2015 Annual Report
BULLETIN

Winter 2015
Developing MDMA into a Prescription Medicine by 2021
Timeline for Regulatory Approval of MDMA-Assisted Psychotherapy for PTSD

**Initial Phase 2 studies completed and published (U.S. and Switzerland) 2004–2010**
Results from MAPS’ initial Phase 2 studies in the U.S. (23 treated) and Switzerland (14 treated) are published in the Journal of Psychopharmacology (Mithoefer et al. 2011, Mithoefer et al. 2013, Oehen et al. 2013, and Chabrol 2013). Data will be included in the End of Phase 2 meeting with the U.S. Food and Drug Administration (FDA) in 2016.

**Additional Phase 2 Studies (U.S., Canada, and Israel) 2010–2016**
By the end of Phase 2, MAPS will have treated 103 subjects. All Primary end point data will be complete in December 2015 and all treatments will be complete the first quarter of 2016 with the remaining participants in long-term follow-up. Studies are taking place in the U.S. (26 subjects in South Carolina and 28 in Colorado), Israel (9 subjects), and Canada (6 subjects).

**End of Phase 2 Meeting with FDA and Review of Phase 3 Protocol 2016**
At the End of Phase 2 meeting with the FDA (Spring 2016), MAPS will present all the data from our Phase 2 studies. This meeting is an opportunity to plan the Phase 3 protocol and identify additional information that may be required to support our New Drug Application (NDA).

**Request for FDA Special Program 2016**
With impressive preliminary Phase 2 results, MAPS plans to request an FDA special program designation. This designation is granted by FDA for research into treatments of serious conditions for unmet medical needs. If granted, MAPS will receive increased communication with the FDA throughout the Phase 3 process. MAPS will also request a Special Protocol Assessment (SPA), allowing the FDA to provide additional input into the design of our Phase 3 clinical trial protocols. This will assist us in reaching an agreement with the FDA on the scientific and regulatory requirements for the research prior to initiation.

**Phase 3 Clinical Trials (North America and International) 2017–2021**
Two Phase 3 trials are planned to start in 2017 (North America, 200 subjects) and 2018 (North America/International, 200 subjects). In preparation for selecting Phase 3 researchers, MAPS has developed a multi-part Therapist Training Program to teach our manualized form of psychotherapy (maps.org/treatment manual). Training began in 2015 and will focus on Phase 3 therapists through 2017, then will continue through Phase 3 to prepare for post-approval licensure.

**Submit New Drug Applications to Regulatory Agencies (U.S. and Europe) 2021**
Phase 3 data will be submitted on an ongoing basis in order to expedite FDA review. Ongoing meetings with the FDA are expected as part of the Investigational New Drug (IND) process.

For more information, see maps.org/mdma.

Prepared by Amy Emerson
## CONTENTS

2  From the Desk of Rick Doblin, Ph.D.

3  Annual Financial Report  
   Rick Doblin, Ph.D.

17 Research News

23 MAPS in the Media

24 Research Update: MDMA-Assisted Psychotherapy for PTSD  
   Michael Mithoefer, M.D.

28 Return to ADAM:  
   Reflections on MDMA-Assisted Psychotherapy 30 Years Later  
   Phil Wolfson, M.D.

30 Research Update: Can MDMA-Assisted Therapy Reduce Social Anxiety in Autistic Adults?  
   Charles Grob, M.D., and Alicia Danforth, Ph.D.

32 Medical Cannabis for PTSD: 
   Current Evidence and Emerging Research  
   Marcel O. Bonn-Miller, Ph.D.

34 MAPS Policy and Advocacy: Year in Review  
   Natalie Lyla Ginsberg

36 A Window of Opportunity: 
   Reflections on Ibogaine Treatment for Opiate Addiction  
   Thomas Kingsley Brown, Ph.D.

38 A New Perspective: My Experience with Ibogaine Treatment  
   Kevin Franciotti

42 Research Report: Study Finds Ayahuasca Administration Associated with Antidepressant Effects  
   Rafael G. dos Santos, Flávia L. Osório, José Alexandre S. Crippa, Jaime E.C. Hallak

46 Clemency for Deadheads and Others In Prison for Non-Violent Drug Offenses  
   Casey William Hardison

48 Zendo Project Year End Review: 2015  
   Sara Gael

51 The Quest for Rebirth: Review of Modern Consciousness Research and the Understanding of Art  
   Renn Butler

54 MAPS: Who We Are

56 MAPS Membership

---

**Connect with MAPS**

- maps.org/newsletter
- maps.org/facebook
- maps.org
- maps.org/youtube
- maps.org/twitter
- maps.org/tumblr
- maps.org/pinterest
- maps.org/reddit
- maps.org/googleplus
- maps.org/linkedin
After 29½ years, we’re sending out yet another year-end Bulletin, and I’m sensing something new in the air: a deeper sense of hope. MAPS now feels to me like a caterpillar—our U.S. Food and Drug Administration (FDA) Phase 2 MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) research—about to wrap itself into a chrysalis—our upcoming End of Phase 2 meeting with the FDA—in order to transform into a butterfly (our Phase 3 MDMA-assisted psychotherapy for PTSD research).

MAPS is approaching the end of our international series of Phase 2 pilot studies investigating the use of MDMA-assisted psychotherapy in people with chronic, treatment-resistant PTSD. Our first PTSD study began in Spain in 2000. Before the end of 2015, we’ll have gathered primary outcome data from about 100 PTSD patients. This process of sponsoring exploratory pilot studies to gather data is roughly equivalent to a caterpillar’s youthful larva stage working hard to find enough food and get ready to start the next stage.

Once we have all of our primary outcome data from our pilot studies in Spain, two locations in the U.S., Switzerland, Israel, and Canada, MAPS’ next stage is to cease gathering data from further Phase 2 clinical trials. We are preparing to shift from gathering to analyzing data, turning our focus inward as we wrap ourselves up in statistical analysis and prepare for our End of Phase 2 meeting with the FDA. Like the caterpillar, we’ll begin our metamorphosis from conducting the preliminary Phase 2 pilot studies to our decisive multi-site Phase 3 studies, we estimate with 400 subjects. We will continue moving forward with our planned additional Phase 2 PTSD studies with U.S. Department of Veterans Affairs-affiliated researchers, blending MDMA with existing, evidence-based, non-drug psychotherapies for PTSD. These studies are not part of our direct drug development research, since they will explore a different form of psychotherapy than in our standardized Treatment Manual.

During this process of data analysis, the various elements of our Phase 2 protocol designs will be broken down into their constituent parts as we try to understand which of those elements were most helpful in empowering people to integrate their traumatic memories and move forward with their lives. We will also work to determine the costs of each element of the protocol design, so that we can build a Phase 3 protocol that will be both effective and efficient. We will gather and analyze all of our data, write some scientific papers, gather safety data from other MDMA researchers willing to share, consult with our consultants, design our ideal Phase 3 protocol, and submit that to FDA to start our End of Phase 2 meeting.

The process of negotiating with the FDA regarding the methodological design for our Phase 3 studies is the next stage of our transformation. Once we come to an agreement with the FDA, we’re ready to emerge from our cocoon and initiate our Phase 3 trials with a clear view of what we have to do and what is at stake. Our Phase 3 protocol design is our glorious set of wings: refined, pilot-tested, and ready to propel us toward the magic moment of the MDMA drug development process, the New Drug Application (NDA).

I have taken this metaphor about as far as it will go. I hope that it highlights the magnitude of the transition that MAPS is preparing for in the process of moving from Phase 2 pilot studies to our pivotal Phase 3 studies. These are exciting times building on work of many decades. With the continued support of current MAPS members, and with additional support from new MAPS members, and with the skill and compassion of therapists committed to helping people integrate their trauma and heal from PTSD, and with the PTSD patients courageous enough to face their suffering directly, we have the real potential to make transformative progress not just within our own lifetimes, but in the near future.
Annual Financial Report
Fiscal Year 2014–15 (June 1, 2014–May 31, 2015)
RICK DOBLIN, PH.D.

This year-end consolidated financial report from the Multidisciplinary Association for Psychedelic Studies (MAPS) for Fiscal Year 2014–2015 (FY15) is a key element of our commitment to transparency in how MAPS prioritizes the allocation of the donations that it receives. This report presents the consolidated financial information from MAPS and from the MAPS Public Benefit Corporation (MPBC), a 100% owned subsidiary that MAPS created in FY15. MPBC is discussed in a MAPS bulletin article, “Introducing the MAPS Public Benefit Corporation” (Vol. 25,#1, p. 4–5). Additional information on MPBC can be found at mapsbcorp.com. There are currently about 2500 benefit corporations in the US, with MAPS proud to have added one to that number.

The mission of the MBPC is similar to that of MAPS but also includes managing the business of the manufacture and sale of MDMA and marijuana by prescription post-FDA approval. The goal of MPBC is to maximize social benefits while also earning a reasonable income on the sale of FDA-approved medications, a taxable activity that needs to take place outside a non-taxable, non-profit organization. The current work of the MBPC, funded by MAPS, is to conduct the research activities needed to develop psychedelics and marijuana into FDA-approved legal prescription treatments. Any profits earned by MPBC will be reinvested in the mission of MAPS and MPBC. The consolidated report presents a complete picture of income and expenses made possible by the support of donors to MAPS.

This Annual Financial Report for FY15 depicts our year-long focus on strategically leveraging resources that our donors have so generously empowered us to use towards realizing our shared purpose of transforming psychedelics and marijuana into FDA-approved prescription medications. The medicalization of psychedelics and marijuana is an essential part of our larger mission to facilitate the mainstreaming of psychedelics and marijuana into our culture for a wide range of beneficial uses.

As I write this report, we’re completing our independent audit of our financial information for the fifth consecutive year. MAPS’ financial reports, along with our audits, and tax forms can be found at maps.org/about/fiscal. If you have any questions about anything in this financial report, you are invited to inquire at askMAPS@maps.org.

Chart 1. MAPS FISCAL YEAR 2004–2016 INCOME, EXPENSES & ASSETS
OVERVIEW

MAPS’ net revenue in Fiscal Year 2015 (June 1, 2014–May 31, 2015) totaled $2.99 million from more than 2500 donors. This is more than MAPS raised in all but two previous years. In both of those years, MAPS also received very large unpredictable bequests ($5.5 million in FY12 from Ashawna Hailey and $1.9 million from Tim Butcher in FY14). The list of all of our donors who gave $120 or more is on pages 13–16. They and all of the other donors who gave less than $120 have collectively made it possible for MAPS to expand our research and educational efforts at a time of transformative opportunity. In FY15, 75% of MAPS’ income was from donations, 17% from net investment and interest, 4% from fiscal sponsorships, 3% from event registration, and 1% from sales net of cost of goods sold.

Expenditures in FY15 were $3.22 million, about $900,000 more than in FY14 which itself was more than in any previous year. The growth is expenditures is reflected in an expanded set of activities detailed in Chart 5, the largest being an expansion of research by over $600,000 in just one year. Of MAPS’ expenses in FY15, 54% went for research, 22% for education, 15% for administration and 9% for fundraising.

MAPS and MPBC pays its staff salaries that are somewhat lower than market rates for the same positions in for-profit companies but provides 100% coverage of health care insurance premiums and retirement benefits. MAPS and MPBC have a full-time staff of 14 and a part-time staff of 7, not including quite a few therapists and other contractors working at our clinical research sites. As MAPS’ Executive Director, in FY15 I earned an annual salary of $75,000. Amy Emerson, Executive Director and Director of Clinical Research at MPBC, earned a salary of $121,000. Brad Burge, Director of Communications and Marketing, earned a salary of $65,000. Virginia Wright, Director of Development, earned a salary of $88,900.

In FY15, MAPS experienced a net reduction in assets of $228,614, the first year since FY09 that MAPS’ assets declined. This relatively minor reduction in net assets is quite an accomplishment considering the increase in expenditures of over $900,000. Most importantly, MAPS made major progress in our research and educational mission. Net assets at the end of FY15 were $9.1 million. Our year-end assets include $5.2 million in the Board Restricted Ashawna Hailey Fund, which is reserved for our Phase 3 studies of MDMA-assisted psychotherapy for the treatment of PTSD; $800,000 restricted for our MDMA-assisted psychotherapy research coming from a prior donation/bequest from Dr. Richard Rockefeller; and about $200,000 restricted to various MDMA research projects.
PROJECTIONS FISCAL YEAR 2015–16

In the coming fiscal year (FY16), we estimate spending over $4.6 million, more than in FY15 by about $1.4 million. This primarily reflects the increased costs associated with the full-speed ahead expansion of our MDMA/PTSD research on which we’ll spend about $2 million along with about $344,000 on other MDMA research into MDMA-assisted therapy in autistic adults with social anxiety and MDMA-assisted psychotherapy in people suffering from anxiety as a result of a life-threatening illness. In FY16, we’re planning to transition with all the wood behind the arrow from our international series of Phase 2 pilot studies to the pivotal multi-site Phase 3 studies required for FDA approval of prescription use, which our current timeline estimates will take place near the end of 2021. In FY16, we’re projecting total research expenses of just over $3 million (65%) and about $747,000 for our communications and public education programs, Zendo psychedelic harm reduction program, and fiscal sponsorships (16%), with about $859,000 for fundraising and administration (19%).

