lack of care and responsibility related to the context within which they were used, have been used as justifications for this recent movements towards increasing intolerance and prohibition; a strategy that in no way has abated the interest in the use of ayahuasca, only making the contexts in which it is offered more clandestine, and by direct implication, therefore more risky.

In its 2010 report the INCB commented:

"Increasingly, such plants are often used outside of their original socio-economic context to exploit substance abusers and are no longer limited to the regions where the plants grow, or to the communities that have traditionally used the plants...As a result, increased trade, use and abuse of such plant materials have been noted in many countries.

These claims, although not backed by any supporting empirical evidence, led the INCB to recommend in its report for the first time “that governments should consider controlling such plant material at the national level where necessary.”

The model developed in the United States by the UDV church in cooperation with the DEA offers a reasonable and productive alternative to the reactionary approach of prohibition and criminalization. Through regulation, governments can license uses, establishing safety protocols in cooperation with established entities, identify medical conditions where the use of the tea might be contraindicated, and establish restrictions on combining its use with other plants known to be potentially toxic, such as tobacco and datura. A legal licensing system could also distinguish between uses involving more dangerous or untested chemical substitutes for ayahuasca, and the plants that have been used safely for centuries.

Coming out of the conference in Ibiza, I reflected upon what I perceive to be corrupting influences in ayahuasca use since it was recently discovered by these new groups of wisdom seekers and people seeking cures for what are considered to be incurable illnesses. All of these potential problems could significantly mitigated, if not eliminated, through licensing and regulation.

The first challenge is commercialization. The perceived “market” for ayahuasca has led to exploitation of the tea commercially to people who do not necessarily have long-established cultural practices utilizing the brew—an anathema to the churches and indigenous communities that consider it to be sacred. The second challenge is inexperienced ritual leaders inventing uses for the tea, which I have seen result in different forms exploitation for personal profit or the acquisition of power over others.

The tea’s catalytic healing properties have also opened the door to a third challenge, that of the tea being marketed to and utilized by improperly or inadequately trained individuals, and offered to people diagnosed with incurable illnesses.

An advantage of the church model—which could perhaps be applied to other contexts as well—are the procedures established for training ritual leaders, ceremonial supervision, and institutional accountability. These safeguards are often absent when someone ventures into the jungle, or engages with someone distributing the tea outside of system where their work is supervised and corrected (if needed) by responsible authorities.

This article is offered as one person’s viewpoint, albeit a person with a unique vantage point to observe and comment..."
from. I accompanied every detail and watched every instant of the UDV’s struggle to gain acceptance for its religious practice from the drug control authorities in the United States, including the sacrament’s seizure in 1999, the resultant filing of the UDV’s the legal action against the Drug Enforcement Administration and U.S. Department of Justice for having done so, and preparing for each court hearing throughout the process where the UDV’s claims and the U.S. Government’s responses to them were evaluated. I also participated in every stage of the negotiations with the DEA that resulted in the licensed authorized use of the hoasca tea in rituals of the UDV in the United States.

My conclusion is that communities interested in using ayahuasca for spiritual and religious purposes must be willing to accept certain reporting requirements and governmental licensing controls as the only real alternative to prohibition. There needs to be recognition that there are proven models which offer some assurances of safety, and other less established approaches that are potentially much less safe. The UDV, for example, recognizes that it commonly takes 10 years of training and practice to acquire the knowledge and experience to lead the religious works. This is not at all dissimilar to medical or ecumenical training.

At the World Ayahuasca Conference in Ibiza, a declaration was signed by a group of scholars, ceremonial leaders, legal advisors, and researchers in attendance calling for “an end to the legal prosecution of these practices and instead for governments to collaborate with representatives of the communities of people who drink ayahuasca, facilitating efficient self-regulation models, health promotion and harm reduction, and public educational initiatives” (aya2014.com/en/aya2014-declaration/).

The achieved successes in the acceptance of the use of ayahuasca around the world may signal the beginning of a new era of increased tolerance for the use of plants as allies in human spiritual development and evolution. For many responsible users around the world, the sacred tea of the Amazon is offering meaningful guidance and ancient wisdom to help us resolve difficult personal and collective social problems. In a world of so much suffering, it can be seen as a light which can offer real peace and meaningful hope.

*With gratitude to Bia Labate for her skilled editorial assistance.*

For further information please consult:

“The Extraordinary Case of The United States vs The União do Vegetal Church” neip.info/html/objects/_download_blob.php?cod_blob=730


Jeffrey Bronfman is an educator, philanthropist, and environmentalist first introduced to ayahuasca (and the União do Vegetal religion) when visiting the Amazon to establish a conservation preserve in 1990. He embraced the UDV as a spiritual practice in 1992, and in 1994 he became the religion’s first Mestre (teacher-guide) living outside of Brazil. From 1999 through its final conclusion in 2010 he served as the lead plaintiff in the UDV’s legal action against the government of the United States, securing the legal acceptance of the UDV’s religious practice in this country. He was a featured presenter at the 2014 World Ayahuasca Conference in Ibiza, Spain. He can be reached at jeffreyudv@aol.com.
Imagine You Are a Judge: Ayahuasca in the Courtroom

CONSTANZA SÁNCHEZ AVILÉS, PH.D. BENDAMEN K. DE LOENEN, M.A., AND JOSÉ CARLOS BOUSO SAIZ, PH.D.

While the harsh regime dealing with psychoactive substances is slowly making space for a more sensitive and health-oriented approach, alarm bells went off when new psychoactive substances started to become popular as attractive legal alternatives to the classical psychoactives. As little or nothing is known about the short and long-term health risks involved in the use of these new drugs, the phenomenon quickly became a serious concern for national and international policymakers and regulatory bodies. Countries started to outlaw these new compounds and blends, and monitoring systems were put in place. The simultaneous growing interest in ancient plant materials and preparations like ayahuasca (which has more than a decade of scientific research behind it and centuries of use in indigenous traditions) became part of this debate, often framed as part of this growing trend of seeking out “exotic” ways to get high, leading to an upsurge in repression and legal prosecution of its use and distribution.

Since 2010, the International Center for Ethnobotanical Education, Research, and Service (ICEERS) Foundation (iceers.org) has been contacted on many occasions by ayahuasca churches, and individuals whose interest in ayahuasca led them to have an unexpected encounter with law enforcement, and has assisted in the defense of a significant number of these cases in Europe and abroad. As an object of litigation, ayahuasca is a relatively new issue for judges and lawyers accustomed to dealing with drug trafficking cases involving more “traditional” illicit substances, produced and distributed in black markets and sold on the street, in clubs, and so on. We believe that many ayahuasca-related lawsuits resulting in convictions or fines have been the consequence of a lack of understanding of the cultural, pharmacological, social, and legal aspects of ayahuasca.

The following (fictional, but based on real life) story sketches the experience of a judge who is confronted with this rather peculiar subject matter, finding himself in the abyss between prohibition on one hand and human rights and scientific evidence on the other. By stepping into the shoes of a criminal judge, we can see how difficult it is to disentangle the legal threads surrounding ayahuasca, and to understand the political complexity and value of the Amazonian brew.

* Imagine you are a judge: middle-aged, in a Western European country. You spent quite a few years digesting books on criminal law, studying late nights. Then you spent another few years preparing for a public selection process, finally managing to make the courtroom your professional arena. You get accustomed to dealing with crime and criminals: murder, rape, child abuse, theft, corruption, and drug trafficking become your daily bread.

Over 20 years, you have judged hundreds of drug trafficking cases. You are routinely confronted with the drug trafficking business, dominated by the black market kingpins and their many helpers in the violent search for wealth. But you have also found yourself in situations where it was necessary to drop your wooden gavel, con-
demning the poor drug mules who had—for a moment—found a spark of hope in their financial despair. Despite your best efforts to serve justice, you grew used to the look in their eyes as you sentenced them to years of imprisonment.

One day, a new case arrives at your desk. Again, drug trafficking—a crime against public health. But this time, the file concerns a rather exotic substance you have never heard of before: ayahuasca.

The accused is a 45-year-old woman with no criminal record. She is accused of having sent eight liters of liquid from Peru to Europe, which was then intercepted at European customs. The analysis shows that the bottles contained an illegal psychoactive substance called N,N-Dimethyltryptamine (DMT). In her declaration, the woman states that she has been drinking the brew in ceremonial settings to treat her anxiety disorder, and that she runs groups where participants seek personal development and healing from mental and physical issues. The prosecutor, however, sees things rather differently; for him, five years of imprisonment seems to be a fair treatment for this woman.

Since in your experience this type of drug trafficker profile is a bit atypical, you do a little research—Google might have the answers. You type in “ayahuasca” and are surprised to see thousands of results. It seems to be more popular than you expected. You open the first link: It explains the ayahuasca brew is a mixture of various Amazonian plants capable of inducing an altered state of consciousness, used for centuries by indigenous communities all over the Upper Amazon, and by a couple of Brazilian churches that use it as a sacrament. You open the second link: An American woman tells how she succeeded in overcoming depression after participating in a healing retreat with ayahuasca in Iquitos, Peru. You open the third link: A baby was sacrificed in a cult ceremony involving ayahuasca. You are shocked. Then you see a few more reports on negative ayahuasca-related incidents.

Despite your best efforts to serve justice, you grew used to the look in their eyes as you sentenced them to years of imprisonment.

The day of the trial, the accused woman appears in front of you. The prosecutor begins the session with a speech:

“The dimethyltryptamine preparation called ayahuasca that we confiscated is an illegal substance, imported by the defendant for administration to participants she attracts for the sessions, in which their safety and health is being endangered. DMT is a dangerous hallucinogenic substance that can induce psychosis, panic attacks, depersonalization, heart problems, seizures, convulsions, and even death. The literature and media report a number of incidents involving drug-induced psychosis and death. The behavior of the defendant is irresponsible and a threat to public health.”

He continues: “The 1971 United Nations Convention on Psychotropic Substances (Single Convention), and our national law, are clear about which substances are illegal and which ones aren’t, and in the case of DMT there is no doubt that it is prohibited to manufacture, import, possess, and distribute. Drug trafficking is a serious violation of the law, and therefore I ask you to sentence the defendant to five years in prison.”