We currently project income of $2.35 million from anticipated donors, about $650,000 less than in FY15 due in large part to the assumption of no investment gains in our portfolio at the San Francisco Foundation in FY16 as compared to almost $500,000 in investment gains in FY15. Our fundraising efforts are directed at raising additional funds from new donors and from existing donors, but those new relationships are still in the process of coming to fruition. As a result, we’re not assuming income that’s speculative though we are working hard to increase our donor base. We’re anticipating a net reduction in assets by the end of FY16 of about $2.3 million, close to the amount of restricted funds for MDMA research we’ve obtained in prior years that we will be spending in FY16. We currently project drawing down about $2.1 million of our temporarily restricted assets donated exclusively for expenditure on our MDMA research projects. Of that amount, $800,000 will be drawn from the funds donated by Dr. Richard Rockefeller, about $200,000 from a number of different donors, and about $1 million in expenses preparing for Phase 3 MDMA/PTSD research will be drawn from the AshaHailey Fund.

We’re currently projecting a reduction in net assets to about $6.8 million at the end of Fiscal Year 2016. Although this is a substantial amount of money, it does not cover even one third of the $22.2 million we estimate we will need for completing our Phase 3 research required to transform MDMA-assisted psychotherapy into a prescription medicine for PTSD by 2021, nor does it cover any of our other research, educational and operational expenses which will be about $1.6 million in FY16. Expenses are projected to increase even more in FY17 as we anticipate starting Phase 3 MDMA/PTSD research, indicating the importance of substantially increasing our donor base.

Chart 2. STATEMENT OF ACTIVITIES
Fiscal Year 2014–15 (June 1, 2014–May 31, 2015)

<table>
<thead>
<tr>
<th>Revenue</th>
<th>$ 3,037,874</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals</td>
<td>923,855</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>1,334,207</td>
</tr>
<tr>
<td>Event Registration</td>
<td>93,325</td>
</tr>
<tr>
<td>Sales</td>
<td>67,365</td>
</tr>
<tr>
<td>Government Grants</td>
<td>0</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>119,564</td>
</tr>
<tr>
<td>Net Investment and Other Income</td>
<td>499,560</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td><strong>$ 3,037,874</strong></td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>42,801</td>
</tr>
<tr>
<td><strong>Net Revenue</strong></td>
<td><strong>$ 2,995,073</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>$ 3,223,687</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>1,751,351</td>
</tr>
<tr>
<td>Education</td>
<td>466,470</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>101,691</td>
</tr>
<tr>
<td>Fiscal Sponsorships</td>
<td>112,901</td>
</tr>
<tr>
<td>Total Programs</td>
<td>2,432,411</td>
</tr>
<tr>
<td>Fundraising</td>
<td>301,499</td>
</tr>
<tr>
<td>Administration</td>
<td>489,777</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$ 3,223,687</strong></td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>– $ 228,614</td>
</tr>
</tbody>
</table>

Chart 3. STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Assets</th>
<th>$ 9,426,969</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Equivalents</td>
<td>1,901,173</td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>337,382</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>7,188,414</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 9,426,969</strong></td>
</tr>
<tr>
<td>Liabilities</td>
<td>$ 292,408</td>
</tr>
<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$ 292,408</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>$ 9,134,561</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>2,881,657</td>
</tr>
<tr>
<td>Board Restricted ¹</td>
<td>5,237,054</td>
</tr>
<tr>
<td>Temporarily Restricted ²</td>
<td>1,015,850</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$ 9,134,561</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Liabilities and Net Assets</th>
<th><strong>$ 9,426,969</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) These funds are restricted to Phase 3 drug development of MDMA-assisted psychotherapy for the treatment of PTSD.</td>
<td></td>
</tr>
<tr>
<td>2) These funds are almost entirely restricted to various MDMA research projects, except for about $7000 to LSD/psilocybin general and $1000 to ketamine.</td>
<td></td>
</tr>
</tbody>
</table>
REVENUE FISCAL YEAR 2014–15

Of almost $3 million in total revenue from all sources in Fiscal Year 2015, total contributed revenue was just over $2.25 million. The majority (82%) came from roughly 37 individuals and family foundations. In addition to these large gifts, MAPS saw increases in both revenue and the number of donors at all giving levels; the number of donors giving $1,000 or more grew 45% to 121 and the number of donors grew 71% to 2,691; the overall renewal rate was 44% with monthly donors renewing at a 76% rate. (See list of donors of $120 or more on page 13.)

Grants revenue of ($1.3M) was received from family foundations and donor advised funds, all cases where we have a strong relationship with the foundation family. We anticipate eventually also obtaining funding from the large, more staff-driven perpetual foundations once our Phase 2 MDMA/PTSD studies are complete and we’ve completed negotiations with FDA regarding the design and cost of our Phase 3 studies. In last year’s annual report, I mentioned a meeting with staff of the Wellcome Trust, the largest foundation in England with a major focus on neuroscience. We were discussing whether or not MAPS should submit a grant request. During our meeting, Wellcome Trust staff spoke about the “reputational risk” of supporting MDMA/PTSD research. I responded that it was a “reputational opportunity” but unfortunately wasn’t persuasive. Since that report, new Wellcome staff have permitted us to submit a grant application. Though one step closer, our grant request was rejected. Perhaps next time we can partner with Wellcome, after additional promising research papers have been published in scientific journals and we’ve begun conducting Phase 3 MDMA/PTSD studies.

Our crowdfunding campaigns in FY15 exceeded expectations. After raising $2,500 through Causes three years ago in our first campaign, this year we raised almost $142,000 through Indiegogo for our Legalizing Psychedelic Therapy campaign, with funds allocated to our MDMA/PTSD Phase 2 pilot studies. In addition, MAPS received an unexpected donation of $82,795 from reddit after being voted by reddit users as 6th of the 10 most popular non-profit groups during the campaign period (Erowid was #4).

MAPS’s long-term account for our assets, The Curing Fund, is managed by the San Francisco Foundation and is invested in the stock market. The Curing Fund began the fiscal year with a balance of $7,150,597. During Fiscal Year 2015, The Curing Fund’s investment activity, net of fees, resulted in a 7.2% or $483,663 increase in net assets. There were no new contributions during the fiscal year and one withdrawal ($900,000) to fund the MAPS Public Benefit Corporation’s research program.
for FY15 and part of FY16. Net of this withdrawal, total invested capital at fiscal year-end was $6,714,250. At the time of this writing, the stock market has declined about 4% since the close of FY15.

Our fiscal sponsorship program had gross revenue ($119,564), an average 5% administrative fee charged, and the balance disbursed to projects that are in alignment with MAPS’ vision and mission.

Product sales and event registrations are each less than 1% of our revenue, but remain important aspects of our work as the income offsets the costs of events and products, which serve to draw new supporters, strengthen our relationships to current donors, and promote our message.

EXPENSES

In Fiscal Year 2015, program costs totaled 76% of all expenses. Programs include Research expenses of $1,751,351 (54%), Education expenses of $568,160 which includes Harm Reduction of $101,691 and Fiscal Sponsorships of $112,901 (21%). Fundraising expenses were $301,499 (9%) and Administrative expenses were $489,777 (15%).

Our primary expenditure in FY15 was research into MDMA-assisted psychotherapy with expenses of $1,691,308, of which $1,420,629 was spent on Phase 2 research into MDMA-assisted psychotherapy for the treatment of PTSD and associated projects and preparation for Phase 3 MDMA/PTSD research. We also continued our study looking at the safety and efficacy of using MDMA-assisted therapy for anxiety in adults on the autism spectrum ($142,727), and began a study of MDMA-assisted psychotherapy for end-of-life anxiety ($127,952). Both studies are expected to be completed by FY17.

During FY15, MAPS made major progress toward completing our international series of Phase 2 MDMA/PTSD pilot studies. In addition to our core MDMA/PTSD drug development research, this fiscal year we continued to prepare a series of studies in collaboration with researchers who work with the U.S. Department of Veterans Affairs’ National Center for PTSD, using MDMA along with more traditional methods for treating PTSD including Cognitive-Behavioral Conjoint Therapy (CBCT) and Prolonged Exposure (PE). In Fiscal Year 2015 we spent a total of $19,963 on these collaborative projects with substantial increases projected for FY16. These studies are possible because of the work of Dr. Richard Rockefeller who devoted his time and strategic wisdom in deepening MAPS’ relationships with the Department of Defense and Department of Veterans Affairs.

Over half our Clinical Research expenses are personnel costs. These include personnel at each study site, including the principal investigators, co-investigators, independent raters, overnight physicians, attendant, and study coordinators as well as MAPS internal staff, including the clinical director, research associates, information specials, data coordinators and statistical analysis.

Ibogaine research ($9,709) expenses in Fiscal Year 2015 were dedicated to completing our studies in Mexico ($5,234), and New Zealand ($4,475). Scientific papers about the results of these studies are in the process of being finalized.

LSD research expenses ($2,142) were primarily used for completing our submissions to FDA and Swiss Medic for our LSD/life-threatening illness anxiety study.

Marijuana research expenses totaled ($44,991). Of that amount, $42,957 covered the costs of MAPS staff working with Dr. Sue Sisley, Marcel Bonn-Miller, Ph.D., Ryan Vandrey, Ph.D., Dr. Paula Riggs, and others, to develop and obtain approval for the protocol for a pilot study in which marijuana will be tested to manage PTSD symptoms in 76 veterans with treatment-resistant PTSD. Half of the subjects will be treated at Johns Hopkins University and half will be treated in Phoenix, Arizona. These costs also included preparing our successful grant application for $2.15 million to the Colorado Department of Public Health and Environment awarded on February 18, 2015 but contingent on our obtaining all regulatory approvals. We expect the new study to begin in early 2016, as we wait for final approval from the DEA with approvals already obtained from FDA, Public Health Service (PHS), National Institute on Drug Abuse (NIDA), Johns Hopkins IRB, UPenn IRB, and the Copernicus IRB. MAPS has worked since 1991 trying to start medical marijuana drug development research with this study being the first for which we will be able to obtain all the necessary regulatory approvals and marijuana sold to us from the NIDA monopoly. MAPS also spent $1,736 exploring the possibility of marijuana/PTSD research collaborations with Israeli physicians and scientists but we decided not to proceed at this time so we could focus on our US research study which is moving forward.

Education ($282,516) expenses include, events, publications and communications programs, and psychedelic harm reduction.

Communications include active engagement in public education through media contact and through social media, publishing three MAPS Bulletins (the Summer 2014 Research Edition, the Winter 2014 Annual Report, and the Spring 2015 Special Edition on Psychedelics and Policy) and 12 Email Newsletters. We also maintained maps.org, mdmaptsd.org, mapscanada.org, psychedelicscience.org, and launched mdmaptsd.org and assisted the MAPS Public Benefit Corporation in launching mapsbcorp.com. We also prepared publication of Stanislav Grof’s new book, Modern Consciousness Research and the Understanding of Art including the Visionary World of H.R. Giger, which was published shortly after the close of the fiscal year.

MAPS saw significant growth in coverage of its work in social, online, and traditional media in Fiscal Year 2015:

Facebook: New Likes increased 53% compared to the previous year; at the end of the fiscal year, MAPS had 137,277 Likes. Twitter: Followers increased 58%, to 27,099.

YouTube: Subscriptions increased 69% to 9,019, with 270,188 views and 716 comments.

Reddit: MAPS reached the front page of reddit.com during
the official MAPS Ask Me Anything (AMA) session, and also organized an AMA with MDMA-assisted psychotherapy study participant CJ Hardin.

MAPS also received 515 unique media mentions from online and print publications with significant reach in Fiscal Year 2015, up 49% from the prior year. Mentions do not include reprints of the same article in different media, and ranged from full stories to inclusion of MAPS’ name. Media outlets include the Washington Post, The New York Times, The San Francisco Chronicle, Reason, Forbes, CNN, Playboy, Nature, Time, Associated Press, FOX News, MSNBC, Military Times, Playboy, Al Jazeera America, Engadget, Nonprofit Quarterly, The Lancet, British Journal of Psychiatry, C-SPAN2, and more. For a full media list, see maps.org/media.

MAPS’ educational expenditures was spent on MAPS-produced events on psychedelic and marijuana research and on events that others produced at which MAPS provides speakers, exhibits, sales of books and MAPS Bulletins, and distribution of clinical protocols and articles from peer-reviewed journals in order to share recent findings and motivate and inspire existing and new support. Our largest expense on events was $67,466 that was spent on a series of MAPS-sponsored lectures and a breathwork workshop offered by Dr. Stan Grof throughout Israel during March 2015. Two-thirds of these costs ($46,498) were offset by income from the sale of registrations with new connections we made that are likely to generate substantial additional donations. Stan’s travels through Israel also provided us with the opportunity to educate Israelis about our MDMA/PTSD study which enabled us to increase enrollment in our study. One of the most notable events organized by others that MAPS attended was the annual conference of the American Psychiatric Association which took place in Toronto in May 2015. The APA conference included a 3-hour presentation on psychedelic-assisted psychotherapy and a MAPS table in the exhibit hall where we were the only non-profit pharmaceutical company in a sea of Big Pharma.

Our Zendo Project psychedelic harm reduction program ($101,691) provided services at five major festivals in Fiscal Year 2015: Burning Man (Black Rock City, NV), Envision (Costa Rica), AfrikaBurn (South Africa),

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayahuasca</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>116</td>
<td>84</td>
<td>200</td>
</tr>
<tr>
<td>PTSD</td>
<td>-</td>
<td>6,501</td>
<td>5,000</td>
</tr>
<tr>
<td>Addiction</td>
<td>3,086</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total Ayahuasca</strong></td>
<td><strong>3,201</strong></td>
<td><strong>21,585</strong></td>
<td><strong>20,200</strong></td>
</tr>
<tr>
<td>Ibogaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IOA-3: Mexico</td>
<td>5,234</td>
<td>6,138</td>
<td>4,500</td>
</tr>
<tr>
<td>IOA-4: New Zealand</td>
<td>4,475</td>
<td>5,420</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>Total Ibogaine</strong></td>
<td><strong>9,709</strong></td>
<td><strong>11,558</strong></td>
<td><strong>9,500</strong></td>
</tr>
<tr>
<td>LSD/Psilocybin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>2,142</td>
<td>883</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total LSD</strong></td>
<td><strong>2,142</strong></td>
<td><strong>883</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>298</td>
<td>203</td>
<td>500</td>
</tr>
<tr>
<td>MJP1: Cannabis PTSD</td>
<td>42,957</td>
<td>226,011</td>
<td>604,000</td>
</tr>
<tr>
<td>Israel MMJ/PTSD</td>
<td>1,736</td>
<td>1,736</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Marijuana</strong></td>
<td><strong>44,991</strong></td>
<td><strong>227,950</strong></td>
<td><strong>604,500</strong></td>
</tr>
<tr>
<td>MDMA/PTSD Key Research Studies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MP1: Charleston, Pilot</td>
<td>3,010</td>
<td>9,919</td>
<td>8,000</td>
</tr>
<tr>
<td>MP8: Charleston, Veterans</td>
<td>317,529</td>
<td>265,259</td>
<td>76,802</td>
</tr>
<tr>
<td>MT8-S1: Veterans Substudy</td>
<td>150</td>
<td>6,000</td>
<td>12,313</td>
</tr>
<tr>
<td>MP1-E2: Charleston Relapse</td>
<td>5,038</td>
<td>7,512</td>
<td>2,474</td>
</tr>
<tr>
<td>MT1: Charleston, Therapist Training (Phase 3)</td>
<td>3,115</td>
<td>43,178</td>
<td>165,743</td>
</tr>
<tr>
<td>MP4: Canada</td>
<td>170,344</td>
<td>200,296</td>
<td>100,568</td>
</tr>
<tr>
<td>MP9: Israel</td>
<td>65,099</td>
<td>121,725</td>
<td>144,607</td>
</tr>
<tr>
<td>MP10: UK</td>
<td>224</td>
<td>224</td>
<td>78,000</td>
</tr>
<tr>
<td>MP12: Boulder</td>
<td>241,402</td>
<td>278,769</td>
<td>194,573</td>
</tr>
<tr>
<td><strong>Total MDMA</strong></td>
<td><strong>1,691,308</strong></td>
<td><strong>2,033,694</strong></td>
<td><strong>2,376,318</strong></td>
</tr>
</tbody>
</table>

MAPS Bulletin Annual Report

**Chart 5. MAPS FY 2014–15 ACTUALS COMPARED TO FY 2014–15, FY 2015–16 PROJECTED DETAIL EXPENDITURES**

Conference, Events, & Initiatives
Advocacy & Policy 24,332 - 72,655
APA Meeting 8,257 - -
Psychedelic Science 2006 19,000 5,207
Bioneers 1,272 1,271 1,271
Breaking Convention 815 2,483 4,815
Cannabis Cup: LA, SF, Seattle 1,639 1,739 1,639
Dying to Know 4,122 2,836 -
DPA - - 5,000
Giger SF 3,369 - 15,000
Grateful Dead 2,881 - -
Grof Israel 67,446 40,000 -
Harm Reduction (Zendo Project) 101,691 50,000 117,722
Cardboard Zendo - - 59,859
Horizons 1,727 1,327 1,727
Online Education 807 - -
MAPS 30th Year Anniversary - - 30,000
Los Angeles Events 4,348 4,142 -
Palo Alto 4,194 4,030 -
Science and Nonduality - 193 -
Special Events 11,080 - 10,974
Spirit, Plant, Medicine 423 443 -
World Ayahuasca 2,435 2,731 -
Women's Visionary Congress 1,425 1,825 2,000
Events Staff, Education Staff, General Expense 37,042 81,639 24,142
End PHS Review and NIDA Monopoly 27,339 30,000 4,000
Total Conferences, Events, & Initiatives 282,516 243,658 386,818

Communications
Web & Multimedia 51,780 54,314 58,601
Media 8,696 11,000 8,679
Publishing 94,471 84,000 99,508
Newsletter 5,658 6,500 5,629
Social Media 17,571 15,000 55,042
Communications 57,959 48,673 30,793
Marketing 4,590 2,500 4,584
Communications General Expense 44,921 9,152 2,721
Total Communications 285,644 231,139 265,647
Total Education $568,160 $474,797 $652,465
Fiscal Sponsorships (Note 1, pg 6) $112,901 $113,720 $95,000
Total Programs (Research, Education, Fiscal Sponsorships) $2,432,411 $2,884,186 $3,758,465

Fundraising
Events 32,781 37,632 32,781
Campaigns 46,627 - 46,564
Donor Meetings 6,733 - 6,733
Fundraising Staff and General Expense 215,358 194,615 232,304
Total Fundraising $301,499 $232,246 $318,382

Operations
Business Expenses 6,095 19,082 16,594
Audit, Tax, and Legal 19,510 16,681 35,000
Accounting & Finance 89,213 94,436 90,000
Legal & Tax Advisory Services (B Corp) 42,817 49,370 -
Information Technology 62,716 42,127 59,550
Facilities and Equipment 8,347 9,492 14,334
Occupancy 13,434 52,739 51,192
Office Supplies, Utilities, Phones, Postage, Printing, Misc 22,109 56,579 63,217
Staff Development 2,874 16,118 14,256
Travel 20,101 10,593 8,612
Operations Staff and General Expense 202,510 164,019 187,706
Total Operations (Note 2) $489,777 $531,235 $540,461
Total Expenses $3,223,687 $3,647,667 $4,616,926

Note 2: Overhead expenses allocated pro rata by department.

Oregon Country Fair (Eugene, OR), Lucidity (Santa Barbara, CA), and Lightning in a Bottle (Bradley, CA). We’re building awareness and support for the provision of psychedelic harm reduction services by promoters at events and venues in the US around the world. We’re also educating the public about the need to amend the Rave Act whichriminalizes psychedelic harm reduction and intimidates festival organizers and venue owners even though it hasn’t been enforced. The Zendo Project is part of our effort to reduce fears about and potential backlash to the eventual FDA approval of the prescription use of psychedelic-assisted psychotherapy.

We also spent $27,339 on our educational efforts to end the Public Health Service (PHS) medical marijuana protocol review process (which was ended by HHS on June 17, 2015) and on ending the National Institute of Drug Abuse (NIDA) monopoly of the sale of marijuana for clinical research (which hasn’t ended yet). In FY16, MAPS will work with Prof. Lyle Craker, UMass Amherst, to submit a new application to DEA for a license to grow marijuana exclusively for federally-regulated research.

MAPS continued its long-running Fiscal Sponsorship program ($112,901.)This program supports projects that are in alignment with MAPS’ mission and vision by offering donors a way to give to a 501(c)3 nonprofit organization (see Note 1, page 6). MAPS monitors the project budget, takes a small fee, and sends the donor a receipt for their contribution.

Fundraising expenses were $301,499. Of that amount, $215,358 are primarily for staff’s, mail and delivery, donor research and database costs, another $46,627 is the cost of campaigns including premiums for crowd funding and other efforts, with fundraising events ($32,781), and travel and lodging for individual donor visits ($6,733).

Operations ($489,777) are the unglamorous but necessary unallocated expenses of staffing, occupancy, taxes, fees, accounting, information technology, equipment, supplies and postage. This fiscal year, operations also included a one-time legal and accounting charge of $42,817 for legal and accounting assistance with structuring and implementation of the MAPS Public Benefit Corporation. Without this one-time expense, Operations would have been $446,960, or just under 14% of expenses.
PHASE 2 AND PHASE 3
LONG TERM PLANNING

The charts on pages 11–12 show the actual and projected expenses for each of our Phase 2 studies of MDMA-assisted psychotherapy for the treatment of PTSD. Phase 2 MDMA/PTSD costs peaked in FY15 and have started to decline as we begin preparing for our Phase 3 MDMA/PTSD studies. The completion of our Phase 2 studies will provide us with the data from over 100 subjects with PTSD for an End-of-Phase 2 meeting with the FDA in the first half of 2016. The purpose of this meeting is to come to an agreement about the design of our Phase 3 multi-site MDMA/PTSD studies. Once we have FDA approval for the design of Phase 3, our MDMA/PTSD Phase 3 cost projections will be updated and the path forward will be even clearer.

THE MAPS PUBLIC BENEFIT CORPORATION AND SUSTAINABLE BUSINESS DEVELOPMENT

In December of 2014, the MAPS board of directors authorized the creation of the MAPS Public Benefit Corporation (MPBC), a Delaware Benefit Corporation as part of its long term strategy to create a sustainable non-profit. This new entity currently houses MAPS’ clinical research efforts and will play a pivotal role in the eventual commercialization of MDMA-assisted psychotherapy—now projected for FDA approval in 2021. As part of the Benefit Corporation’s purpose, all profits generated from the sale of MDMA for use in MDMA-assisted psychotherapy (and the eventual FDA approval of the prescription use of any other psychedelics and marijuana) will be used to continue research and education projects consistent with MAPS’ mission.

As MAPS enters its 30th year and begins preparations for Phase 3 studies, we present this financial report for your review along with an appeal to existing MAPS donors for continued support and an appeal for new support from those who feel ready to become part of this collaborative evolutionary process.
## Chart 7. MDMA/PTSD Phase 2 Research Projects

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MP1: US MDMA/PTSD Pilot</td>
<td>110,000</td>
<td>19,241</td>
<td>7,239</td>
<td>11,651</td>
<td>10,864</td>
<td>3,010</td>
<td>-</td>
<td>8,000</td>
<td>-</td>
</tr>
<tr>
<td>MP1-E2: US MDMA/PTSD Relapse</td>
<td>-</td>
<td>5,845</td>
<td>19,567</td>
<td>15,741</td>
<td>6,665</td>
<td>5,038</td>
<td>2,474</td>
<td>2,474</td>
<td>-</td>
</tr>
<tr>
<td>MP8: US MDMA/PTSD Veterans</td>
<td>35,806</td>
<td>147,600</td>
<td>202,867</td>
<td>262,555</td>
<td>255,318</td>
<td>317,529</td>
<td>76,802</td>
<td>9,775</td>
<td>-</td>
</tr>
<tr>
<td>MP12: US MDMA/PTSD Intern</td>
<td>-</td>
<td>-</td>
<td>20,885</td>
<td>73,623</td>
<td>198,303</td>
<td>241,402</td>
<td>194,573</td>
<td>16,699</td>
<td>-</td>
</tr>
<tr>
<td>MP2: Swiss MDMA/PTSD</td>
<td>33,500</td>
<td>30,666</td>
<td>25,544</td>
<td>4,218</td>
<td>-</td>
<td>-</td>
<td>250</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MP9: Israel MDMA/PTSD</td>
<td>27,308</td>
<td>33,696</td>
<td>43,861</td>
<td>90,294</td>
<td>77,201</td>
<td>65,099</td>
<td>144,607</td>
<td>11,100</td>
<td>-</td>
</tr>
<tr>
<td>MP4: Canadian MDMA/PTSD</td>
<td>9,814</td>
<td>8,615</td>
<td>2,433</td>
<td>13,604</td>
<td>84,152</td>
<td>170,344</td>
<td>100,568</td>
<td>23,863</td>
<td>-</td>
</tr>
<tr>
<td>MP7: Jordanian MDMA/PTSD</td>
<td>31,456</td>
<td>21,458</td>
<td>1,831</td>
<td>420</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MT1: MDMA Therapist Training</td>
<td>15,038</td>
<td>19,244</td>
<td>14,335</td>
<td>8,166</td>
<td>25,850</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDMA NIMH</td>
<td>15,038</td>
<td>21,458</td>
<td>1,831</td>
<td>420</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Overhead (10% Allocation for Projected)</td>
<td>26,292</td>
<td>28,636</td>
<td>33,856</td>
<td>48,027</td>
<td>66,756</td>
<td>80,311</td>
<td>53,727</td>
<td>6,498</td>
<td>-</td>
</tr>
</tbody>
</table>

### Total Key MDMA/PTSD Research Projects

- **$ 289,214**
- **$ 315,001**
- **$ 372,419**
- **$ 529,097**
- **$ 725,435**
- **$ 883,424**
- **$ 591,001**
- **$ 71,474**

### Associated Research Studies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MP10: England MDMA/PTSD</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>501</td>
<td>224</td>
<td>-</td>
<td>78,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>MP8-S1: MUSC fMRI MDMA/PTSD Veterans</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8,876</td>
<td>150</td>
<td>12,313</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPVA1: PTSD CBCT, Charleston</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,737</td>
<td>19,944</td>
<td>170,000</td>
<td>8,698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPVA2: PTSD, CPT, Cincinnati</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,355</td>
<td>1,473</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPVA3: PTSD, PET, Charleston</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,175</td>
<td>-</td>
<td>176,825</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPVA4: PTSD, PET, Emory</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>302</td>
<td>723</td>
<td>50,000</td>
<td>128,975</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA PTSD-US Dept. Defense</td>
<td>-</td>
<td>-</td>
<td>14,768</td>
<td>2,656</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Associated Research Projects

- **$ 128,113**
- **$ 155,700**
- **$ 140,156**
- **$ 261,224**
- **$ 407,554**
- **$ 531,052**
- **$ 585,864**
- **$ 352,778**

### Phase 2

- **$ 417,327**
- **$ 470,701**
- **$ 512,574**
- **$ 790,321**
- **$1,132,990**
- **$1,414,476**
- **$1,176,865**
- **$ 424,252**