Then the defendant’s lawyer takes his turn, addressing himself to you:

“We have just heard the prosecutor explain how my client is irresponsible and a danger to society by importing and administering a harmful illegal substance. Unfortunately, he doesn’t seem to have done his research into what we are talking about today: a cultural practice that has existed for centuries, involving the ingestion of ayahuasca, an ethnobotanical decoction made with various botanical species. The most important component has the Latin name Banisteriopsis caapi, or ayahuasca, which the brew is named after. This vine is often boiled together with a plant of the coffee family called chacruna, or Psychotria viridis. The ayahuasca vine contains harmaline alkaloids, and the chacruna contains small amounts of DMT—the latter of which is also found in many other plant species, animal species, and even human spinal fluid. There is

In 2009, ICEERS became involved in the legal defense of psychologist Danaë Sáenz and shaman Rumi after police raided a traditional therapeutic ayahuasca ritual at the Manto Wasi Center in Chile. Both were arrested and accused of drug trafficking in a case that drew significant media attention. In 2012, the Chilean court reached a historic verdict, recognizing that ayahuasca is a not a controlled substance, that the herbal tea has not been proven to be toxic, and that the brew has provided benefits to participants in traditional practices. Rumi and Sáenz were both acquitted.
even evidence of DMT’s presence in the brains of mammals.”

He proceeds: “We are not here today for a court case about the production and sales of pure DMT. We are here to talk about a ceremonial practice that involves traditional elements such as icaros (traditional songs that are only sung in ayahuasca ceremonies), a carefully prepared botanical tea made according to a traditional recipe, and Western and Eastern elements such as meditation, psychological preparation, and integration work. Ayahuasca is a product of intercultural dialogue and synergy, as complex as the pharmacological interplay of the numerous compounds present in it, synergistically working together.”

The lawyer takes a letter from his desk, written by the International Narcotics Control Board (INCB), and continues: “The same organization that scheduled DMT under the 1971 Single Convention states that no plant or plant concoction (such as ayahuasca) containing DMT are currently under international control. I understand this might seem contradictory, because DMT itself is forbidden, but not only is the context of use completely different from most uses of pure DMT, but also smoking the pure alkaloid is pharmacologically very different from drinking the tea. DMT was not added to the 1971 Single Convention because there was an epidemic of ayahuasca addiction or abuse threatening the Amazonian regions and Brazilian churches; rather, the convention was aimed at addressing the production, distribution, and use of the pure alkaloid. The traditional uses of ayahuasca practiced by the native Amazon communities are even recognized as a cultural patrimony by the nation of Peru.”

The lawyer continues quoting a number of documents affirming ayahuasca is not included in the Single Convention, including the INCB Annual Reports for 2010 (paragraph 284) and 2012 (paragraphs 328 and following), or the Commentary on the 1971 Convention (mainly regarding Article 32, especially paragraphs 5 and 12), which states that Schedule I does not include any natural hallucinogenic materials, but merely the chemical substances which constitute the active principles.

At this stage, you feel a bit lost. Even though it indeed seems that the legal status of ayahuasca is different from what the prosecutor wants you to believe, and even though the topic of the day is indeed a practice with a clear set, setting, and cultural history, you still feel that it is important not to underestimate its risks. While ayahuasca may not be under formal international control, it is also clear from the INCB that it can still have serious health risks. If you acquit, you wonder, are you giving a green light for the defendant and others like her to continue endangering public health?

Now an expert witness—a doctor of pharmacology—takes his place in the witness chair, placing on the desk in front of him ICEERS’ Technical Report on Ayahuasca. You listen carefully as he starts speaking:

“During the last decades, many clinical trials and observational studies have been carried out in many parts of the world. In sum, these studies have demonstrated the following facts: (1) DMT and ayahuasca have different pharmacodynamics and are therefore not comparable in terms of physiological and psychological effects or safety profile; (2) Clinical trials carried out with volunteers, both in laboratory conditions and natural contexts, suggest that ayahuasca is physiologically very safe and its impact on the cardiovascular system is minimal, producing slight increases in blood pressure and cardiac rate; (3) It has also been shown in human research that ayahuasca does not produce tolerance and has a low potential for abuse, as shown in neuroimaging studies showing no activation in brain reward centers, and in longitudinal studies with long term users; (4) Evidence from a number of studies since 1996 indicates that ayahuasca may be a useful tool in the treatment of addictions; and (5) No evidence has been found of neuropsychological or psychopathological changes due to continued consumption of ayahuasca, and sev-
eral studies have found lower occurrences of psychopathology and greater psychosocial integration in habitual ayahuasca users. The literature on the short-, medium-, and long-term effects suggests that ayahuasca is acceptably physiologically and psychologically safe.”

After the expert testimony, you are now even more confident that ayahuasca is not a typical drug of abuse. Still, the responsibility weighs on your shoulders. You tell the expert: “Everything you have said here today is very interesting, and it all seems evidence-based and factual, but in practice there are still harmful incidents, published in the media and the literature, related to these practices. How can the safety of participants ever be guaranteed with a psychoactive brew like ayahuasca?”

The pharmacologist replies: “First of all, regarding the reported incidents, it is important to study each case in order to come to conclusions on the factual cause of the adverse event. Most of these public reports provide no information about the chemical composition of the brew in question. Whether for privacy reasons or because nobody knows, most of these stories also lack autopsy information and/or relevant facts about victims’ prior health status, including possible interactions with medication they may have been taking. There is also the potential harm caused by external factors such as an unsafe setting, environmental conditions, or criminal incidents. This lack of information makes it impossible to make any definitive conclusions regarding the existence of a causal relationship between ayahuasca *per se* and cases of poisoning, injury, or fatalities.”

He continues: “With any drug use, including ayahuasca, there is never a 100% guarantee of safety. Even in cases where participants are carefully prescreened, where a controlled setting is created and ample attention is given to integration and follow-up care, some participants may not tell (or even know) the whole truth about their psychiatric background and medication use. There is, however, a 100% guarantee that criminalizing the practice drives it underground, creating a higher risk than if it were done aboveground with adequate regulation and accountability. It is only by creating legal frameworks for these practices that safety can be maximized, and that unethical or irresponsible practices can be reported and stopped. The clinical research setting is one example of a legal, controlled setting with safety measures and participant prescreening. In indigenous cultures, ayahuasca use also has a very clearly defined setting, as do the religious practices of churches that utilize the brew as a sacrament, as shown in observational and anthropological research.”

The defense lawyer stands up once more: “To conclude my opening statement, I would like to read a declaration that was written by the Ibiza Expert Committee on the Regularization of Psychoactive Ethnobotanicals. It is a call for governments to work toward creating a constructive legal and human rights-based foundation for the use of ayahuasca:”

*Taita Juan at 2014 World Ayahuasca Conference.*
“Every human being should be free to choose ways and tools that facilitate healthy personal growth and spiritual development, to overcome mental or physical illness, and to nurture individual flourishing, social bonding and family life, as well as to cultivate spiritual meaning. Moreover, at a time when humans collectively are living on the precipice of social, environmental, and economic crisis, it is vital that intercultural dialogue and holistic policies promote a sustainable existence for our species, embracing our diversity in a world with interconnected societies, in harmony with the planet and its other inhabitants. It is intrinsic to the evolution of humankind to seek new methods, and to improve those we have at hand, to effectively reach these goals.

“Unfortunately, this seems not to apply when it comes to certain tools of ethnobotanical nature utilized for centuries by indigenous and pre-modern societies in ceremonial practices, passed on orally from generation to generation. One of these, ayahuasca… has played a quintessential role in the spiritual, medical, and cultural traditions of peoples who have inhabited the upper part of the Amazon basin. In the past few decades, various traditions and new modalities of ayahuasca drinking have been taken up beyond the frontiers of the Amazon, embarking on a new multi-cultural symbiosis.”

The lawyer finishes reading the declaration. You close the court hearing, but your work has just begun. You now have two weeks to give it more thought and decide on a verdict.

* 

Since 2010, these types of court cases have become common in numerous European and some Latin American countries. Ayahuasca, which has been mostly under the radar of law enforcement in most countries, has suddenly come under legal pressure.

ICEERS was involved in the defense of a significant number of similar lawsuits, and in 2014, with the collaboration of many non-profits and NGOs including MAPS, we decided to organize the World Ayahuasca Conference (AYA2014) in Ibiza, Spain. This was the largest international conference of its kind yet, with over 100 presenters and 650 participants from over 60 countries. An important objective of AYA2014 was to bring together lawyers who have successfully defended ayahuasca trials, and drug policy reform experts such as Ethan Nadelmann (Drug Policy Alliance), Pien Metaal (Transnational Institute), Kasia Malinowska-Sempruch (Open Society Foundation), and Amanda Feilding (Beckley Foundation), to discuss the current legal and political situation around ayahuasca and other ethnobotanicals. We also established the Ibiza Expert Committee on the Regularization of Psychoactive Ethnobotanicals, with which we aim to further develop our legal defense activities, as well as work towards legal frameworks and greater acceptance of these practices in our globalized world.

Please help us with this effort by making a tax-deductible donation to ICEERS. For more information, visit our website (iceers.org/legal-defense.php).

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The materials mentioned above are also available online:

International Narcotics Control Board Annual Reports: incb.org/incb/en/publications/annual-reports/annual-report.html


Technical Report on Ayahuasca:
news.iceers.org/2015/01/technical-report-on-ayahuasca/

Sign the AYA2014 Declaration here:

Publication on Ayahuasca and Adverse events:
news.iceers.org/2013/06/ayahuasca-adverse-events/

Constanza Sánchez Arilés, Ph.D., is a political scientist and holds a Ph.D. in International Relations and International Law. She has conducted fieldwork on drug policies in Peru, the United States, Mexico and the US-Mexican border, has been visiting scholar at the University of Miami (2010), the Justice in Mexico Project at the University of San Diego (2012) and Research Assistant at the Global Drug Policy Observatory at Swansea University (2013). She is currently the Law, Policy & Human Rights coordinator at ICEERS Foundation, including legal defense for ayahuasca practitioners who are prosecuted, and drug policy reform activities. She coordinates the Ibiza Expert Committee for the Regularization of Psychoactive Ethnobotanicals created at the World Ayahuasca Conference in 2014.

Jose Carlos Bouso, Ph.D., is a Clinical Psychologist and holds a Ph.D. in Pharmacology. He has extensive experience in the research of the psychopharmacology of psychoactive substances. He has conducted a study focused on the therapeutic effects of MDMA in the treatment of PTSD, and has developed neuropsychological research with long term ayahuasca users. He currently is the Scientific Research Projects Director at ICEERS Foundation. In recent years he has served as expert witness in multiple ayahuasca related trials.