**FY 2009–2014 Actual MDMA/PTSD Costs**

- $ 4,724,408 over past six years

**FY 2015–2017 Projected MDMA/PTSD Costs**

- $ 1,601,118 over next two years
### Chart 8. MDMA/PTSD Phase 3 Cost Projections

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>End-of-Phase-2 Meeting with FDA</td>
<td>2,052</td>
<td>39,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDMA Supply</td>
<td>205</td>
<td>325,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Generic Name</td>
<td>15,000</td>
<td>12,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDMA Therapist Training-Protocol (MT-1)</td>
<td>3,115</td>
<td>165,743</td>
<td>152,276</td>
<td>66,196</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDMA Literature Review</td>
<td>-</td>
<td>-</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>MDMA Therapist Adherence Criteria</td>
<td>-</td>
<td>-</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>MDMA Therapist Training</td>
<td>52,538</td>
<td>95,000</td>
<td>55,000</td>
<td>10,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MDMA Research General</td>
<td>20,043</td>
<td>166,440</td>
<td>219,562</td>
<td>226,149</td>
<td>232,933</td>
<td>239,921</td>
<td>247,119</td>
</tr>
<tr>
<td>Clinical Research General</td>
<td>-</td>
<td>58,220</td>
<td>220,793</td>
<td>227,417</td>
<td>234,239</td>
<td>241,266</td>
<td>248,504</td>
</tr>
<tr>
<td>Preclinical Toxicity Studies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>333,000</td>
<td>333,000</td>
<td>333,000</td>
<td>-</td>
</tr>
<tr>
<td>Phase 3 Trial 1</td>
<td>-</td>
<td>43,702</td>
<td>886,206</td>
<td>5,360,122</td>
<td>860,253</td>
<td>545,873</td>
<td>-</td>
</tr>
<tr>
<td>Phase 3 Trial 2</td>
<td>-</td>
<td>43,702</td>
<td>886,206</td>
<td>5,360,122</td>
<td>860,253</td>
<td>545,873</td>
<td>-</td>
</tr>
<tr>
<td>NDA Process</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>354,060</td>
</tr>
<tr>
<td>Overhead (10% Allocation for Projected)</td>
<td>9,295</td>
<td>90,510</td>
<td>116,218</td>
<td>668,052</td>
<td>657,837</td>
<td>177,213</td>
<td>92,493</td>
</tr>
</tbody>
</table>

**Total Phase 3 MDMA/PTSD Research** $102,247 $995,615 $1,718,757 $7,802,142 $7,703,385 $2,430,526 $1,513,050

**Total Phase 3 Projected Costs** $22,265,722 over next six years

### Chart 9. MDMA/Other Projects Cost Projections

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MDA-1: MDMA End of Life Anxiety</td>
<td>8,387</td>
<td>127,952</td>
<td>268,363</td>
<td>203,249</td>
</tr>
<tr>
<td>MAA-1: MDMA Autism</td>
<td>44,343</td>
<td>142,727</td>
<td>76,409</td>
<td>11,715</td>
</tr>
<tr>
<td>Memory Reconsolidation Study</td>
<td>-</td>
<td>-</td>
<td>18,185</td>
<td>-</td>
</tr>
<tr>
<td>Overhead (10% Allocation for Projected)</td>
<td>5,273</td>
<td>27,068</td>
<td>36,296</td>
<td>21,496</td>
</tr>
</tbody>
</table>

**Total MDMA/Other Research Projects** $58,003 $297,747 $399,253 $236,460

**Total MDMA/Other Research Projects** $747,528 over four years

“Policymakers and healthcare professionals should be aware of the potential clinical applications and economic benefits of treating anxiety, depression, addiction, and PTSD with psychedelic therapies.”
—Psychiatry Advisor (September 2015)
MAPS FISCAL YEAR 2014–2015 DONORS
These pledges and donations were made between June 1, 2014 and May 31, 2015. Our gratitude goes to all those who contributed to make this work possible. We share this list in part to show that a community has gathered together to make a difference.

$50,000 & ABOVE
The Libra Foundation $600,000
Riverstyx Foundation $270,000
Dr. Bronner’s Magic Soaps $200,000
Joseph Pritzker $200,000
John Gilmore $90,000
reddit $82,795.65
Mental Insight Foundation $80,000
Adam Wiggins $60,000
George Goldsmith & Katya Malievskai $50,000

$10,000–$49,999
Steve Chapman $20,550
Max & Elena Talan $15,620
Dixie Brands, Inc $15,000
Neva Goodwin $15,000
The George Sarlo Foundation $15,000
William F. Harrison $11,000
Ian Brown $10,125
Britt Selvitelle $10,000
David Rockefelder Fund $10,000
Frik Stein Kristjansson $10,000
Funk Sac, LLC $10,000
Hilary Silver $10,000
June & Lee Stein $10,000
Philip Jensen $10,000
William N. Melton Fund $10,000

$1,000–$9,999
Anonymous $7,584.68
Giancarlo Canavesio $6,000
Sir Ivan and his Peaceman Foundation $6,000
Carolyn Mary Kleefeld $5,500
Julie Holland $5,491.4
Devera & Michael Witkin $5,359.82
Jared Luxenberg $5,311
John A Berg $5,300
Alexander Haskell $5,000
Bailey Gimbil $5,000
Clare Pierson & Peter Humphrey $5,000
Joshua Malman Foundation, Inc. $5,000
René and Susan Mosher Ruiz, Ph.D. $5,000
Rodney Garcia $5,000
Roland Wiederanders $5,000
Surna, Inc. $5,000
Anonymous $4,723.5
Michael & Anita Siegal Family Foundation $4,000
T. Cody Swift $4,000
Donald Mack $3,550
McKee Colsman $3,550
Jeremy Tarcher $3,500
Anne E St Goar $3,000
Arthur Sarkisian $3,000
Sam Hummel, Jr. $3,000
Anonymous $3,000
Patricia Beck Phillips Foundation $2,800
Anonymous $2,700
Robert Barnhart $2,650
James Fournier $2,500
John Buchanan $2,500
John Heilemann $2,500
Livingry Foundation $2,500
Dan Mottsman $2,400
Dean Edell $2,140
AB Resources, LLC $2,000
Ben Warner $2,000
Constance & H. Roemer McPhee $2,000
Mack Fuhrer $2,000
Thomas Heath $2,000
Kip Greenleaf Beckford $1,808
Christian Sederberg $1,750
Neil & Elena Boyer $1,564.4
Christopher Lindstrom $1,500
Terry Turner $1,440
Derek Calder $1,300
Elizabeth Davis $1,300
Nori Muster $1,300
Tahoe Wellness Cooperative $1,300
Joakim Arvidsson $1,250
Matt Hite $1,250
Erica Siegal $1,236
Ann Arbor Wellness Collective $1,100
CannaCruz, Inc. $1,100
Florence Kuhlmann $1,100
Marty Jakle $1,100
Anonymous $1,100
Ashley Booth $1,071
Sean Kiernan $1,054.16
Ivan & Ann Kruglak $1,050
Aaron Loehr $1,000
Aditya Prasad $1,000
Alexander Banach $1,000
Anthony & Ingrid Lombardino $1,000
Benjamin M. Lee $1,000
Dan Girellini $1,000
Eileen Rockefeller Growald $1,000
Eric Dubiel $1,000
Anonymous $1,000
Greg Alto $1,000
Jerry Greenfield $1,000
Julia Winiarski $1,000
Larry & Rebecca Brucia $1,000
Leigh Marz & Michael Ziegler $1,000
Lucas Jushinski $1,000
Lucinda Ziesing $1,000
Marian S. Pillsbury $1,000
Mary Jane Otte $1,000
Matthew London & Sylvia Wen Fund $1,000
Mile High Real Estate LLC $1,000

$750–$999
AmazonSmile Foundation Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Apothecarium

$500–$749
Aaron Claman
Adam Eidinger
Adrian Scharfetter
Alastair Davis
Alex Lewin Charitable Fund
Amy Ryan
Andrew Tatarsky, Ph.D.
Andrey Kalashnikov
Anonymous
Anonymous
Atila Seke
<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250–$499</td>
<td>Adam Kahn, Adelaide Nye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alessandro Bruni</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alexandr Zubov</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alyssa Verano</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Andrew Skinner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annette Geldzahler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anonymous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anonymous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anonymous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthony Giacalone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arlene Lindberg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barbara Kline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benjamin Broder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benjamin de Waal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benjamin O’Connor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benjamin Ridgway</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bright Funds Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bruce Doblin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bruce Johnson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bryan Adinoff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caitlin Kliesmet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carla Lilley</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carmen Gómez</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carone Cobden</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carrie Johnson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charles Glynn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Christopher James Hewitt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Christopher Torres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conal &amp; Holly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conal Elliott</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crystal &amp; Keith MacAllum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dan Whipple</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daniel Svensson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daniel Zuhlke</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Darius Jaeger Farraye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David &amp; Christel Lukoff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Ethan Trooskin-Zoller</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Markun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Presti</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Wedding Dress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Wilcock</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diane Winter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donna Dryer &amp; Richard Yensen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doris Kornish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edmund Higgins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elise &amp; Gerald Lazar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elizabeth Matthews</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ellen Baum &amp; Jeff Fischer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eric &amp; Jubilee Daniels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eric Blossom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>George Crosby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Giorgio Rossi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Henry Gambell</td>
<td></td>
</tr>
<tr>
<td></td>
<td>James Drew A. Bennie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>James Ferrari</td>
<td></td>
</tr>
<tr>
<td></td>
<td>James S. Campbell</td>
<td></td>
</tr>
<tr>
<td></td>
<td>James Youngblood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Janis Phelps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jeff Mease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jeffrey Coleman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jeh Cranfill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jeromey Popa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jessica Nielson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jody Fitt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John &amp; Kelly Holderman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John G. Chase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Jenkins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Noble</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Johns Wu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Judith Haran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Judy Wicks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justin Kirkland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keiko Tamai</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keith Rinzler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kenneth Tupper</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kevin Berglund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Larry Schor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laura Mosbacker</td>
<td></td>
</tr>
<tr>
<td>$120–$249</td>
<td>A. Nicole Ivey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aaron Daniel Maybury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aaron Gelber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adrian Graff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AJ Arriola</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alan Ashbaugh</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alan Davis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alessandro Petrucci</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alessandro Rossi</td>
<td></td>
</tr>
</tbody>
</table>
Alex Wied
Alexandra L. Kutik
Ali Mitchell
Alice Bain
Alison Laytham
Altruist LLC
Amanda Clearwater
Amy Emerson
Amy Hardy
Andrea Langlois
Andrew Nicholls
Andrew Stone
Anil Desai
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anil Desai
Armand De Grenier
Artemis Capella
Barbara Whitfield
Barry A. Roberts
Barry Klein
Benjamin Kraus
Benson Management Services LLC
Betty King
Bill O’Donnell
Bob Lamonica
Brad Burge
Brad Cready
Brandon Beatty
Brendan McCann
Brett Fitzcharles
Brian Banks
Brian Gast
Bruce & Karen Sewick
Bruce Denton Poulter
Cameron Carpenter
Cara Jeanne Dawson
Carl Resnikoff
Carol Benton
Caroline Erolin
Caroline Segre
Charles Hayes
Charles Ream
Chris Bache
Chris Butson
Chris Mays
Christine Ziemer
Christopher Baker
Christy Burback
Claude Hohl
Constantin Vaisberg
Craig Heacock
Daisy Abraham
Dakota Wallace
Dan Zeshan
Daniel Ari
Daniel Mantuani
Daniel Taub
Daniel Todd Cohn
Daniel Wilby
Danna Fason
Darnell Witt
Darrel Higginbotham
Dave & Beverly Ousley
Dave Henry Balkema
David & Elizabeth Cronk
David Andrew Krone
David Bell
David Censits
David Gibson
David Taylor
Dean Grauds
Dean LaCoe
Debby Carrigan
Debra Caldon
Dennis Johnson
Derrick Brickert
Diane Dickinson
Don Scott
Doug Kerr
Douglas Roark
Dustin Luedke
Elias Zamaria
Elizabeth St Goar
Ella Vandyke
Ellen Watson
Elliot Kharkats
Elliot Marseille
Eric Gaff
Eric Lalumiere
Eric Tessmann
Erik Storlie
Forest Argersinger
Franco Brockelman
Frank Mylet
Frederik Hanfgarn
Full Spectrum Recovery & Counseling
Gabrielle Cyr
Graeme Edgar
Green Valley Wellness
Gregg Spieler
Gregory Vanderhoof
Harborside Health Center
Harper Mann
Harry Sumnall
Hector Trujillo
Henry and Sue Bass
Ian Vogeler
Iisa Ruishalme
Iris Andres
Istvan Huszar
Jacob Fergusson
James Gorman
James Grew
James Hammans
James Sottile
James Tull
Janne Pauli Haimilahti
Jason Denning
Jason Spence
Jean-Marie Jobelin
Jeannette Rothweiler
Jeff Sparks
Jeffery Kraus
Jeffrey Dann
Jennifer Weiss
Jesse Wiesenborn
Jessica E. Malberg
Jim & Dorothy Fadiman
Johan Plesner Hallager
John A. Patterson
John Bagby
John Cline
John McIlwain
John R. Campbell
Johnny Drimmer
Jonathan Feyer
Jordan Wellington
Joseph Dial
Joshua Huber
Joshua White
June & Richard Shibley
Justin Peterson
Karl G. Fossum
Katherine Turner
Kathryn Sackinger
Kayla Grant
Keith Fairmont
Keith Randall Coleman
Kelly Smith
Kendrick Woolstenhulme
Kevin Sheehan
Koen Hugelier
Kurt Bartelniks
Kyle Gilbertson
Kyrn Craig
Larry and Margaret Hale
Laurence Skegg
Leonard Bearne
Louis Zuckerman
Louise Nicholson
Luke Fullagar
Margaret L. Bryant
Mark & Kari Sylvester
Mark Dutzi
Mark Eddy
Mark Gerzon & Melissa Michael
Mark Hurwit
Marsea Marcus
Martin Guyot
Matt Kent Tatum
Matthias Diesch
Mauricio Melendez
Max Vogel
Michael Alahouzos
Michael Altieri
Michael Brinkman
Michael Cohn
Michael S Israel
Michelle Woods
Mike Therrien
Myron Walters
Natalie Farias
Nicholas Druhn
Nicholas Thomson
Nik McCrory
Niklas Lindgren
Oded Maimon
Oska Truffaux
Padma Catell
Parker McGinty
Patrice Wells
Paul Brickey
Paul Daley
Paul Garza
FISCAL SPONSORSHIP DONORS
This list includes donors who gave $120 or more to organizations that are fiscally sponsored by MAPS. Their support of this larger community is so greatly appreciated.