Benjamin De Loenen studied audiovisual media in The Netherlands, and received his Masters degree with honors as a film director and editor for his documentary Ibogaine–Rite of Passage (2004), which he directed and produced. He became active as a public speaker about iboga internationally and eventually founded the International Center for Ethnobotanical Education, Research & Service (ICEERS) in 2009 in The Netherlands. ICEERS currently has offices in Barcelona, Spain and Montevideo, Uruguay, and is involved in scientific research into ayahuasca, iboga and cannabis, policy reform activities, educational activities, and services related to risk reduction and legal support.
Decriminalization and Harm Reduction in Portugal: An Interview with Dr. João Goulão

WITH LINNAE PONTÉ, MAPS DIRECTOR OF HARM REDUCTION AND ZENDO PROJECT COORDINATOR

João Goulão, M.D., is the Director-General of The General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) in Lisbon, Portugal. SICAD’s main responsibility is to promote the reduction of the use of licit and illicit substances and the decrease of addictions across Portugal. SICAD develops universal prevention strategies across different state institutions (including schools), supports harm reduction mechanisms and collects the latest information and statistical data for submission to the Management Board for the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA).

Dr. Goulão was originally a family doctor and has become a leader of Portugal’s drug policy reform movement. He was part of the expert panel who developed the initial recommendations for the decriminalization of drugs presented in 1998. He graduated from the University of Lisbon’s Faculty of Medicine in 1978, and became a general practitioner in 1983. He joined the Taipas Centre in Lisbon when it was established in 1987 by the Portuguese Ministry of Health for the treatment, recovery and social reintegration of drug addicts. In 1997, he became the national director of the network of drug treatment centers in Portugal. He is currently the Chairman of EMCDDA, also based in Lisbon.

* Linnae Ponté (LP): What changes have you seen in national drug use and abuse rates since Portugal decriminalized all drug use in 2001?

Dr. João Goulão (JG): Portugal decriminalized the possession of all drugs for personal use in 2001. This decision was taken in the framework of the first National Strategy (1999), which included a set of policies clearly based on the assumption that drug addiction is mainly a health issue and not a criminal one. Policies and practices
that had been developed in the previous years—like the enlargement of a network of treatment units, acceptance of opioid substitution, harm reduction tools such as syringe exchange, and reintegration measures—were systematized and implemented at a political level.

It’s difficult to measure the impact of decriminalization as an independent variable; the evolution of the indicators has to be seen as a result of the development of all those responses. Considering different indicators of changing drug use patterns and demographics, some effects of decriminalization have included:

- Levels of drug use are below the European average;
- Drug use has declined among those aged 15–24, the population most at risk of initiating drug use;
- Lifetime drug use among the general population has increased slightly, in line with trends in nearby countries (however, lifetime use is widely considered to be the least accurate measure of a country’s current drug use situation);
- Rates of past-year and past-month drug use among the general population have decreased;
- Rates of continuation of drug use (i.e., the proportion of the population that has ever used an illicit drug and continues to do so) have decreased;
- Rates of problematic drug use and injecting drug use have decreased;
- HIV infections among injecting drug users have decreased.

Overall, this suggests that removing criminal penalties for personal drug possession did not cause an increase in levels of drug use. This is in line with significant evidence from around the world that shows that the enforcement of criminal drug laws has, at best, a marginal impact in deterring people from using drugs. There is essentially no relationship between the punitiveness of a country’s drug laws and its rates of drug use. Instead, drug use tends to rise and fall in line with broader cultural, social, or economic trends.

LP: Are psychedelics regulated any differently from other drugs in Portugal? How do use and abuse rates compare, both before and after decriminalization, between psychedelics and other classes of drugs such as cannabis, cocaine, opiates, and alcohol?

JG: No, psychedelics are not regulated any differently from other drugs in Portugal. Cannabis remains the most used illicit substance. Heroin was the most problematic at the time of policy changes and the main driver for those changes. Since then, the impact of heroin use has steadily decreased; there’s a decrease in the number of users, namely starters among youth, and an increase in the number of users enrolled in opioid sub-
stitution programs. The rates of use of other classes of drugs tend to suggest a decrease in the importance of heroin. Cocaine use has increased slightly proportionally with other drug use rates, as have Ecstasy and LSD.

LP: How does your professional background as a family physician inform your views on drug policy? When you started working as a doctor with addicted populations, did you intend to become involved in drug law reform?

JG: Being a family physician working in the Algarve, a region of Portugal particularly affected by the heroin epidemic in the 1980s, I felt the need to study and prepare myself to respond to the demands of treating the population under my responsibility. I got more and more involved in finding a solution for the problem, and in 1997 I became responsible for the national service (under the Ministry of Health) in charge of preventing and treating drug addiction. When the Government decided to build the first National Strategy, I was included in the drafting working group. It was a very enriching experience, as we each had the opportunity to propose what we felt to be the most coherent approaches.

LP: What lessons could the United States and other countries learn from Portugal’s approach to drug policy? Are there other aspects of Portuguese law and/or culture that might make Portugal’s experience different from other countries?

JG: Two things we can surely say are that decriminalization does not increase drug use, and that decriminalization does not mean legalizing the use of substances. It’s still illegal to use drugs in Portugal—it’s just not considered a crime. It’s possible to deal with drug users outside the criminal system. Furthermore, Portugal has a governmental structure specifically responsible for coordinating policy regarding illicit drugs and alcohol. It oversees the planning, conception, management, monitoring, and evaluation of the different steps of prevention, treatment, rehabilitation, and harm reduction in the field of drugs and alcohol. The agency ensures the improved coordination and monitoring of established policies and strategies, ensuring a comprehensive and integrated model of intervention in this area, implemented in partnership with the civil society organizations.

In my view, one historical fact that definitively influenced the so-called “Portuguese Experience”: the circumstance that problematic drug use, mainly of heroin, began later in Portugal than in other countries (after our democratic revolution in 1974) but then spread in a transverse pattern to all social classes. In the 1990s, it was almost impossible to find a Portuguese family who didn’t experience drug-related problems. It happened among marginalized people, but also among middle and even upper social classes. I believe this made it easier to find social and political support for decriminalization when you could hear middle-class housewives saying, “My son is not a criminal; he is a good guy in need of help.” Even the Catholic church supported Portugal’s progressive developments.

LP: Boom Festival, which takes place in Portugal every two years and attracted over 40,000 attendees in 2014, may be considered the world’s leading model of on-site psychedelic harm reduction services. When you visited Boom in 2014, what did you think of Boom’s approach to harm reduction, Kosmicare, which combines psychological support services with on-site drug testing?

JG: Since 2010, the Portuguese governmental structure responsible for the coordination policy in the field of illicit drugs and alcohol, now the SICAD—Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (General-Directorate for Intervention on Addictive Behaviours and Dependencies)—has been involved in the design of Kosmicare. This has been accomplished through a partnership between Good Mood Productions (which organizes Boom Festival) and the Faculty of Education and Psychology at the Catholic University of Portugal. It has been a very interesting project in which, for the first time, a university research center, an event producer, and a governmental structure are working together on a harm reduction model. This includes integrating research into Kosmicare in order to transform the project into an evidence-based intervention model.

Kosmicare relies on Harm Reduction and Risk Minimization (HRRM) principles, crisis intervention models, and Stanislav Grof’s psychedelic psychotherapy approach for crisis intervention in situations related to the unsupervised use of psychedelics. Kosmicare’s main purpose is to offer care and support to people undergoing crises related to psychoactive drug use, particularly psychedelics, allowing their experience to unfold in a safe environment and be adequately integrated. The intervention intends to reduce the risk for mental disorders related to drug use, and to enhance possible benefits that emerge from the experience. The other part of Kosmicare’s purpose has been to produce knowledge about the relationship between substance use and mental health in order to reduce risks related to the use of psychoactive substances, and to have a positive impact of drug users’ views of themselves, their relationship to substance use, and to life in general. Boom Festival, characterized by its strong values of humanism, sustainability, and equality, is famous for the effort and investment it puts into care of attendees. Within this ambit, Kosmicare is understood as a strategy for dealing with multiple levels of risk associated with psychoactive drug use.

It was a very interesting experience for me to go to BOOM and see, in the field, the work done by Kosmicare. At the Kosmicare tent, staff provide a range of services including not only basic paramedical and medical emergency services, but also harm reduction services such as information and outreach, chill-out spaces, clean/safe drug use devices, drug testing, and a care space especially designed for people undergoing difficult psychedelic and emotional experiences. The project therefore attempts to reduce harm related to drug use, as well as preventing abuse and drug dependency. The results of Kosmicare research shows that the Kosmicare service intervention works to
attend to and resolve crises resulting from drug use. Crises that Kosmicare is unable to resolve tend to be cases in which visitors are suspected to have pre-existing psychopathological diagnoses. This is very good news, confirming the need for harm reduction services in these recreational settings.

**LP:** Current laws such as the RAVE Act in the United States criminalize harm reduction efforts, threatening event organizers who provide those services with property seizure and arrest for acknowledging drug use. In your view, why is it important to encourage rather than condemn harm reduction services at events, and what kinds of services are most effective?

**JG:** In Portugal, we came to the conclusion that the criminal system was not best suited to deal with this situation—that incarcerating drug users or organizers who provide those services was not the best option. The best option is referring problematic users to treatment while creating a system to prevent and dissuade consumption, working alongside civil society organizations prepared to do so. The Portuguese approach stands on the assumption that, even when users keep using drugs, we are still trying to provide them with conditions for a longer life and a better quality of life. In our model, we don’t give up on people. That’s why we provide support for basic life needs and keep in touch with even the most disorganized groups, always available to fulfill their requests.

**LP:** Based on your experience working with international regulatory bodies such as the European Union and United Nations, do you foresee a global shift in drug policy away from a prohibitionist model and towards a public health model?

**JG:** I believe we are already watching that shift; in general terms, this new approach is common in the European Union context, but still within a prohibitionist paradigm. I think that our main task in the international context should be to produce further evidence that the humanistic approach is far more efficient than policies based on prosecution, which are sometimes in complete disregard of human rights. I believe we must show this clearly to the countries that still have very strict policies, such as those that apply the death penalty to drug-related offenders.

I would also like to take this opportunity to say that, sometimes, I feel that there’s a lack of intellectual seriousness in discussions about the regulation of substance use, especially regarding cannabis. I think that discussions about its medical use (an issue for the medical community, medicines agencies, etc.) should be held separately from discussions about recreational use. Both discussions are needed, but mixing both issues creates a lot of confusion among citizens and politicians.

**LP:** How do you believe that the science of drug addictions and drug effects (such psychopharmacology, neurotoxicity research, and neuroscience) can inform policy change?

**JG:** Intervention in the field of drugs (and other areas) can no longer be determined by moral standards. We need more evidence-based studies to inform the design of policies because it is the only way to effectively improve the quality of people’s lives and to promote healthier societies.

Linnae Ponté is Director of Harm Reduction and Zendo Project Coordinator for the Multidisciplinary Association for Psychedelic Studies (MAPS) and can be reached at linnae@maps.org.

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Boom Festival: The Kosmicare Project
ARTUR SOARES DA SILVA, BOOM FESTIVAL TEAM

Held in Portugal every other year since 1997, the Boom Festival focuses on sustainability, knowledge, spirituality, psychedelic arts, music, and culture. Boom attracts people from around the world—43,000 people attended from 152 countries in 2014—on the shores of a magnificent lake. Due to Portugal’s forward-thinking 2001 decriminalization law, Boom has been developing an unique harm reduction and risk
“Humans possess the capacity to create a culture of caring and concern for people in distress. Helping people in crisis is intrinsic to the nurturing side of human character.”

—Hoff & Adamowski (1998)
country. It has been estimated that 0.7% of the Portuguese population has used heroin at least once (the second highest rate in Europe), and HIV cases have skyrocketed.

The 2001 law decriminalized possession of all drugs for consumption as the most effective way to limit consumption and reduce the number of addicts. It encouraged and promoted prevention and education projects, including harm reduction, treatment programs, and activities that helped at-risk groups or drug users to restore their connections with family, work, and society. It was in this context that Boom Festival began developing our own harm reduction—Kosmicare (formerly CosmiKiva Sanctuary)—back in 2002.

The idea of a drug-free society is an illusion that will never come true. The same goes for festivals. Drug users report using drugs (alcohol included) for a large number of reasons: to address personal problems, recreation, pleasure, spiritual growth, transcendence, potentiating personal insights, getting in touch with their inner world, increasing creativity, and more.

There were two phases of harm reduction and risk minimization at Boom. The first ran from 2002 to 2008, focused on drug use at the festival itself. The second phase, which began in 2010, focuses not only on intervention at the festival but also with the scientific discovery and validation of harm reduction methods. It is also in 2010 that pivotal partnerships started taking place, showing how progressive laws in Portugal could help festival participants. In that year, Boom Festival signed a unique protocol that involved the Institute for Drugs and Drug Addiction (IDT), part of the Portuguese Ministry of Health and the Catholic University of Porto. The protocol’s objectives were to improve intervention at the festival by maximizing resources and more effective liaisons with offsite health services. There was also a special effort to conduct scientific investigations in association with the University with the goal to transform Kosmicare into an evidence-based intervention model that could be disseminated to similar settings and populations.

Kosmicare now consists of a team of 40 people (psychiatrists, therapists, psychologists, homeopaths, therapists, and volunteers) working at the festival site in a central area with tipis, yurts, and a seating area. It has a drug testing service nearby one of the music areas where festival attendees can learn about the substances they have used or are considering using. The service also provides public alerts if necessary. The project also works in collaboration with the festival’s in-house medical services (doctors, medics and nurses), with offsite health services (hospitals or health centers in the region) and security stewards.

Decriminalization in Portugal created a legal framework for the implementation of harm reduction policies, and the social reintegration and de-stigmatization of drugs and drug use. For consumers, decriminalization eliminates the fear of testing their substances and undergoing treatment. This approach is humanistic (i.e., a sick or in-crisis person needs help) and pragmatic (i.e., repressive measures have been ineffective in limiting consumption). Our experience at Boom Festival has been very positive in that we have been successful in not only helping people avoid or process traumatic experiences, but also producing empirical data that can be used by any event organizer.

REFERENCES

References by Maria do Carmo Carvalho, Catholic University of Porto, Boom Festival Team, and Kosmicare Manager.

INTERNATIONAL DRUG POLICY


DECRIMINALIZATION IN PORTUGAL


Domostawski (2011). http://www.opensocietyfoundations.org/reports/drug-policy-portugal-benefits-decriminalizing-drug-use (in English)


LAW, HARM REDUCTION, AND RISK MINIMIZATION

Costa (2001). Redução de Danos: preconceitos, obstáculos, justificações. (Critical analysis about common perspectives on HRRM before and right after the begin of the decriminal-
HARM REDUCTION AND RISK MINIMIZATION AT FESTIVALS


Parker, Williams & Aldridge (2002). The normalization of sensible recreational drug use. (UK research justifying the relevance of HRRM in festivals.) http://www.brown.uk.com/brownlibrary/parker.pdf


KOSMICARE


Puente (2009). Kosmicare y Boom Festival 2008: atendiendo emergencias psiquedelicas en la linea de frente. (History of Kosmicare/Kosmikiva at Boom Festival and drug testing.)

Artur Soares da Silva was born in Lisboa, Portugal. He is a member of Boom Festival, a social psychologist, and is pursuing his MA in culture management. Artur’s love for music led him to be active on many fronts on the electronic music scene in Portugal since the mid 1990s. He has been involved with Boom since the early days as party goer and production staff. He has worked on communication for magazines, websites and TV; has written and produced documentaries; organized music events; and studied the importance of music for the reduction of racism on poor neighbourhoods on the outskirts of Lisboa. His main intention as Boom team member is to support the Great Transition. He can be reached at communication@boomfestival.org.

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For over four years, a group of more than fifty volunteers from assorted walks of life, including doctors, therapists, scholars, psychonauts, artists, photographers, and many more—all united by a common love and interest—have been working on The Manual of Psychedelic Support: A Practical Guide to Establishing and Facilitating Care Services at Music Festivals and Other Events. The Manual is now complete and available for free download at psychsitter.com. In this article the editors of the project discuss what “psychedelic care” means and how this project unfolded.

* 

“He was in despair and crying, whilst at the same time he was very disruptive and threatening… By now we were eight people working to detain him—four security personnel and four care givers—and still the man was putting up a fight. I ran to bring the stretcher, adding four pillows and two mattresses to make it softer… He was screaming and he kept saying, “I will beat you up! I know you now! I will find you and kill you!” , as well as things like, “Who am I?”, “Is this really happening?”, “Am I really?”, but quickly changing back to his violent threats…

I saw him later at a crossroads at the festival and he truly was thankful. He even fell on his knees when I told him we had a plastic bag with his mobile phone and dirty clothes. It was wonderful to see him so different and happy! I wish I could see him again and chat more… I felt so warm to receive thanks and to know that I protected him from the darker self we all hide inside. It is always amazing to see a human being like a wild dangerous beast one day, and the next day like a saint, the hope of humanity!”

This passage is an excerpt from a chapter in the Manual containing first-hand accounts written by psychedelic care-givers about their experiences helping guests. The account conjures up a frightening image of “that” man or woman on the edge of the dance floor who has “lost it.” Such individuals might be walking around naked, bleeding from falling down or crawling through bushes, and/or behaving violently. Perhaps they haven’t slept in three days, during which time they took half the drugs you can name before somebody gave them a line of ketamine, further splintering their fragile grip on reality. This is just one (extreme) example of a festival attendee requiring compassionate care.

At the other end of the spectrum is the individual who has taken LSD (or MDMA, or some other psychedelic, or even “just” a hash cake) for the first time, and is going through a difficult experience. The festival is loud and chaotic, a kaleidoscope of sights and sounds. The individual’s inner world is merging with their outer, everything is flowing, and there’s no conceptual anchor to hold onto. Separated from friends, cold and thirsty, this person is in desperate need of a quiet space and a holding hand. A third situation, perhaps the most difficult type of case, is one in which mental health issues—either with or without the use of psychoactive drugs—manifest in the midst of a music festival or similar event.
Where do these people go? Or where are they taken by their friends, security, or medical personnel for help? “Psychedelic care,” as the editors and authors of the Manual call it, has been around in its modern version since the 1960s. The first chapter of the Manual, entitled “A History of Psychedelic Care Services,” provides a survey of such efforts, beginning with the Hog Farmers at Woodstock and the Grateful Dead’s parking lot medics, and continuing with the Green Dot Rangers at Burning Man’s Sanctuary space, Kosmicare at Boom Festival, the MAPS Zendo Project, and others.

In the absence of a psychedelic care service, individuals requiring help are usually left to fend for themselves, or—in more extreme cases—they end up at the medical service. Medical services are a vital part of any event, and a few people experiencing a drug-induced crisis are also in need of urgent medical care. However, in most cases of difficult psychedelic experiences, the standard medical approach can be problematic. Medical staff may have little understanding of the nature of psychoactive (including psychedelic) experiences that have taken a difficult turn, and as a result the individual in crisis is “medicalized”—in other words, turned into a patient. A tranquilizer is often administered, and such patients often wake up deeply scarred on mental and emotional levels due to having their horrific experiences cut short without an opportunity to process them.

In contrast, the ethos of compassionate psychedelic care entails (in cases without medical complications) allowing difficult drug experiences to run their course while providing comforting support along the way. Often but not always, this resolution turns out to be valuable for the person who experienced it, due to what may be called a psycho-spiritual breakthrough or catharsis. In this case, an important distinction must be made between guiding and sitting. In some therapeutic settings, therapists serve as active guides for the client, helping choreograph the client’s psychedelic journey with particular objectives in mind. In a compassionate care setting, however, the caregiver acts as a sitter, basically providing “psychedelic first aid.” This involves allowing the experience to unfold while supporting the guest physically, emotionally, and intellectually as much as possible.

The idea for The Manual of Psychedelic Support grew out of its creators’ experiences at Kosmicare, the psychedelic care service provided by the iconic Boom Festival in Portugal. Although psychedelic care services have been in operation for decades, and have been growing in number and in scope in recent years, a general guide on how to establish and run them did not exist in the public domain (though training manuals for specific approaches to psychedelic care are available, such as MAPS’ Zendo Project Psychedelic Harm Training Manual: zendoproject.org/manual). We envisaged a book that would address all aspects of such a project, containing material for care service leaders, team leads, caregivers, and others who provide vital supporting roles including psychiatrists and nurses. The Manual of Psychedelic Support provides information that spans an entire project, including preparation, training, logistics, operations, and wrap-up.