Ayahuasca Foundation
Grant Town Foundation $50,000
Kylie Foley $500

Bluelight
Chris Twardowski $10,300
Lisa Stahla $775.85
Anette Kjellgren, Ph.D. $500
Christophe Soussan $500
Zoe Davey $400
Alan Koot Davis $150
Lance $141
Evey Marie Rogers $120

Ethnobotanical Stewardship Council (ESC)
Robert J Barnhart $10,000
Elizabeth Gordon $1,000
Pippa Breakspear $140

Global Ibogaine Therapist Alliance (GITA)
Barry Rossinoff $1,100
Martin Polanco Hesse $400

ICEERS
Aubrey Marcus $31,377.90

Sublime Visions
Dr. Bronner’s Magic Soaps $1,000

Synthesis LLC
Anonymous $5,500

Wo/Men’s Alliance for Medical Marijuana (WAMM)
Desiree & Nancy Casel $1,000

NEXT HORIZONS SOCIETY
Join the Next Horizons Society and list your name as someone who has included MAPS in your planned gifts through a will, trust, retirement plan, life insurance policy and other options. Making a bequest is a simple, lasting way to help MAPS realize your vision, and carry that vision into the future.
Research News

Treating PTSD with MDMA-Assisted Psychotherapy

17 of 24 Subjects Complete Long-Term Follow-Up in U.S. Veterans Study

Ongoing study

Location: Charleston, South Carolina

Principal Investigator: Michael Mithoefer, M.D., with co-therapist Annie Mithoefer, B.S.N.

Estimated study budget: $1,429,000

Already raised: $1,429,000

This study has been fully funded.

As of September 23, 2015, 17 of 24 subjects have completed 12-month follow-up interviews in our nearly completed study of MDMA-assisted psychotherapy for U.S. veterans, firefighters, and police officers with chronic, treatment-resistant PTSD. Led by Principal Investigator Michael Mithoefer, M.D., and Co-therapist Annie Mithoefer, B.S.N., the data from this study are now being prepared for analysis and publication in a peer-reviewed scientific journal. “Over 900 people have contacted us about wanting to participate in our most recent study that had room for only 24 participants,” writes Dr. Mithoefer in his MAPS Bulletin article, page 24. “Annie and I deeply appreciate the willingness of study participants to volunteer for our clinical trials, and to allow us to support them in their profound and challenging processes of healing.”

Approximately half of the 24 subjects have also enrolled in our ongoing sub-study, in collaboration with researchers at the Medical University of South Carolina (MUSC), of the physiological effects of MDMA-assisted psychotherapy. This sub-study is using heart rate variability (HRV) and functional magnetic resonance imaging (fMRI) to explore correlations with clinical outcomes.

We anticipate that the results will be published in early 2016, after the data from this study and all of our other international Phase 2 pilot studies is submitted to the U.S. Food and Drug Administration for consideration of Breakthrough Therapy status.

Goals for this study include (1) gathering evidence for the safety and effectiveness of MDMA-assisted psychotherapy in people suffering from war-related trauma; (2) comparing the effectiveness of the treatment for people with war-related trauma versus for people with trauma related to sexual abuse, assault, and other causes; (2) comparing different doses of MDMA for therapeutic effectiveness and ability to create a successful double-blind; and (3) increasing awareness and support for our work by assisting a population with mainstream public recognition.

Final Two Subjects Treated in Boulder Study

Ongoing study

Location: Boulder, Colorado

Principal Investigator: Marcela Ot'alora, M.A., L.P.C.

Estimated study budget: $771,000

Already raised: $727,000

Needed to complete this study: $44,000

On October 2 and 9, 2015, the last two subjects were treated in our ongoing study of MDMA-assisted psychotherapy for 23 subjects with PTSD from sexual assault, violent crime, war, natural disasters, or any other cause, taking place in Boulder, Colorado. This will be the second-largest study ever conducted of MDMA-assisted psychotherapy for PTSD, having enrolled 19 women and nine men, with five subjects dropped out or excluded for not meeting study criteria, and 23 subjects to be included in a final analysis (all 29 will be included in our intent-to-treat analysis, a more conservative approach that analyzes data from all subjects enrolled in the study).

The September 2015 issue of Marie Claire includes an in-depth feature article about the experiences of three women who benefited from MDMA-assisted psychotherapy for PTSD, including two from this study. On September 13, NPR broadcast a special report including an interview with Brenda, a woman who overcame PTSD after participating in this study. Brenda shares how her life and relationships have changed after she received MDMA-assisted psychotherapy, and journalist Kelley McMillan speaks about what she learned during her investigative report on MDMA research. “Now, life is good,” Brenda told NPR. “Spending 35+ years suicidal was something I don’t wish on anyone. After six months in that study, I am not suicidal. I want to live.”

Primary outcome data is anticipated to be available in December 2015. The final results will begin to be prepared for publication in early 2016, with publication expected in late 2016. In addition to obtaining Phase 2 data on the safety and effectiveness of MDMA-assisted psychotherapy for PTSD, this study is also comparing outcomes between different combinations of male/female co-therapist teams.

Goals for this study include (1) gathering evidence for the safety and effectiveness of MDMA-assisted psychotherapy for subjects with PTSD from a variety of causes, (2) comparing different doses of MDMA for therapeutic effectiveness and abil-
Eighth Subject Treated in Israeli Study Ongoing study
Location: Beer Yaakov, Israel
Clinical Investigator: Moshe Kotler, M.D.
Estimated study budget: $509,000
Already raised: $92,000
Needed to complete this study: $417,000

On October 6, 2015, the eighth subject was treated in our ongoing Israeli study of MDMA-assisted psychotherapy for PTSD. Led by Principal Investigator Moshe Kotler, M.D., this Phase 2 study will treat up to 10 subjects with chronic, treatment-resistant PTSD from any cause. The Israeli team will seeking to enroll the final two subjects in November, when we will close enrollment in order to gather the data for submission to the U.S. Food and Drug Administration as part of our End-of-Phase 2 meeting, in preparation for Phase 3. This study is actively seeking Israeli participants (learn more at maps.org/israel).

Goals for this study include (1) gathering evidence for the safety and effectiveness of MDMA-assisted psychotherapy for subjects with PTSD mostly related to war and terrorism, (2) comparing different doses of MDMA for therapeutic effectiveness and ability to create a successful double-blind, (3) working in direct association with the Israeli Ministry of Health, and (4) exploring the use of MDMA-assisted psychotherapy in other cultural contexts.

Fifth and Sixth Subjects Treated in Canadian Study Ongoing study
Location: Vancouver, British Columbia, Canada
Principal Investigators: Ingrid Pacey, M.D.
Estimated study budget: $470,000
Already raised: $46,000 + $69,000 raised by partners
Needed to complete this study: $355,000

On June 26 and July 3, 2015, the fifth and sixth subjects were treated in our ongoing Canadian study of MDMA-assisted psychotherapy for PTSD. The sixth subject was enrolled on June 29. Led by Principal Investigator Ingrid Pacey, M.D., in Vancouver, B.C., this Phase 2 study is treating up to 12 subjects with chronic, treatment-resistant PTSD from sexual assault, violent crime, military service, or any other cause. Mark Haden, Chair of the Board of Directors of MAPS Canada, reflected on the media attention the study has been receiving: “We had 15 minutes on CBC national radio, a feature article in Maclean’s (Canada’s most prominent weekly magazine), and CBC’s high-profile show Ideas is producing two new shows dedicated to psychedelics,” Haden writes. “MAPS Canada is not just developing a better treatment for PTSD, but also having an impact on public perception of the vast potential of psychedelic medicine.”

Goals for this study include (1) gathering evidence for the safety and effectiveness of MDMA-assisted psychotherapy for subjects with PTSD from a highly skilled co-therapist team, (2) comparing different doses of MDMA for therapeutic effectiveness and ability to create a successful double-blind, and (3) initiating the first Canadian research into the potential benefits of psychedelic psychotherapy in over 40 years.
MAPS Leads Seven-Day MDMA Therapist Training in South Carolina

From October 4–11, 2015, MAPS hosted a seven-day training in Charleston, South Carolina, for therapeutic professionals interested in working on MAPS’ future clinical trials of MDMA-assisted psychotherapy for PTSD. The training was led by Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N., along with Marcela Ot’alora, M.A., L.P.C., Principal Investigator of our ongoing study in Boulder. The weeklong training included 16 participants reviewing videos of MDMA-assisted psychotherapy sessions and discussing therapeutic techniques. Participants also completed a five-hour online training via our new online Training Portal prior to attending in person. The goals for this training were to educate therapists and potential researchers about MDMA-assisted psychotherapy methods, and to test our new educational model by conducting a pilot run of our expanded therapist training program (seven days instead of five).

Are you interested in learning more about being a Phase 3 MDMA-assisted psychotherapy for PTSD researcher? Contact us at askMAPS@maps.org.

MPBC Purchases GMP MDMA Supply for Phase 3 Trials

On September 28, 2015, the MAPS Public Benefit Corporation initiated the purchase of one kilogram of 3,4-methylenedioxymethamphetamine (MDMA) certified under current Good Manufacturing Practices (GMP), from the UK pharmaceutical drug manufacturer Shasun. This supply will be used for our upcoming Phase 3 trials of MDMA-assisted psychotherapy for PTSD, which will begin in 2017. The GMP MDMA will not be any purer than our existing supply, but has been created with complete documentation and validation of all manufacturing procedures as required by the FDA and the European Medicines Agency (EMA) for use in Phase 3 trials.

The MDMA used in our current and completed U.S. Phase 1 and 2 trials was originally manufactured in 1985 by pharmacologist David Nichols, Ph.D., at Purdue University’s Department of Medicinal Chemistry, under contract to Earth Metabolic Design Lab, the non-profit that Rick Doblin started before MAPS. The original 1 kilogram supply cost $4000, or $4 per gram (the actual cost was lower since Nichols had an excellent yield and produced more than 1 kilogram). Approximately 960 grams of the original batch still remains. Our ongoing Israeli and Canadian studies, and our completed Swiss study, have used a different batch of MDMA manufactured in Switzerland by Lipomed, which no longer manufactures MDMA for clinical research. The new GMP MDMA will cost almost 100 times the cost of our original supply.

 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 Major Gifts Officer Jade Netanya Ullmann to discuss your plans.

jade@maps.org

831.429.6362 x111
MDMA-Assisted Therapy for Social Anxiety in Autistic Adults

**Ninth Subject Treated** Ongoing study  
**Location:** Los Angeles, California  
**Principal Investigators:** Charles Grob, M.D., and Alicia Danforth, Ph.D.  
**Estimated study budget:** $336,000  
**Already raised:** $12,000 + $15,000 raised by partners  
**Needed to complete this study:** $309,000  

On September 26, the ninth subject was treated in our ongoing study of MDMA-assisted therapy for social anxiety in 12 adults on the autism spectrum. Sponsored by MAPS, this is a collaborative study between MAPS and the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, with blood plasma biomarker analysis being conducted by researchers at Stanford University. “No Serious Adverse Events have occurred, and the study has received 228 screening inquiries from across the United States and several other countries,” reports study Co-Investigator Alicia Danforth, Ph.D. “One of the key factors contributing to this study running smoothly since the launch was early and ongoing consultation with members of the autism community.”

Goals for this study include (1) gathering data on the safety and effectiveness of MDMA-assisted psychotherapy for subjects with autism diagnosed with social anxiety, (2) determining if additional studies in this area are warranted, and (3) initiating a new program of research into a possible beneficial use of MDMA building on collected case accounts.

Anecdotal reports indicate that MDMA may be helpful in reducing social anxiety in autistic adults.

Learn more at [mdma-autism.org](http://mdma-autism.org)

Please support our clinical study testing the safety and efficacy of MDMA-assisted therapy in the treatment of social anxiety in adults on the autism spectrum.

[mdma-autism.org/donate](http://mdma-autism.org/donate)

---

MDMA-Assisted Psychotherapy for Anxiety Associated with Life-Threatening Illness

**Fifth Subject Treated in Marin Study** Ongoing study  
**Location:** Marin, California  
**Principal Investigator:** Phil Wolfson, M.D.  
**Estimated study budget:** $627,000  
**Already raised:** $194,000  
**Needed to complete this study:** $433,000  

On September 21, 2015 the fifth subject received their first experimental session in our ongoing study of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness. Led by Principal Investigator Phil Wolfson, M.D., with co-therapist Julane Andries, LMFT, in Marin, Calif., this study will treat 18 subjects suffering from anxiety related to a life-threatening disease that is either ongoing or in remission with a possibility of recurrence. “We’re very excited to see the results from the first group of participants in this study,” says Ben Shechet, Clinical Research Associate for MAPS Public Benefit Corporation. “The reports from the study therapists regarding these subjects’ experimental sessions have been extremely positive, and we look forward to seeing how those experiences will be reflected in the data now coming in.” We currently expect all experimental sessions in this study will be completed by late 2016.