From the beginning of the work, one of our core principles was that the Manual should be independent of any external organization, with its content open for adaptation and implementation, and never be used for commercial purposes. Towards this end, the work has been published under a Creative Commons License, and it is now freely available as a PDF download.

Following the 2010 Boom Festival, a small group of activists began working on the book, including a number of people from the United States’ West Coast Burning Man community. The project quickly grew to involve numerous volunteers worldwide, about 40 of whom authored text for the Manual. Forewords for the work—emphasizing support for psychedelic care services and for the Manual as a tool to help people establish and facilitate such services—were written by web mavens Fire and Earth Erowid; Boom Festival founder Diogo Ruivo; clinical psychedelic researcher Alicia Danforth, Ph.D.; Sam Cutler, the former tour manager for the Rolling Stones and the Grateful Dead; as well as MAPS’ own Rick Doblin, Ph.D.

The scope of material covered in the Manual is comprehensive. Two chapters have already been mentioned in this article: one giving case studies of real-life care experiences, and another covering the history of psychedelic care services. Additional chapters include: “The Principles and Ethics of Psychedelic Support,” “Legal Considerations,” “Building and Training a Team,” “Logistics,” “Complementary Therapies,” “Team Welfare,” “Risk Management and Performance Improvement,” and several more. One appendix provides
a reference to numerous “street names” (in six languages) for commonly encountered psychoactive drugs, while a second discusses “Monitoring, Evaluating, and Researching—Recommendations from an Academic Perspective for an Evidence-Based Approach to Psychoactive Crisis Intervention.”

Work on the Manual has emphasized for us, as editors and authors, a fundamental issue regarding psychoactive drugs in contemporary societies. This issue, at its core, involves the conflict between prohibition and harm reduction in different states and countries around the world. The act of setting up a psychedelic care service, as well as the form that it can take, is highly dependent upon the laws of the particular jurisdiction in which it is located, the norms and expectations of that society, and the culture of the specific event that the project serves.

Accordingly, the Manual seeks to cover a wide spectrum of viewpoints and possible circumstances. On one hand, there are countries or states in which festival organizers cannot formally acknowledge that drugs are likely to be consumed at their events; as a result, care services therein may be wary of openly discussing the subject during training or operations. (The irony and absurdity of such situations is painful.) On the other hand, there are some jurisdictions, such as Portugal, in which harm reduction has become the norm. At Boom Festival in recent years, for example, a partnership has been established between the Festival organizers, the Faculty of Education and Psychology at the Catholic University of Porto (Portugal), and the Portuguese General-Directorate for Intervention on Addictive Behaviors and Dependencies (SICAD), with the purpose of developing an evidence-based crisis intervention model for psychoactive substances in recreational settings. At Boom, drug testing (enabling festival-goers to voluntarily have their compounds analyzed for purity) and warning signs like those shown in the photograph above (unthinkable in some jurisdictions) have become the norm.

It is our hope that The Manual of Psychedelic Support will aid not only in the establishment of care services that bring light to people in truly dark places, but that it will also serve as an educational tool in a battle that is being fought—on several different fronts—to encourage societies to abandon the absurd and damaging fantasy of prohibition, and to pursue in its place a saner approach of harm reduction, firmly grounded in existing reality in order to produce a more beneficial future.

Zevic Mishor grew up in both Australia and Israel, and has an academic background in neuroscience and anthropology. He was a care giver at the “Kosmicare” service for people having difficult drug experiences at Boom Festival 2010 in Portugal, and subsequently a team leader in 2012. Zevic teaches an undergraduate neuroscience seminar at the University of Sydney called “The Science of Psychoactives,” and is currently completing his Ph.D. in anthropology, based on fieldwork with an Orthodox Jewish group in Israel, and studying their relationship with God and the lifeworld that emerges out of it. He can be reached at zevic.mishor@icloud.com.
Marijuana and American Society: An Idea Whose Time Has Come

AMANDA REIMAN, PH.D., M.S.W.

One of the most seminal textbooks on public policy, *Agendas and Public Policies* by John Kingdon (1995), outlines the near impossibility of political paradigm shifts in the modern context. Special interests, party lines, corruption, money, and an innate fear of change often stall social progress even as the people embrace a more enlightened view. Throw morality into the mix, and a stalemate is created where fear and religion are often used as weapons.

Sometimes, albeit very rarely, a window opens in public policy creating a chance for real movement on a socially contentious issue. As Kingdon points out, to open this window certain conditions must be met. The issue has to become part of the discussion amongst decision-makers, and the decision-makers in power must have a desire to take that conversation and turn it into actual policy change. Marijuana certainly meets both of those conditions—but is it enough to end prohibition?

Opening a political window is not an assurance of change; it is merely a chance to clearly see beyond the current situation into other possibilities, a peek into what might be. The circumstances described above have opened the window for marijuana policy reform, but an open window is not the same as an open door. The public has seen what “could be” if they embrace change and reject prohibition, and why ending it is a good idea, but are they willing to walk through the door to a post-prohibition world?

Marijuana is not a new plant, and legalization is not a new idea, nor is support for it. Although used therapeutically for thousands of years, when marijuana first became restricted in the 1930s, very few people had even heard of it let alone been negatively impacted by it. During the 1970s, a window opened momentarily when President Jimmy Carter publicly supported decriminalizing marijuana. Yet, since real policy and social change requires not only a window, but a door and a team to build it, why is now the time for marijuana policy change? What is it about how we live and communicate, about who we are and what we want now, that shakes the core of marijuana prohibition so heartily that real cracks are starting to show in its foundation?

The intimacy between the public and the political

In 1937, when the Marijuana Tax Act became the first federal restriction on marijuana, the relationship between politicians and the public was very different. Politicians in Washington, D.C., were far-away voices coming through the radio, with families gathering around to hear what was happening in their own backyards. Like parental figures vowing never to fight in front of the children, politics was spoon-fed to the public from behind a thick curtain. Over the years, newspapers, then television, and finally the Internet have succeeded in pulling back that curtain, leaving politicians vulnerable to exposure as fallible human beings. While they may still have power, today’s politicians are less like the Army father barking orders, and more like the dad you caught cheating on your mom who can’t really order you around anymore because you have seen his true character.
Public information on substance use issues, infidelities, and political wrong-doing makes it more difficult for politicians to act as moral watchdogs and models. If we know our Senator has cheated on her husband, and injured a child during a DUI, are we really going to swallow her “Just Say No” message? Instead, we start questioning why she gets to act like morality is a choice, while the rest of us face criminal sanctions for the same behaviors.

Wait—let me Google that

Another huge difference between now and the earlier days of reefer madness, is the way in which we share information and fact-check what we’re being fed. In the scenario described above with the family gathered around the radio for the latest news, not only did the voices come from trusted sources, but there was no way to know if what you were being told was the truth. In those days, trust was even more important. If that trust is broken, the information becomes as meaningless as hearing it on the school playground. It was a breach of that trust which forced NBC to take action against former anchor Brian William for exaggerating his experiences in the field.

Before the Internet, the public had little ability to verify what was coming out of the mouth of the government. Newspapers collectively took on this task, followed by television news, but these methods still relied on a limited number of messengers with as many agendas as the politicians themselves. A true game changer for politics, the Internet gave the average person the ability to quickly research and fact-check government and media claims alike. During the hearings for the Marijuana Tax Act in 1937, politicians and law enforcement testified that marijuana made Mexicans violent and was responsible for the gruesome murders of people in states like Florida. If these statements had been made during a government hearing today, tens of thousands of independent media sources as well as average citizens would be collecting and publishing information to dispute these claims in real time.

Baby Boomers: The beginning of the end

It’s not just the ways we communicate and access information that provide a platform for marijuana reform—it’s also who
we are as a society today. “Aging out” is a term that refers either to a change in behavior due to age and/or development, or to a change in the structure or beliefs of a group due to changes in its membership demographic. When it comes to marijuana use, we often talk about aging out as a process of reducing or discontinuing use due to taking on additional life responsibilities and being in a place where using illegal substances is too risky. We can also refer to aging out when describing the demographic changes in government. People born just prior to marijuana prohibition (around 1930) grew up with a very strong anti-marijuana message during their youth. Movies like *Reefer Madness* and messages about the dangers of marijuana pervaded communities during this time. These folks are now at the age where many of them are starting to retire from their political positions. By contrast, people born around 1950 or later have a very different view of marijuana. The Baby Boomer generation brought marijuana back into style during the peace movement of the 1960s. Many of these folks are now moving into high levels of political power (e.g., Barack Obama) and have softer views on marijuana because they have used it, and many still do, though perhaps to ease the symptoms of aging.

**I’m an activist: For a living!**

Until recently, parents would shamefully whisper about their 30-year-old son who worked at “some non-profit” trying to save whales, or the environment, or something, and don’t they wish he would get a “real job.” Those times are changing. The rise in non-profits and activism as an occupation has drawn some of the brightest minds from the best universities who have an eye on changing the world. Organizations from PETA to MAPS to the Drug Policy Alliance have created a home for like-minded individuals who want to use their intellect for good, and for their work to move beyond the ivory tower. Activism is no longer a dirty word, and is an increasingly effective means of bringing attention to and changing social norms around very important issues, from gay marriage to mass incarceration to marijuana legalization. Groups such as Students for Sensible Drug Policy act as breeding grounds on campuses across the country, giving young people with a mind and a social axe to grind an outlet and a cause. These students often go on to positions of power, and many of them are leading and shaping the emerging marijuana landscape.

**Plant vs. Pharma**

One more component to current shifts in marijuana policy has to do with a larger social shift away from (and suspicion of) pharmaceutical products. The United States makes up 5% of the world’s population and makes up 99% of the world’s hydrocodone consumption. Prescription drug overdoses are surpassing car accidents as the number one cause of accidental death, and in the U.S. heroin use is on the rise because people are becoming dependent on opiate pain medication, and then being cut off from their pharmaceutical supply. In the midst of this, GMO crops are scaring people, suspicions around antibiotics and vaccines are pervasive, and stores such as Target are massively investing in organic produce. These changes are all part a societal shift away from chemical approaches to wellness and towards plant medicines and local agriculture. Research shows that around 75% of medical marijuana patients use marijuana as a substitute for prescription drugs, and states with access to medical marijuana have enjoyed a reduction in prescription drug overdose deaths. In California, Flow Kana is the first company to offer marijuana straight from the farmer to your doorstep, a sign of the movement towards a farm-to-table culture and a preference for natural over synthetic.