Goals for this study include (1) gathering data on the safety and effectiveness of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness; (2) determining if additional studies are warranted; and (3) initiating MDMA-assisted psychotherapy research for a new clinical indication.
Ibogaine-Assisted Therapy for Drug Addiction

Final Subject Enrolled in New Zealand Ibogaine Study
Ongoing study
Location: New Zealand
Principal Investigator: Geoff Noller, Ph.D.
Donations are needed to support ibogaine research.

Investigator Geoff Noller, Ph.D., has collected follow-up data from subjects undergoing treatment at an independent ibogaine center in New Zealand. Data from this study will be compared to the results of our completed observational study in Mexico. Goals for this study include (1) gathering preliminary evidence about the safety and potential benefits of ibogaine-assisted therapy for opiate addiction, (2) supplementing the data from our completed observational ibogaine study in Mexico, and (3) initiating and encouraging psychedelic research in New Zealand.

Mexico Ibogaine Study: Paper Prepared for Submission to Peer-Reviewed Journal
Study completed
Location: Mexico
Principal Investigator: Thomas Kingsley Brown, Ph.D.
This study is complete and has been fully funded.

The results of our completed study of ibogaine-assisted therapy for addiction in Mexico will be submitted for publication in a peer-reviewed scientific journal in December 2015. In this study, Principal Investigator Thomas Kingsley Brown, Ph.D., observed the long-term effects of ibogaine treatment for individuals undergoing treatment for opioid dependence at an independent clinic in Mexico.

“Stories about recovery and reconciliation have great power to convince people of the efficacy of ibogaine treatment,” writes Brown in his MAPS Bulletin article, page 36. “However, the primary aim of the study was to produce good quantitative evidence—the kind that can get the attention of scientists and medical professionals. I’m pleased to say that despite the shortcomings of the study, namely the low number of participants and the lack of a control group, we have some strong evidence that ibogaine is helping people.”

Cover Artist: Chor Boogie

Front cover: The Love Dance
spray paint on canvas
48 x 72 in

Back cover: Love Land
detail of public mural
Crans Montana, Switzerland

The Love Dance is inspired by the loving intelligence and healing powers of the iboga medicine. Two years ago, the artist Chor Boogie suffered from a brief, but serious opiate relapse and pursued treatment with the total alkaloid iboga medicine, administered by a lineage Bwiti shaman. The medicine, along with the shaman’s skillful guidance, cleared his body of the physical and psychological addiction within days and offered teachings for a healthier and more meaningful path. The Love Dance will grace the cover of a memoir about iboga, Heart Medicine: A True Love Story, written by the artist's wife, Elizabeth Bast, to be released late 2015 (information at ebast.net).

Love Land is also inspired by iboga. This piece is dedicated to the artist’s grandmother, Patricia Demeo, who passed away just before his journey to Switzerland. This is the artist's rendition of her soul reaching the universal love, along with spirit animals that crossed his path during Bwiti ceremony: the king snake (not shown), a protector snake the eats poisonous snakes, and the butterfly, a symbol of transformation and rebirth.

Chor Boogie, a.k.a. Joaquin Lamar Hailey, is a critically acclaimed spray paint artist whose visionary murals and art exhibitions have appeared all over the globe. He was recently honored by Societe Perrier as being number three among the Top Ten U.S. Street Artists of 2014. He approaches his use of color as a form of therapy and visual medicine, and has been dubbed “the color shaman” by comrades and fans.

Chor Boogie is recognized for having achieved a profound level of technical and emotional virtuosity in the medium of spray paint. He was first nurtured by the world of street art and is primarily a self-taught artist. He draws inspiration from artists such as Michelangelo, Da Vinci, Rembrandt, Klimt, Van Gogh, Dalí along with his personal spray paint mentors Phase2, Vulcan, and Riff170 who were among the first notable creators in the street art and hip hop cultural movements. Through his dynamic range of artistic styles, Chor addresses issues of race, class, gender, neo-imperialism, corporate corruption, substance abuse, health care, drug policy reform, and the rights of indigenous peoples. Chor uses his voice as an artist and public figure to raise awareness about indigenous African wisdom traditions.

He has resided in the San Francisco Bay Area since 2007 where he has been an active member of the street art community and has painted several notable commissioned public murals including The Eyes of San Francisco, Purgatory, and Opium Horizons.

chorboogie.com
facebook.com/chorboogie01
instagram.com/choreboogie
Medical Marijuana Research

Johns Hopkins IRB Approves Protocol Design; Phoenix Site Identified; Sue Sisley Presents Lecture at Walter Reed Research in Arizona

Study in development

Location: Baltimore, Md., and Phoenix, Ariz.

Coordinating Principal Investigator: Marcel Bonn-Miller, Ph.D. (University of Pennsylvania)

Co-Investigators/Site Principal Investigators:

- Sue Sisley, M.D. (private practice) and Ryan Vandrey, Ph.D. (Johns Hopkins University)
- Paula Riggs, M.D. (University of Colorado)

Estimated study budget: $2,156,000

Already raised: $2,156,000 grant awarded by the State of Colorado

On September 25, 2015, the Institutional Review Board (IRB) at Johns Hopkins University approved the protocol design for our upcoming study of smoked marijuana for symptoms of PTSD in 76 U.S. military veterans. On September 14, 2015, researchers and study staff completed an all-day pre-study visit at the Johns Hopkins University Behavioral Pharmacology Research Unit (BPRU) to prepare for our upcoming study of smoked marijuana for symptoms of PTSD in U.S. veterans. The study team reviewed the clinical trial protocol, standardized the methods used at both study sites, and inspected the site facilities.

The Principal Investigator for this study is Marcel Bonn-Miller, Ph.D., of the University of Pennsylvania (see his article on page 32). Paula Riggs, M.D., of the University of Colorado, is serving as an additional Co-Investigator to help ensure the study’s scientific integrity.

On September 4, the U.S. Drug Enforcement Administration inspected the proposed Phoenix, Arizona, study site which will be led by Co-Investigator/Site Principal Investigator (PI) Sue Sisley, M.D. Half of the study’s 76 subjects will be treated at the Phoenix site, with the other half treated at Johns Hopkins by Co-Investigator/Site PI Ryan Vandrey, Ph.D. The IRB will issue final approval for the study after the U.S. Drug Enforcement Administration (DEA) grants the Schedule I license for the study site in Phoenix, Ariz., and the study is listed on clinicaltrials.gov. The DEA will review the Phoenix study site when construction of the site is complete, and has already approved the specific refrigeration and security systems that we will use to store the study marijuana at the Phoenix site.

On September 15, Dr. Sisley presented a clinical lecture at the 5th Annual Pain Care Skills Training event at Walter Reed National Military Center about our upcoming study. “The military has historically been a leader in adopting new medical practices far ahead of the larger medical community,” said Sisley. “It’s an honor to be able to help educate these highly dedicated medical professionals about medical cannabis and PTSD.”

Study in Development: Ayahuasca-Assisted Treatment for PTSD

MAPS is sponsoring an observational study investigating the safety and effectiveness of ayahuasca-assisted treatment for PTSD in 12 U.S. veterans. Led by retired Marine Lance Cpl. Ryan LeCompte, the study is set to begin with a 10-day retreat to Peru in early 2016 and will include measurements of PTSD symptoms prior to treatment, and with three, six, and 12-month follow-up evaluations. The follow-ups will be conducted at Naropa University in Boulder, Colorado.

LeCompte is the founder of the non-profit organization Veterans for Entheogenic Therapy (VET), whose mission is to provide veterans suffering from service-connected PTSD with the opportunity to find their own path of healing. On October 26, 2014, CNN aired an episode of This is Life with Lisa Ling titled “Jungle Fix,” featuring VET and a group of military veterans as they traveled to Peru and participated in ayahuasca ceremonies as a possible treatment for PTSD and other emotional and mental trauma suffered in combat.

“Ayahuasca is a way to give relief to those who are suffering,” says LeCompte, who says many veterans are not satisfied with the PTSD treatment they receive when they return from deployment. “I’ve seen how ayahuasca has the ability to mimic the mechanics utilized in exposure therapy, a kind of psychotherapy used at the VA for PTSD. It allows a complete catharsis, one that opens the doors of perception to how we are seeing our own trauma. Once this shift in perspective happened, there was a letting go or release of the traumatic memory.”

LeCompte speaks with a veteran seeking ayahuasca-assisted treatment for PTSD. Image: CNN
MAPS in the Media

Is Ecstasy the Key to Treating Women with PTSD?
by Kelley McMillan
August 17, 2015

Psychedelics Promise a ‘Paradigm Shift’ in Treating Mental Illness
by Douglas Main
September 8, 2015

From Club to Clinic: How MDMA Could Help Some Cope With Trauma
by NPR Staff
September 13, 2015

When Are You Going to Get Your Prescription MDMA?
by Cynthia McKelvey
September 21, 2015

The Mind-Bending History of Buddhism and Psychedelics
by Carolyn Gregoire
October 8, 2015

Psychedelic Drugs as Treatment for Anxiety, Addiction
by Alan Mozes
September 9, 2015

There’s a Plan to Get the World’s Biggest Club Drug Approved for Medical Use by 2021
by Lydia Ramsey
October 20, 2015

MDMA Psychotherapy Could Be Legal In Just Five Years
by Carolyn Gregoire
October 20, 2015

Are Psychedelic Drugs the Next Medical Breakthrough?
by Tim Ferriss
September 14, 2015

Rebooting Psychedelic Science
by Lauren Ellis
October 5, 2015

From Shock to Awe: How Psychedelics Bring Relief to Veterans With PTSD
by Aaron Kase
September 28, 2015

Psychedelic Drugs May Be Ready for a Medical Comeback
by Melissa Healy
September 8, 2015

Psychedelics Promising for Anxiety, Depression, Addiction, and PTSD
by Laura Stiles
September 9, 2015

Kevlar for the Mind: Marijuana for PTSD Needs More Study
by Bret A. Moore
August 29, 2015

Meet the Iraq War Veteran Who Says Ecstasy-Assisted Psychotherapy Saved His Life
by Tom McKay
September 10, 2015

“Psychedelic drugs: From recreation to research” on the cover of the Canadian Medical Association Journal (October 2015).
Research Update: 
MDMA-Assisted Psychotherapy for PTSD
MICHAEL MITHOEFER, M.D.

Reflections on the last 15 years as we conclude our largest study yet of MDMA-assisted psychotherapy for 24 U.S. veterans, firefighters, and police officers with chronic, treatment-resistant PTSD.

In March 2000, Rick Doblin and I had our first conversation. We shared a conviction about the need for a modern era of clinical research looking at the therapeutic effects, as well as the risks, of MDMA and other psychedelics. In the months that followed, we began what turned out to be a four-year process of protocol development and obtaining Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), and Institutional Review Board (IRB, or Ethics Committee) approvals for our first study of MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD).

Part of what the FDA required was a 350-page summary of all the English language literature on MDMA, which Ilsa Jerome and Matt Baggott expertly compiled (they remain leading experts on this growing literature). Looking back at the number and variety of obstacles that arose during this process, I think it was fortunate that neither Rick nor I ever seriously considered the possibility that we wouldn’t be able to accomplish what we had set out to do—though I’m sure many people thought that meant we just didn’t understand the situation. For Rick, the effort had started another 15 years earlier when he founded MAPS, and later finally started an MDMA-assisted psychotherapy study in Spain with Jose Carlos Bouso and Marcela Ot’alora, only to have it shut down by the drug police. Nine and a half years after that first conversation, Annie Mithoefer and I completed the study that resulted from it, and published the rather remarkable results in the *Journal of Psychopharmacology*.

Recently, on July 31, 2015, Annie and I facilitated the last MDMA-assisted psychotherapy session in our most recent study. That was our 156th MDMA research session together. In the last 15 years, MAPS’ research has also advanced on many other fronts, and it’s important to note that while the regulatory process remains rigorous and still takes a number of months, since completing our first study we have not experienced any undue delays in getting DEA and IRB approval for subsequent studies.

EXPANDING RESEARCH
In Charleston, we completed and published a long-term follow-up of the participants in the first study demonstrating sustained improvement for most of them an average of three and a half years later. We also completed a small study showing benefit from an additional MDMA-assisted session for three participants whose PTSD had relapsed more than a year after participation in the first study. In 2013, Peter Oehen and his wife Verena Widmer completed a similar successful MDMA-assisted psychotherapy for PTSD study in Switzerland showing a strong effect size.

After some years in which authorities at The Medical University of South Carolina distanced themselves from our research because they thought it too controversial, we are now collaborating with Mark George and Colleen Hanlon, well-known neuroimaging researchers, to do functional MRI scans (fMRI) before and after treatment in the veteran study.
We have also obtained approval for a Phase 1 trial limited to psychotherapists who have participated in our Research Therapist Training Program, and who choose to have their own MDMA experience in the same therapeutic setting as the clinical trials. When Rick initially broached this idea to others in the psychedelic research community many people discouraged him for fear that even applying to FDA for such a study would give psychedelic therapy a bad name with regulatory authorities. After lengthy consideration, Rick and I still felt strongly that it was important to have a legal way for MDMA research therapists to have their own experience with MDMA in a therapeutic setting in order to better grasp the experiences participants have during research sessions. We knew this was an unusual request for the FDA, but after several productive conference calls with FDA scientists we got approval to proceed. To date, seven therapists working on MAPS Phase 2 trials have completed the protocol, and all have reported that the experience was personally and professionally beneficial.