**After we go through the door…**

Marijuana is now legal for adults in four states plus Washington, D.C., and legal for medical use in 23 states plus the capitol. The door is wide open, and slowly but surely, states are marching through. While advocates try to help the rest of the states through the door, assuring them nothing bad will happen, opponents are warning them that a post-prohibition world is too dangerous and risky. The tension will continue, but that need not cause us to lose sight of how truly unique these times are, and how great the opportunities. The door could still close and the curtain could once again be drawn shut. We must not rely the inevitability of progress, but capitalize on the openings described above, using them not only to open the door to a post-prohibition world, but to blow it off its rusty old hinges.

**Amanda Reiman** is Manager of Marijuana Law and Policy at the Drug Policy Alliance, where she works to develop DPA’s marijuana reform work as it relates to litigation, legislative and initiative drafting, campaign strategy, policy advocacy, media relations, fundraising, and public education in the local, state, federal, and international jurisdictions in which DPA is active. Reiman joined DPA in 2012 after working with Berkeley Patients Group, a renowned medical marijuana dispensary, as director of research and patient services. Reiman served as the first chairwoman of the Medical Cannabis Commission for the City of Berkeley, currently serves on the Cannabis Regulatory Commission for the city of Oakland, and has consulted with various cities, states, and nations on the development of medical marijuana policy. Reiman is currently a lecturer in the School of Social Welfare at the University of California, Berkeley, where she earned her Ph.D. in Social Welfare. She can be reached at areiman@drugpolicy.org.
The drug policy landscape has changed as quickly as any other issue in U.S. politics over the past few years. A growing majority of Americans—including many prominent lawmakers from both sides of the aisle—now support reforms like legally regulating marijuana, ending criminal penalties for drug possession, and reforming sentencing laws to scale back mass incarceration.

Our organization, the Drug Policy Alliance (DPA; drugpolicy.org), has played a pivotal role in most of the major drug policy reforms over the past two decades. Our mission, broadly defined, is to advance policies that reduce the harms of both drug use and drug prohibition, and to seek solutions that promote safety while upholding the sovereignty of individuals over their own minds and bodies.

One of the greatest harms of the war on drugs is that clinical research establishing the medical benefits of psychedelic drugs has been delayed for decades; but what about the ongoing use of psychedelics outside of medical or other clinical contexts? Support for broadly legalizing psychedelics such as MDMA and LSD is so low—less than 10%, about the same as for heroin or methamphetamine—as to make this politically unfeasible in the short- or medium-term. That’s why the most important work we’re doing right now is around changing the debate about how psychedelics are perceived and managed.

One key piece of this stems from a new project we’ve launched focused on nightlife and festival spaces. These settings have always been sites for drug use, from the ubiquitous alcohol to MDMA, psychedelics and a range of other substances. While periodic enforcement crackdowns have occurred in various scenes, rarely has there been any sustained reform-minded advocacy about drug use in these contexts. That’s where Music Fan (drugpolicy.org/musicfan), our new project about nightlife and festivals, comes in.
The first goal of Music Fan is purely educational: to provide fact-based, easily shareable information to people about the drugs they may use in these settings. The second goal is to actually change the way drug use is managed in nightlife and festival spaces, by providing powerful tools for the expansion of drug education and other harm reduction practices like drug checking. To provide a comprehensive approach for key stakeholders, DPA recently produced a new publication, *Managing Drug Use at Your Event: An Event Producer’s Guide to Health and Safety Best Practices*, in partnership with MAPS’ Zendo Project, Dansafe, and the medical and risk management group Mutual Aid Response Services (MARS).

Building on this foundation, the Music Fan project is stimulating debate about how drug policy affects safety at these events, while pushing back at zero tolerance and enforcement-heavy approaches in favor of health-centered practices. Where laws stand in the way—such as the federal Illicit Drug Anti-Proliferation (RAVE) Act—DPA is helping lead efforts at reform.

Our immediate policy goals are reforming the RAVE Act and protecting event producers from prosecution for integrating education, harm reduction, and drug checking at their events. We’re also doing everything we can to widen the use of drug checking in the U.S., which may include creating protections for it by carving out exceptions from paraphernalia laws. At the same time, we’re building a powerful base of support for reducing the role of drug war tactics at major festivals by demonstrating the prevalence of drug arrest and overzealous enforcement operations.

One of DPA’s greatest priorities is ending the criminalization of drug use and possession, much in the same way that Portugal has since 2001 with great success. Ending arrests for possession of MDMA and psychedelics would spare tens of thousands of people every year from the harms of getting arrested, locked up behind bars, and burdened with a criminal record that greatly limits their life opportunities. DPA is in the early stages of a multi-year campaign to build support for decriminalization throughout the United States. A recent poll of Washington, D.C., voters found that a majority support this sort of reform.

We’re also working closely with MAPS to expose and overcome the political obstacles that are still hindering scientific research. Last year, DPA and MAPS co-published an influential report, *The DEA: Four Decades of Obstructing Scientific Research* that revealed how marijuana and psychedelic research has been systematically blocked by the federal government.

For many years, we’ve also prioritized fomenting discussion and debates about psychedelics at DPA’s biennial International Drug Policy Reform Conference (*reformconference.org*). This is the only place you’ll find leading luminaries connecting the dots between psychedelics and other issues like criminal justice reform, marijuana legalization, and harm reduction. Past conference panels included, “What Do Psychedelics Have To Do With Drug Policy Reform?,” “What Can Psychedelics Teach Us About Harm Reduction?,” “Are Psychedelics the ‘New Pot?’,” and “Ayahuasca, Religion, and Cultural Translation.” This year’s Reform Conference will be held November 18–21, 2015, in the Washington D.C. area—it’s one of the best ways for MAPS supporters to meet other like-minded individuals and push reform opportunities forward.

DPA is a proud, longtime supporter of the work that MAPS is doing to demonstrate the safety and efficacy of psychedelics for science, therapy, spirituality, and personal growth. We hope that MAPS’ supporters will join us in our work to end the criminalization of psychedelics in national and international policy.

**Jag Davies** is the director of communications strategy at the Drug Policy Alliance, where he oversees the organization’s publications, messaging and brand identity. Jag started his career at MAPS, where from 2003–2007 he served as director of communications and in other positions. He also previously worked for the American Civil Liberties Union (ACLU), where he coordinated local, state, federal, and international efforts to end punitive drug policies that cause the widespread violation of constitutional and human rights. He currently lives in New York City. He can be reached at jdavies@drugpolicy.org.

**Stefanie Jones** is the nightlife community engagement manager at the Drug Policy Alliance. In this role she introduces harm reduction principles and drug policy alternatives to partygoers, public health officials and city nightlife regulators across the U.S. In her prior role within the organization as event manager she produced four progressively larger editions of the biennial International Drug Policy Reform Conference, as well as numerous local policy conferences, fundraisers and coalition-building meetings. She can be reached at sjones@drugpolicy.org.
In the Press, “Insanity Chemicals” Become Mind Medicines

JACOB SULLUM

The first time the word psilocybin appeared in The New York Times, the context was a November 1962 article headlined “Harvard Men Told of Mind-Drug Peril.” Other alarming reports followed, and six years later Congress banned psilocybin.

The story of LSD, as reflected in the pages of the Times, was a bit more complicated. The earliest references, beginning in 1955, described LSD as an “insanity chemical,” a powerful drug that “induce[s] in a few minutes a condition very similar to schizophrenia.” LSD was therefore a legitimate research chemical, useful to scientists studying the mechanism underlying psychosis.

But by July 1962, when the Times reported that a “black market” in LSD had emerged, the drug had become a public menace. LSD, the paper warned, “can produce prolonged psychotic reactions and antisocial behavior,” triggering “devastating” experiences that “could lead to suicide.” It was banned in 1968, the same year as psilocybin.

Psychedelics were tolerable as long as they remained obscure subjects of interest to academics. They became intolerable once they escaped the lab and people started using them for fun. Their recent rehabilitation in the Times and other major news outlets can be explained by a partial reversal of that process: Formerly fun drugs are increasingly seen not only as legitimate subjects of scientific study but as mind medicines that can treat psychiatric conditions instead of merely simulating them.

The warning that prompted the 1962 story about Harvard students experimenting with psychedelics illustrates the anxieties that drove prohibition of these drugs. “It has come to our attention that a number of undergraduates are becoming interested in the effects of LSD, psilocybin, mescaline and other mind-distorting drugs,” wrote John Munro, Harvard College’s dean, and Dana Farnsworth, director Harvard’s health services, in an open letter to students. “Our concern for this development is such that for over a year we have had an agreement that Harvard University experimenters studying the effects of such drugs should not employ undergraduates as subjects in their research work.”

Harvard officials clearly worried that undergraduates would enjoy the research too much, which might lead them to seek these insanity chemicals outside the laboratory, with potentially grave consequences: “It is important to warn undergraduates that the ingestion of these drugs may result in serious hazards to the mental health and stability even of apparently normal persons. The drugs have been known to intensify seriously a tendency toward depression and to produce other dangerous psychotic effects.”

Psychedelics, in other words, had to be used—administered, really—under the supervision of experts. They were not something for laymen to trifle with. Fear of such unsupervised experimentation eventually became so strong that it
overwhelmed the hope that medically sanctioned use could be beneficial.

The first Times story about black-market LSD noted that “hundreds of [scientific] articles have been published on LSD.” It quoted an article published by the Journal of the American Medical Association in which two psychiatrists reported that the drug “also has been employed as an adjunct to psychotherapy because recall of repressed memories is enhanced and ego defensiveness to conflict-laden material is reduced.” But in the end, LSD’s psychotherapeutic promise could not save it from prohibition once it was widely used for purposes seen as less serious and less respectable. The same dynamic played out with MDMA two decades later.

Government-approved research sponsored by organizations like MAPS has reminded the press and the public that psychedelics can help people while reassuring them that such assistance can be rendered in controlled conditions overseen by experts. Hence the Times sees fit to run prominent articles asking if magic mushrooms can “treat depression,” describing MDMA’s benefits for people diagnosed with posttraumatic stress disorder, and explaining “How Psychedelic Drugs Can Help Patients Face Death.”