Additional MAPS sponsored MDMA-assisted psychotherapy for PTSD (MDMA/PTSD) studies are now nearing completion in Israel, with Moshe Kotler, Chief of Psychiatry at Tel Aviv University as Principal Investigator (PI); in Boulder, Colorado, with Marcela Ot’alora as PI and Will Van Derveer as the study physician responsible for MDMA administration; and in Vancouver, Canada, with Ingrid Pacey as PI and Richard Yensen and Donna Dryer as the primary therapy team. These three studies have provided experience coordinating several teams of therapists, many of whom had not previously worked as co-therapists. This is valuable preparation because the Phase 3 trials will have multiple sites with more than one therapist team at each site. More MDMA/PTSD studies are currently under development in England, Australia, and Germany.

In 2011, MAPS came close to initiating a study in Jordan. We made several trips there and trained a team of Jordanian psychiatrists and psychologists, but at the last minute final protocol approval was unexpectedly denied by Jordanian regulators.

Although the main focus of MAPS research is MDMA-assisted psychotherapy for PTSD, there have been several MAPS studies for other conditions. In 2014, Peter Gasser, in Switzerland, completed and published a promising study of LSD-assisted psychotherapy for anxiety associated with life-threatening illness. Phil Wolfson and Julane Andries are currently doing a similar study near San Francisco using MDMA instead of LSD. Meanwhile, Charlie Grob at the University of California, Los Angeles (who had previously done the first US Phase 1 trial of MDMA) and Alicia Danforth are nearing completion of a study of MDMA-assisted therapy for social anxiety in autistic adults.

All these studies, focused primarily on quantitative treatment outcome measures that are of interest to the FDA, have yielded thousands of video recordings of study sessions. These videos are a rich source of information about the nature of the therapeutic process that could be studied with qualitative research methods, and are attracting the attention of a growing number of researchers. Dana Blu Cohen recently completed her Ph.D. dissertation at the California Institute for Integral Studies analyzing some of the videos, and Ingmar Gorman is currently using videos to conduct a qualitative study at the New School for Social Research in New York. We hope this area of research will continue to expand, because there is much to be learned about the nature of the therapeutic process in MDMA-assisted psychotherapy.

STUDY MONITORING

In September 2002, several months after obtaining it, we lost IRB approval for our first study because of a later-retracted and now infamous “MDMA toxicity” paper by George Ricaurte, a neurologist at Johns Hopkins University. A year after the original publication, the authors revealed that they had inadvertently killed baboons and squirrel monkeys with methamphetamine, not MDMA.

Before the retraction, Rick had spent months scouring the country for another IRB that wouldn’t be scared off by Ricaurte’s paper. One of the IRBs he spoke to told him MAPS would need to have the study monitored by a clinical research organization (CRO) at a cost of nearly $300,000. The shock of this figure seemed to jog Rick’s memory about an email he’d received a few years before volunteering this kind of monitoring, which he hadn’t thought we needed at the time.

He found the old email from Amy Emerson, and luckily for us she was still more than willing to help. Amy was very knowledgeable and experienced in this area through her work for Chiron and later Novartis pharmaceuticals. She taught us a lot and brought our study documentation and accountability to a high level.

Amy went on to help train the increasing number of monitors needed as MAPS research continues to expand: when we started, it was Valerie and Josh Mojeiko, and now Berra Yazars-Klosinski, Ben Shechet, and Alli Feduccia. As a sign of the rate at which MAPS is growing and maturing, Amy, who like many of us started as a volunteer, is now Executive Director and Director of Clinical Research of MAPS Public Benefit Corporation, and Berra is now Clinical Research Scientist, with a hand in almost everything clinical at MAPS.

STUDY COORDINATORS

When I told a psychiatrist/researcher friend at the medical school in Charleston about our plans for the first study, he asked me if we had a study coordinator. I said it was just a small study, and dismissed it when he said, “Sounds like about the size for one study coordinator to me.” As it turned out, not having a study coordinator was a great way for us to learn about ins and outs of clinical research down to the smallest details, including Annie making food for the participants’ overnight stays and taking their sheets to the laundry afterward. We learned the difference between source records and CRFs by filling them all out ourselves. I’m grateful for the adventure of that experience that Annie and I shared, and now I’m even more grateful for Sarah Sadler, our study coordinator, for her welcoming smile and pres-
ence that always helps put new participants at ease, and for all the ways she helps us run the study at our site.

TREATMENT MANUAL AND ADHERENCE CRITERIA
Another important step in assuring the scientific validity of MAPS studies and in progressing toward Phase 3 is the Treatment Manual we’ve written, with contributions from June Ruse and many others (maps.org/treatmentmanual). The Treatment Manual describes in detail the essentials of our approach to MDMA-assisted psychotherapy for PTSD. The accompanying set of Adherence Criteria allows a dedicated group of adherence raters, led by Evan Sola, to score video recordings from research sessions in order to document the degree to which study therapists are adhering to the same approach in each of the study sites, and regardless of whether participants received placebo or MDMA.

THERAPIST TRAINING
The Treatment Manual is also the basis of our program for training research therapists to use the same method at each MDMA-assisted psychotherapy for PTSD study site. Like everything else at MAPS, the training has evolved over the years. It began with a retreat of researchers in Austria where we shared ideas and videos from the first Charleston study and the Swiss study. Annie and I then went on to develop a five-day therapist training program which included a didactic portion followed by watching and discussing videos from research sessions. We have now done this training in Charleston, Israel, Canada, and England. Marcela Ot’alora has also done trainings in Boulder.

More recently, Annie, and Marcela and I have joined forces to expand the training to seven and a half days. Thanks to the coordinating help of Sarah Braswell and the online training and neuroscience expertise of Alli Feduccia, this new format presents the didactic portions as an interactive online training that participants will complete beforehand. Our first training with this format took place October 4–10, 2015, and additional trainings will take place with increasing frequency as we approach the start of Phase 3 trials in 2017.

SCIENTIFIC PRESENTATIONS
As MAPS’ research has grown, so has interest from the scientific community. No longer is the discussion dominated by sensationalism about “Ecstasy” and raves, or by misinformation about toxicity. Since our results have been published in a respected peer reviewed journal, and as we continue to speak at medical conferences, MDMA-assisted psychotherapy is increasingly appreciated as a promising area of research aimed at addressing a major public health problem. Increasingly, MDMA is being discussed as a drug that, like every other drug or procedure used in medicine, has potential risks and benefits that should be evaluated carefully. MAPS’ Psychedelic Science conferences have been very well attended, and we have been invited to present the results of our research at many conferences, including The Royal College of Psychiatrists in England, the American Psychological Association, the U.S. Psychiatric and Mental Health Congress, the European College of Neuropsychopharmacology, the International Society of Traumatic Stress Studies, and others.

The most recent sign of increasing interest from the psychiatric community was the inclusion of our three-hour symposium on psychedelic research at the 2015 annual meeting of the American Psychiatric Association in Toronto, Canada, this spring. Charlie Grob, from UCLA, and I spoke about MDMA clinical research, and Roland Griffiths and Matt Johnson from Johns Hopkins and Michael Bogenschutz from University of New Mexico spoke about psilocybin clinical research, with Tim Brewerton from Medical University of South Carolina as discussant. The symposium was well-received with thoughtful and enthusiastic discussion at the end, and a number of psychiatrists and psychologists in training or who have recently completed their training expressing passion about directing their careers toward this kind of work.

OUTREACH TO VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE
When we applied to the FDA for our first study in October 2001, primarily aimed at treating people with crime-related trauma such as childhood sexual abuse, rape, or other assault, we didn’t know that the Afghanistan and Iraq wars would be starting soon. Since then, the need for additional treatments for returning veterans with PTSD has become painfully and increasingly pressing. As we began to add veterans to our first study, and then to design a second study focused mainly on veterans (also including firefighters and police officers with PTSD), a number of psychiatrists and other therapists at U.S. Department of Veterans Affairs (VA) hospitals expressed interest in referring veterans to the studies, and in initiating studies within the VA system.

For years, these efforts were blocked as they moved up the administrative chain, and investigators were told that anything this “controversial” would need to be approved by the Secretary of the VA in Washington, D.C. This was a clear example of politics blocking physicians and therapists from pursuing scientific research methods to discover better ways of helping their patients who were suffering and dying from PTSD. Likewise, in an attempt to collaborate with the Department of Defense (DoD), we developed a research protocol with a psychiatrist in charge of a PTSD treatment center at a Navy hospital, but his Admiral refused to sign off on it.

With the help of the late Richard Rockefeller, who sadly died in the summer of 2014 in a plane crash, we attempted to address the irrational political and administrative resistance to MDMA research. Richard was a physician who understood the ravages of PTSD and the limitations of existing treatments, and he committed himself to helping us advance this research. “Armed” with encouraging data from our studies, Rick, Richard, and I had meetings at the Pentagon, the Defense Health Headquarters, and the National Center for PTSD (which directs all PTSD research and treatment in the VA system). Thanks
to these efforts, after several years and many twists and turns, we are now in the process of developing several MDMA/PTSD research protocols in collaboration with VA researchers, and we have recently submitted the first one of those to the FDA. This will be a study combining our method of MDMA-assisted psychotherapy with Candice Monson’s method of Cognitive Processing Therapy for couples.

Ironically, despite the billions of dollars the VA and the DOD have for research, MAPS has committed to funding these pilot studies in order to avoid the uncertainty and several year delay involved in applying for government funding, and in hopes that government funding may follow once we have pilot data from a collaboration with VA researchers. We are indebted to Richard Rockefeller for his political and financial support of the research, and for his wise counsel, energetic engagement, and warm friendship as we brainstormed with him about our shared passion for the vigorous pursuit of clinical research into the potential of MDMA-assisted psychotherapy for PTSD.

**SUMMARY**

It’s been fascinating and exciting to be involved in this effort, and to see MAPS grow to meet the challenges resulting from successes and growth. When Annie and I started working with MAPS, which had once been Rick’s one-man show, communication was easy and emails were limited because Rick, Valerie, and Ilsa were the only people on the clinical team. Now there are many protocols at sites around the world, and a growing MAPS staff to match. It is striking to me that all this has been possible without the benefit of funding from government or the pharmaceutical industry. It’s happened because of Rick’s vision, knowledgeable guidance, and tireless fundraising efforts tapping the generosity of individual donors, family foundations, and MAPS supporters who understand the importance of this work. I am deeply grateful to have the opportunity to play a role in this compelling work.

My interest stems from seeing the clinical need for better treatments. After 10 years of practicing emergency medicine followed by 25 years of practicing psychiatry with a focus on PTSD, I am well versed in a range of existing treatments. I have respect for treatment models developed in recent years that have been developed and researched by compassionate and committed psychologists and psychiatrists, and I know these treatments are effective for many people. However, millions of people with PTSD do not respond to existing treatments, and presently 26 veterans are committing suicide every day in the US alone. I have not encountered any other treatment approach to helping these people that is nearly as promising and compelling as MDMA-assisted psychotherapy, using a medicine only a few times in an optimal set and setting to catalyze profoundly healing, often life-changing, experiences. And I appreciate that this is a community effort dependent on committed supporters and a growing number of talented, dedicated and very hard working volunteers, investigators and MAPS staff. I am always encouraged by the number of young people who want to get involved and who have the passion and the credentials to carry this forward.

I’m well aware that it remains to be seen whether our encouraging Phase 2 results will be reproduced in multicenter Phase 3 trials, and I know the importance of maintaining scientific objectivity as the research continues. What is not in doubt is that a great many psychiatrists, psychologists, and other therapists, those in practice and those still in training, clearly recognize the need for new approaches to treatment for the many people whose suffering does not yield to existing psychopharmacologic or psychotherapeutic treatments, and many recognize the potential of novel approaches to drug-assisted psychotherapy. For those who are suffering, this need is pressing, and is reflected in the fact that over 900 people have contacted us about wanting to participate in our most recent study that had room for only 24 participants. Annie and I deeply appreciate the willingness of study participants to volunteer for our clinical trials, and to allow us to support them in their profound and challenging processes of healing. It’s a privilege that always touches us deeply and teaches us a great deal.

Why are people willing to consent to an experimental treatment that we tell them from the outset may involve revisiting traumatic experiences and feeling more fear, grief and rage during the process? I think it’s because, on some level, the understanding that healing comes from catalyzing our own innate wisdom and healing capacity intuitively makes sense to us all, however unfamiliar, and even frightening, it may sound when we’ve been taught that healing comes from outside ourselves. As we learn more and more about the mechanisms of action of MDMA on the brain and the rest of the body, MDMA-assisted psychotherapy sessions repeatedly confirm the reality that we each have an innate human capacity to heal.

**Michael Mithoefer, MD** is a psychiatrist practicing in Charleston, SC, where he divides his time between clinical research and outpatient clinical practice specializing in treating posttraumatic stress disorder (PTSD) with an emphasis on experiential methods of psychotherapy. He is a certified Holotropic Breathwork Facilitator and trained in EMDR and Internal Family Systems Therapy. He can be reached at mmithoefer@mac.com.
I love being an MDMA psychotherapist. I am profoundly moved by the experiences and changes in heart, mind, and connections that I experience with my subjects as an MDMA-assisted psychotherapy practitioner. I am deeply grateful to MAPS for this opportunity to bring together the practical and experiential skeins that have made up the weave of my life.