Such stories may signal the opening of a medical exception to the prohibition of psychedelics. By and large, Americans are comfortable with medical exceptions. There was one for alcohol under the Volstead Act, and today there are many psychoactive substances that are legal only when blessed by a doctor’s note. For years a large majority of Americans have supported a medical exception for marijuana, a policy that almost half the states have enacted. So it is not hard to imagine a day when LSD, psilocybin, and MDMA can be obtained by prescription.

Surely that will be an improvement over the current situation, since many people who can benefit from these formerly taboo substances will gain legal access to them. But it’s not clear whether such medical exceptions will lead to broader pharmacological freedom, as with marijuana, or merely add a few more substances to the long list of drugs that can be legally used only with the permission of a government-appointed gatekeeper.

The panic that produced prohibition was about loss of control, and psychedelics by prescription assuage that concern by putting experts in charge again. But judging from public opinion about legalizing drugs other than marijuana, putting individuals in charge of their own bodies and minds remains a scary prospect to most Americans.

Jacob Sullum is a senior editor at Reason, a syndicated columnist, and a drug policy blogger at Forbes.com. He is the author of Saying Yes: In Defense of Drug Use (Tarcher/Penguin). He can be reached at jacob.sullum@gmail.com.
Opening Hearts and Healing Minds: MAPS and Dr. Bronner’s Magic Soaps

RICK DOBLIN, PH.D.

Editor’s note: A version of this article appears in Dr. Bronner’s 2015 All-One Report and is available online at drbronner.com/all-one-report. David Bronner serves on MAPS’ Board of Directors.

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In 1971, during my freshman year at New College in Sarasota, Florida, I experienced both psychedelics and Dr. Bronner’s Magic Soap for the first time. After pondering the label, I found that I shared the view that it was essential that everyone come to know in their hearts and minds that all people, all creation, are all one, as I had experienced with my whole heart and being via psychedelics. We must learn to love rather than fear “the other.” Although there was something manic and obsessed about Dr. Bronner, the essence of the Moral ABCs was a true message of hope. I didn’t realize at the time the losses that Dr. Bronner had suffered and the pain he experienced as a result of the Nazis. Relatives on my father’s side were killed in the Holocaust, and as I grew up, I was traumatized to learn about the horrors of World War II. I felt deeply connected to Israel and worried about the perilous existence of my relatives living there. Like Dr. Bronner, I was further frightened by the potential for a more universal Holocaust during the Cuban Missile Crisis and the nuclear arms race with the Russians.

I began reading the principles of non-violent resistance in High School as the Vietnam War raged. I decided to become a draft resister and not register in what turned out to be the last year of the lottery. Due to the Nazis and the war the Allies waged to stop them, I wasn’t a pacifist opposed to war no matter what, so the option of becoming a conscientious objector to all war was not an option. My parents supported my decision but let me know that the cost could be a criminal record and the loss of opportunity to become a licensed professional of any kind.

I concluded that creating the positive alternative to war and hatred would be even more effective than becoming another victim. I was influenced by the spirit of the ’60s. There was a sense of possibility about a new global spirituality that was brought about in part by the view of the whole earth from the moon, in part by psychedelic experiences, and in part by the movements for civil rights and a new ecological consciousness. By the early ’70s, however, there had been a massive backlash to the spirit of the ’60s. Psychedelics, key tools of consciousness growth, were criminalized, and almost all scientific research was shut down in the U.S. and around the world.

A life-changing book called Realm of the Human Unconscious by Dr. Stanislav Grof, the world’s leading LSD researcher, confirmed for me that psychedelics, together with science, spirituality and a focus on healing, were key to our survival as a species. I was also inspired by Albert Einstein, who had written, “The unleashed power of the atom has changed everything save our way of thinking, and we thus drift toward unparalleled catastrophe. A new type of thinking is essential if mankind is to survive.” I understood this new type of thinking and knowing to involve the perception of unity. I began to see that facilitating the mystical experience in large numbers of people was a central key to human survival, with or without psychedelics, and that “All-One or None” was a reality and a strategy.

I decided to devote myself to work toward the resumption of psychedelic research and the responsible legalization of psychedelic medicine, and to become a psychedelic therapist. During this time, I had a dream that I met a Holocaust survivor as an old man on his death bed. He told me that he had been shot in a mass execution of Jews, lost consciousness, then was buried alive in a mass grave on the edge of town. He came to and clawed his way out three days later. He felt he’d been saved for some purpose but at the time didn’t know for what. Now he knew that he was supposed to tell me to bring back psychedelic research and become a psychedelic therapist. I accepted, knowing I would fulfill that mission since I’d also decided on it myself. Then he died.

In 1977, on his first day in office, President Carter pardoned all the draft resisters. My road to a career that required a license was now open. In 1982, I resumed my formal education at New College and went to Esalen for a month-long workshop with Stan Grof and his wife, Christina. While at Esalen, I learned about MDMA, called “Adam” in therapeutic circles, while it was still legal. I realized first-hand the incredible power of MDMA to help people open their hearts without fear and judgment,
both in regards to others and themselves. More importantly, individuals suffering from posttraumatic stress disorder (PTSD) could process and resolve debilitating trauma, whether from rape or from war, using MDMA in a therapeutic context.

In 1983, seeking political allies, I wrote a letter to Robert Muller, Assistant Secretary General of the United Nations and author of the book, *New Genesis: Shaping A Global Spirituality*. His thesis was that underlying conflicts between nations were often religious conflicts and that the mystical experience of unity was the antidote to fundamentalism. He thought we needed to bring the mystics of the different religions together to teach peace. My letter discussed the 1962 Harvard Good Friday experiment that confirmed that psychedelics can help catalyze spiritual mystical experiences with lasting beneficial effects. I asked for help in the effort to resume psychedelic research and, to my utter surprise, Robert Muller replied with a handwritten letter offering to help. His reply was confirmation that facilitating the All-One or None experience is a fundamentally solid strategy to reduce war.

In 1986, I founded a new nonprofit, the Multidisciplinary Association for Psychedelic Studies (MAPS), to sponsor scientific research to develop MDMA-assisted psychotherapy as an FDA-approved prescription treatment. After graduating from New College in 1987 with a degree in Psychology (emphasis in psychedelic research and transpersonal psychology), I realized that, just like the counterculture of the 1960s, I wanted too much too fast. Since politics were blocking science, I should shift my focus from politics. I applied to and obtained a Masters (1990) and a Ph.D. (2001) in Public Policy from Harvard’s Kennedy School, with my dissertation on the regulation of the medical uses of psychedelics and marijuana.

All the while that I was getting my education, I was working to facilitate and develop psychedelic and medical research through MAPS. In 1992, MAPS formally requested permission for a study of MDMA-assisted psychotherapy for dying cancer patients with debilitating anxiety. This catalyzed the FDA to formally change their position on psychedelic and cannabis research and put science before politics. The doors to the laboratories were unlocked after more than two decades, and small Phase 1 pilot studies were permitted.

We made real progress throughout the 1990s and a renaissance in psychedelic research was gradually developing around the world.

In 2004, MAPS helped initiate a lawsuit against the DEA for refusing to end the federal monopoly on the supply of cannabis for use in FDA-regulated research. Also in 2004, Dr. Bronner’s helped win the hemp industry’s fight against the DEA. I was now aware of and respected David and the political work of Dr. Bronner’s, but we hadn’t yet met.

In 2004, after 18 years of effort, MAPS obtained FDA permission for our first Phase 2 study of MDMA-assisted psychotherapy on people with chronic, treatment-resistant PTSD. We’ve since completed that study with outstanding results, as well as another pilot study in Switzerland, and are currently sponsoring other phase 2 MDMA/PTSD pilot studies in Israel, Canada, South Carolina, and Colorado that will be completed in 2015.

In 2005, I finally met David at Burning Man, where we shared our mutual vision of psychedelics helping to catalyze a peaceful, loving world. Over time, the relationship between MAPS and Dr. Bronner’s has deepened and grown, both financially and strategically. Together we provided key early help to Israel’s medical cannabis program, and since 2005, Dr. Bronner’s has donated over $600,000 to MAPS, which has substantially increased our capacity. In February of 2013, David joined the MAPS Board of Directors, helping to direct MAPS’ growth with lessons learned from Dr. Bronner’s growth.

A highlight of the relationship between MAPS and Dr. Bronner’s was in 2013 when Dr. Richard Rockefeller visited Dr. Bronner’s new offices to present with me our MDMA/PTSD research with veterans. Richard eloquently explained the biological mechanism of how MDMA helps PTSD sufferers successfully process trauma so that they are not retraumatized by memories of the event. He also conveyed how the Department of Defense and Veterans Administration were now much more supportive of MAPS’ project. Richard had been inspired by our 2013 visit to the Pentagon and VA’s National Center for PTSD (a healing experience for me as a draft resister and symbolic of cultural healing to come), and the resulting green light to collaborate on MDMA/PTSD research.

Richard tragically died in an airplane crash in June of 2014, and one of his legacies is the expanded relationship with the Bronner family. MAPS is proud to honor his memory and our partnership with Dr. Bronner’s in our quest “to dream the impossible dream! To reach the unreachable star! Till All-One, All-One we are!”

**I began to see that facilitating the mystical experience in large numbers of people was a central key to human survival, with or without psychedelics.**

Rick Doblin, Ph.D., is the founder and executive director of MAPS. He received his doctorate in Public Policy from Harvard’s Kennedy School of Government, and his undergraduate degree from New College of Florida. Rick studied with Dr. Stanislav Grof and was among the first to be certified as a Holotropic Breathwork practitioner. His professional goal is to help develop legal contexts for the beneficial uses of psychedelics and marijuana, primarily as prescription medicines but also for personal growth for otherwise healthy people, and eventually to become a legally licensed psychedelic therapist. He founded MAPS in 1986, and currently resides in Boston with his wife and three children.
Brad Burge (BB): Can you tell us a little bit about the history of Dr. Bronner’s Magic Soaps?

David Bronner (DB): My grandfather, Dr. Emanuel Bronner, was a third generation master soapmaker born into a prominent German Jewish soapmaking family. He was an intense guy from day one. By the late 1920s, he was constantly clashing with his father and two uncles over his Zionist beliefs and new-fangled soapmaking ideas. His father, like many German Jews, thought the fascist madness would blow over and that Emil should stop rocking the boat. Emanuel eventually immigrated to the U.S. in 1929, trying subsequently to get his family to join him. While his two sisters got out, his parents stayed too long and were murdered in the concentration camps.

Somehow, in the midst of this massive personal tragedy, my grandfather experienced intense mystical insights of love and unity. His message of “All-One!” is, at its core, a call for healing a fractured world. He lived in the shadow of the Holocaust, at a time when global nuclear annihilation seemed imminent. For him, the need to realize our transcendent unity across religious and ethnic divides was urgent: Humanity had to heal and come together as one, or perish.

After World War II concluded, he gave up his career as a consultant to the U.S. soap industry and began traveling the country advocating his message of peace and unity, selling his ecological soaps on the side based on his family’s old-world quality recipes. He soon realized that people were coming more for the soaps than to download his message, so he started putting the message on every label of soap. The soaps took off with the rise of the counterculture in the 1960s, thanks to the hippies who dug the versatile simplicity of my grandfather’s biodegradable soaps and his sweet message of love and unity. From there, Dr. Bronner’s Magic Soap spread into every health food store in the country, and in the past 20 years have gone mainstream in a major way.

My brother Mike and I have been running the company for the past 15 years, along with my mom Trudy and recently departed Uncle Ralph. We inherited the company from our father, who oversaw soap production while also running his own chemical consulting business, which developed (among other things) the fire-fighting foam still used today in structure and forest fires. In the early 1990s, my grandfather got sick and the company was forced into bankruptcy by the IRS, which disagreed with Dr. Bronner’s tax-exempt non-profit religious designation. At that point my dad, mom, and uncle stepped in to run Dr. Bronner’s. They implemented many of the progressive changes that have brought Dr. Bronner’s to its current state as a leading advocate for social and environmental justice.
employee and business practices we have today, and reorganized the company as a for-profit that holds to true to the non-profit religious DNA of the original mission and vision. The legal corporate name is still “All One God Faith,” although our trade name is Dr. Bronner’s Magic Soaps.

**BB:** What does your vision have in common with your grandfather’s “All-One” message, and how are you putting that vision into practice through the company?

**DB:** My own personal journey to understanding my grandfather’s vision was helped by powerful experiences with cannabis and psychedelics. These sacramental allies helped open my eyes to our insecure ignorance with which we judge both ourselves and others different from us, and to the disastrous global impact of our thoughtless collective consumption choices. These experiences precipitated a much deeper appreciation for my grandfather’s “One Love” message, and helped awaken my political activism. I clearly saw my responsibility to carry on the legacy of our family’s ecological soap business as a vehicle for positive social change.

Today we translate our grandfather’s vision in practical ways, including making sure all our major materials are from certified organic and fair trade sources, including olive oil from both Palestinian and Israeli producers. We have capped all executive compensation at five times our lowest paid position, and all profits not needed for the business are dedicated to causes and charities we believe in. Among other things, this includes the responsible integration of cannabis and psychedelics into American and global culture.

**BB:** How did you first find out about MAPS and what motivated you to begin supporting our mission?

**DB:** Based on my own major psychedelic experiences—most importantly circa 1995 in Amsterdam—I realized that psychedelics, especially when used responsibly in therapeutic settings, are effective tools for awakening compassion, healing trauma and catalyzing progressive social change. Sometime in the years after I found out about MAPS, and was excited to see MAPS at Burning Man 2005 as part of the Entheon Village theme camp. I learned about Sanctuary, MAPS’ psychedelic harm reduction project now known as the Zendo Project, and met [MAPS founder] Rick Doblin; we hit it off immediately. One night, I got to see him in beautiful action when one of our campmates lost it on mushrooms. We brought her to Sanctuary, and Rick helped her ground out and navigate through to a positive space.

The Zendo Project is doing incredibly important work...
by helping people navigate overwhelming psychedelic experiences to a positive outcome, rather than a harmful one. Having had difficult psychedelic experiences myself, supporting MAPS’ harm reduction work is a primary inspiration for me. Designing and building the Rainbow Bridge art car for Zendo Project staff and guest transport in style has been one of my favorite projects.

BB: Why did you join MAPS’ Board of Directors, and what are you working to accomplish with MAPS?

DB: I appreciated Rick’s strategy to fund FDA-approved clinical research on the effectiveness of psychedelic medicine for diverse conditions, and to change the political climate that makes this type of research so difficult to conduct. Ever since, we have been major financial supporters of MAPS, and in 2013 I was asked to sit on its Board of Directors.

Our primary project is to bring MDMA-assisted psychotherapy through the FDA approval process for the treatment of chronic, treatment-resistant posttraumatic stress disorder (PTSD). But our larger goal is to see psychedelic medicine responsibly integrated into American and global culture, readily available to those who most need it, while helping the rest of us open our hearts and minds to each other and the wonderful, living world we are all part of.

BB: In addition to supporting MAPS’ psychedelic and medical marijuana research, you’re also known for your work on GMO labeling and the legalization of hemp and cannabis. How do you choose which causes to work on?

DB: We use our company as a progressive activist engine to make the world a better place. We are half ethical consumer products company, and half activist NGO. Our philanthropic work is in some ways a progressive, authentic form of marketing—we’re in the news a lot, and our customers get pretty pumped with our roll and turn other people on.

The causes my family and I take on through the company have to do with where we have leverage, as well as our resources. The more of the latter we have the more we can engage on other fronts as well.

Hemp is a no-brainer, being at the nexus of drug war reform and agricultural sustainability. It’s a leverage point to land body blows on the drug war machine, as well as an important sustainable rotation crop for U.S. farmers. Similarly, we are major supporters of medical cannabis and Americans for Safe Access: while we are having a cultural debate about full legalization, those who are in most need deserve life-saving medicine. Since many of us use cannabis responsibly to elevate

Many of us are in cultural, familial, or existential straitjackets, and psychedelics can help us free ourselves to live in a deeper, more authentic way.

Begin with the end in mind then work backward to plan for reaching ambitious goals

—Ashawna Hailey, who left $5.5 million to MAPS in her will

Help create a world where psychedelics are integrated into society by including MAPS in your end of life plans. If you tell us about your plans, you can join our Next Horizon Society, and we will invite you to receptions, learning opportunities, and other special events.

Please contact MAPS Development Director Virginia Wright to discuss your plans. (831) 429–6362 x107 virgini@maps.org
our roll and appreciation in life, we also support responsible adult use generally.

We are also major proponents of sustainable organic agriculture, and very concerned about the impact of the industrial agricultural machine on the planet. The United Nations has designated 2015 “The International Year of Soils,” in recognition that Earth’s soil is a living membrane crucial for proper ecosystem and human health over the long term. Our soil biota are in bad shape, thanks to industrial agriculture’s intensive use of pesticides and fertilizers. The same pesticide industry is also engineering food crops to resist high doses of the herbicides they sell, including 2,4-D, one of two major ingredients in the infamous Vietnam War-era defoliant Agent Orange. I wrote a recent Huffington Post article you can check out called “GMO Pesticide Propaganda Machine Continues to Bamboozle” (March 4, 2015).

BB: How do you see psychedelics and psychedelic experiences relating to your grandfather’s “All-One” philosophy?

DB: Used properly, psychedelics can help catalyze experiences of unity and connection with each other and all life, showing us that we are not fundamentally different from the world we live in, but instead that we are one with it. We can appreciate that it’s the attitude of reverence and gratitude that various religious traditions at their best encourage that’s important, not the particular sets of beliefs, symbols and rituals that they use. Thus we are more respectful and tolerant of other religious faiths, as well as appreciate that “secular” experiences (like rock concerts and music festivals) can also open gates to the spirit world. These experiences can also connect us to Gaia consciousness, and our consumption and policy choices should be mindful and honor that connection.

Psychedelics can address sickness and malaise of the soul, as well as the body and mind, and represent a more expansive view of health and wellness and freedom and being. Many of us are in cultural, familial, or existential straitjackets, and psychedelics can help us free ourselves to live in a deeper, more authentic way.

BB: Do you think that psychedelics and medical marijuana are becoming more mainstream?

DB: Absolutely, and I’m excited to continue rocking this project forward with MAPS and the larger psychedelic community in the years to come.

David Bronner is President of Dr. Bronner’s Magic Soaps, the top-selling natural brand of soaps in North America. He graduated with a degree in Biology from Harvard University in 1995. David dedicates resources to different issues on behalf of the company’s mission to make products of the highest quality, and to use profits thereof to help make a better world. He can be reached at info@drbronner.com.

Brad Burge is Director of Communications and Marketing for the Multidisciplinary Association for Psychedelic Studies and can be reached at brad@maps.org.
MAPS: Who We Are

Rick Doblin, Ph.D., Founder and Executive Director, 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.

Brad Burge, Director of Communications and Marketing, earned his B.A. in Communication and Psychology from Stanford University in 2005 and his M.A. in Communication from the University of California, San Diego in 2009. His graduate work focused on the political, scientific, and cultural changes required to make illicit drugs into legitimate medicines.

Virginia Wright, Director of Development, prior to joining MAPS in 2011, Virginia was a marketing and fundraising consultant, and held management positions at the Santa Cruz Symphony, KSFR Radio, Arts Council Silicon Valley, and The Global Fund for Women. She earned her B.A. from San Francisco State University, and M.B.A. from Santa Clara University.

Bryan Montgomery, Web and Multimedia Manager, brought his background in film production and social media to public education about psychedelics.

Erik Brown, Development Associate, earned his B.A. in English Literature from the University of Wisconsin Madison, where he also received awards for his poetry and research. His research combined art criticism, psychoanalysis, and disability studies. Erik comes to MAPS from serving in AmeriCorps VISTA and working as a grant writer in Texas.

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MAPS furthers its mission by:

- Developing psychedelics and marijuana into prescription medicines.
- Training therapists and working to establish a network of treatment centers.
- Supporting scientific research into spirituality, creativity, and neuroscience.
- Educating the public honestly about the risks and benefits of psychedelics and marijuana.

MAPS envisions a world where psychedelics and marijuana are safely and legally available for beneficial uses, and where research is governed by rigorous scientific evaluation of their risks and benefits.

MAPS relies on the generosity of individual donors to achieve our mission. Now that research into the beneficial potential of psychedelics is again being conducted under federal guidelines, the challenge has become one of funding. No funding is currently available for this research from pharmaceutical companies or major foundations. That means that the future of psychedelic and marijuana research is in the hands of individual donors. Please consider making a donation today.

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*The Shulgins and Their Alchemical Angels* was featured on the cover of the January 2015 issue of the *British Journal of Psychiatry.*