MDMA's potential to revolutionize the practice of psychotherapy became clear in the early 1980s, when I and a growing core of practitioners began using what we then called “ADAM” for treating struggling couples, depression, post-traumatic stress disorder (PTSD), anxiety, alienation, identity crises, and myriad other indications. I even tried it with families with members who were in persistent altered states, such as hypomania and psychosis—not always with great success for the identified patients, but generally with a positive impact on the family structure and its other members.

What also made those times so heady and exciting was an intense shared process between practitioners, many of whom held regular meetings at the Esalen Institute—supported by its co-owner Dick Price—through what we called ARUPA, the Association for the Responsible Use of Psychedelic Agents. Many of us older folks and both Heffter and MAPS had our origins as open practitioners in that extraordinary forum.

Truly, by 1985, when MDMA was made Schedule I and the psychotherapy revolution was stifled, we already knew that the power of MDMA-assisted psychotherapy came from facilitating the expression of difficult and traumatic experiences and relationships, tolerable to be spoken and witnessed; and facilitating greater (not inevitable) positive feelings and concerns for self and others—in other words, serving as a vector towards more acceptance and tolerance of self and others; and towards manifesting love and kindness. Some years later, MDMA was adeptly labelled an “empathogen,” with “empathy” meaning the ability to put ourselves in others’ shoes and feel more of their nature despite our separateness, as well as the ability to reduce our alienation from our own core being.

Not much has changed in our view since those times. Today, we have the advantage of fMRI and other methods for more sophisticated inquiry into the relationships between mind and brain. However, these appear to me to remain at the frontier of neuroscience, still gross and distant elucidations. Thus far, these technical advances have supported what was obvious from the earlier clinical work. Many of us took risks to keep MDMA legal because we knew and had seen its potential. I am so appreciative now to be able to continue that interrupted exegesis.

What makes MDMA-assisted psychotherapy so potent? When I was coming of age as a psychotherapist in the 1960s and 1970s, there were two tendencies in the field—one expansive, one restrictive. I recall Robert Lindner’s book The 50 Minute Hour as representing the restrictive tendency. Soon, some
would reduce it to the 45-minute hour, and then there were the hospital guys who billed for an hour and just finished as fast as they could. That always seemed a sham to me—an hour is 60 minutes. It is stressful to run a practice that way, but it always seemed honest to me, and no one ever complained about lack of time. In contrast is MDMA-assisted psychotherapy, which can last anywhere from three to seven or eight hours, depending on the condition you’re treating, and could even be over 24 hours if the overnight responsibility and morning integrative session were included. Therapists are more out in the open, especially if you are doing the sessions in your own setting, like we are in our current study. With this much commitment of time, you get to know the people with whom you are working, and they get to know you. Unlike with traditional psychotherapies, there is time for process; for handling transference and countertransference; for meeting partners and friends; for staying in the trench and not pressuring to get out of it; for rectification, reframing, validation, and for the spirit to emerge; for agony and ecstasy; for being with fear, trauma, and the possibility of near-term death; for outrage and injustice to surface; for settling up and acceptance; for making priorities and changing them; for music and dance; for mutual appreciation and deep connection.

I am so pleased to have the time and the openness that MDMA-assisted psychotherapy engenders to know and feel, at a deep level, the people coming into our study. Writing of the expansive tendencies that were emerging in the post-sixties period, In 1978, I attended the second Anti-Psychiatry Conference in Cuernavaca, Mexico. It was a time when the manicomios (asylums) in Italy had just been opened, when electroshock was on the ropes, when political and general psychiatric incarceration in all parts of the world were being challenged, and when there was a new ecological view of the individual emerging that saw the self as culturally and politically connected. RD Laing’s *The Divided Self* had been published in 1960, and there was a sense that altered psychological states had meaning and validity and should not be punished for being different from the norm. Politics had become personal; LSD psychotherapy and just plain LSD tripping had opened us to new realms and capacities. Sasha Shulgin and Leo Zeff began their exploration and then enthusiasm for MDMA as a unique psychotherapeutic empathy-arousing medicine. We lacked the capacity to envision the rise of Big Pharma, now in critical assessment because of its failed hype and profiteering, its limited success rates, and its stifling of new paths of research. Psychiatry took too hard a turn towards a partial science with a very limited psychopharmacology. The luster of psychotherapy which turned many of us on in the 1970s was mostly lost to a generation or two of MDs.

On a more personal note, I lost my oldest son Noah to leukemia when he was nearly 17. He taught me about the passion to live and to try anything, no matter how difficult, to keep his life going. His life ended with a bone marrow transplant that had a 6% or 15% chance (both were given) of surviving the transplant. He insisted on taking that chance. He knew death was around the corner and that horrific pain and suffering would come with taking that slim chance. Noah taught me how precious life was to him and how far he would go to grab it.

Our current study with 18 subjects embraces Noah’s path. His inspiration guides my work with those who struggle with life-threatening illnesses. We have enrolled people with cancer and other illnesses who are young and vibrant, and have been shoved off the road of smooth expectations. There is fear, bitterness, disappointment, confusion, why-me’s, and always a great desire to stick around, though feelings of defeat do sometimes come with the territory. We measure the study’s success in the reduction of anxiety about having a life-threatening illness, but we don’t expect our folks to become blissful and happy with their prospects. Rather, we hope that through a sense of impermanence and accepting life’s terms—namely that we, as life arising, shall also inevitably cease—that they may find some relaxation in the midst of doing their best to survive and build their lives, to recover and develop in spite of the possibility of recurrence, relapse, and early death.

Given the intensity of our therapy structure, the impact of old abuse, stains of poor attachment, and traumas are also released through the work of liberation. Most of our subjects have been women thus far, and violence to women and its aftermath are intense parts of our therapy. While this is not explicitly a PTSD study, there is so much trauma inflicted on people that it is part and parcel of our therapeutic work.

From the center of this intense work, I am truly pleased to write that the benefits of MDMA-assisted psychotherapy in concert with techniques and views emanating from many different sources have the potential to restore our great delight in the human venture. Of impermanence and accepting life’s terms—namely that we, as life arising, shall also inevitably cease—that they may find some relaxation in the midst of doing their best to survive and build their lives, to recover and develop in spite of the possibility of recurrence, relapse, and early death.

The benefits of MDMA-assisted psychotherapy in concert with techniques and views emanating from many different sources have the potential to restore our great delight in the human venture. Of impermanence and accepting life’s terms—namely that we, as life arising, shall also inevitably cease—that they may find some relaxation in the midst of doing their best to survive and build their lives, to recover and develop in spite of the possibility of recurrence, relapse, and early death.

Given the intensity of our therapy structure, the impact of old abuse, stains of poor attachment, and traumas are also released through the work of liberation. Most of our subjects have been women thus far, and violence to women and its aftermath are intense parts of our therapy. While this is not explicitly a PTSD study, there is so much trauma inflicted on people that it is part and parcel of our therapeutic work.

From the center of this intense work, I am truly pleased to write that the benefits of MDMA-assisted psychotherapy in concert with techniques and views emanating from many different sources have the potential to restore our great delight in the human venture, of which psychotherapy is one fabulous and intense route for implementing growth, sharing, kindness, and connection.

Phil Wolfsön, M.D., practices psychiatry and psychotherapy in the San Francisco Bay Area, and is the Principal Investigator in MAPS’ study of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness. He is the author of numerous articles on Buddhism, psychedelics, spirituality, progressive politics, and violence, and a book about the passing of his son, Noe A Father/Son Song of Life, Love, Illness and Death (2011).
Since the launch of our first pilot study of MDMA-assisted therapy for social anxiety in autistic adults in February 2014, calls to the study hotline from potential participants have been steady. Social phobias, fear of speaking on the phone, and other communication challenges have not stopped 228 individuals from across the United States and several other countries from seeking this experimental treatment at the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center. The high level of interest may be due to the lack of other treatment options that have been proven effective for this group.

As of September 2015, subject eight of 12 has completed their second treatment session and is in follow-up. Nine subjects have been enrolled, with one subject leaving the study after one treatment session. Subject nine of 12 participated in their first treatment session at the end of September. Thus far, no acute or sustained serious adverse events related to study participation have been reported, and there have been no reports of persisting problematic psychological reactions.

The treatment is provided within the context of ongoing therapy over several months, which means that study participants need to reside within a 30-mile radius of the study location, which has slowed the screening process a bit. However, the widespread interest is encouraging, and we anticipate completing enrollment by winter 2015.

For this pilot study, we are working with an inactive placebo and moderate dose ranges of MDMA, from 75–125 mg with no mid-session “booster” dose. Session lengths average about five to six hours, and participants return to the study site the next day for the first of three integrative therapy sessions. After six months of follow-up, the blind is broken, and participants who were randomized to the placebo group have the option to return for one or two open-label full dose MDMA-assisted therapy sessions.

The treatment method for this study is similar in some ways to MAPS’ studies of MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD). For example, as in the PTSD studies, there are periods of time when participants are invited to use headphones and eyeshades to support them in reflecting on their inner experience. Also as in the PTSD studies, intention-setting in support of maximizing potential benefits is
a priority during pre-treatment office visits, and participants are encouraged to consider the concept of the “Wise Inner Healer” as the ultimate guide on the healing path. Unlike the PTSD studies, the social anxiety study includes interactions with the researchers that are intended to boost social confidence and provide practice opportunities to try new social skills in a safe setting. Additionally, participants complete a video-based assessment of non-verbal social cues that involves watching actors in various social interactions.

In lieu of requiring an overnight stay in a potentially distressing clinical environment, participants designate a Study Support Partner who does all of the driving on the weekend of the treatment session. The Support Partner also stays at the same location as the participant the night following treatment to be a supportive presence and listen to any insights the participant wants to share. The researchers are gratified that so many excellent Support Partners have volunteered to fulfill this role so well.

One of the key factors contributing to this study running smoothly since it began in April 2014 has been early and ongoing consultation with members of the autism community, and with autistic individuals who provide professional support services for other adults on the autism spectrum. Our primary advisor since the study’s inception has been autism advocate Nick Walker. You can read more about his perspectives on neurodiversity that informed our approach in his blog (neurocosmopolitanism.com). Another excellent resource for those who want to design research that is supportive of autistic individuals, groups, and communities is the Autistic Self-Advocacy Network (ASAN; autistlicadvocacy.org).

We also consulted with multiple autistic adults in the planning stage to get their input on how to create a treatment space that would support a diverse group of individuals who were likely to have a wide variety of hypersensitivities. The feedback on the session room has been so positive that we joke about someday raising funds by charging staff from other departments a small fee to take naps in the over-stuffed mechanical recliner.

Some of the best advice we received when we started planning the study is an often-repeated adage in autism circles: “If you’ve met one autistic person, you’ve met one autistic person.” Detaching from preconceived notions and stereotypes about autism has been one of the most effective foundations for building therapeutic alliances.

One challenge this study has faced from the start has been inaccurate and sensationalized media reporting. Misleading headlines such as “MDMA in Ecstasy May Soon Be a Treatment for Social Anxiety and Autism” and “Can Ecstasy Combat Autism?” prompted us to publish a Media Tip Sheet to help prevent similar harmful messages from circulating. A few of the essential messages we include are:

- Our research team is not treating autism or seeking a cure for autism. Autism is a genetically based human neurological variant, and it cannot be treated or cured with medication. We are investigating a potential treatment for social anxiety in adults on the autism spectrum. Social anxiety is common in autistic adults and few effective treatment options are available.
- We work with adults aged 21 and over. We ask that descriptions of our work clearly note this fact to avoid giving the potentially harmful impression that MDMA-assisted therapy is appropriate for autistic children.
- Using the word “Ecstasy” without specifying MDMA is problematic because Ecstasy can be a dangerous street drug that often does not contain MDMA. Our investigational product is pure MDMA used on only two occasions within a psychotherapy model, and we work hard to make that distinction because there are public health and safety issues to consider. Additionally, when referring to the type of treatment we provide, we use “MDMA-assisted therapy” and not simply “MDMA.”

We look to MAPS supporters, the psychedelic community, and media professionals to help us elevate the dialogue in support of harm reduction. In further pursuit of this goal, in March 2015 our team published a peer-reviewed article on the rationale and method for this study in the journal Progress in Neuro-Psychopharmacology and Biological Psychiatry. MAPS has made the full text of this article available to view and download free of charge (maps.org/maa2015).

We also wish to express our gratitude for the feedback and guidance that the participants have offered generously at every step in the research process. Their insights have helped the team learn how to work with autistic co-collaborators to explore ways in which MDMA-assisted therapy might bring relief for moderate to severe social anxiety.

Charles Grob, M.D., is a professor of psychiatry and pediatrics at the UCLA School of Medicine and the Director of the Division of Child and Adolescent Psychiatry at the Harbor-UCLA Medical Center. He is currently leading a MAPS-sponsored phase 2 pilot study on MDMA-assisted therapy for social anxiety in adults on the autism spectrum. His research has included the first FDA-approved Phase 1 study of the physiological and psychological effects of MDMA; a multinational, collaborative study of the Amazonian plant hallucinogen decoction, ayahuasca, in Brazil; and a pilot investigation of the safety and efficacy of psilocybin in the treatment of anxiety in adult patients with advanced-stage cancer.

Alicia Danforth, Ph.D., is the co-investigator for a current MAPS-sponsored phase 2 pilot study looking at the effect of MDMA-assisted therapy on social anxiety in autistic adults. She began her work in clinical research with psychedelic medicines with Dr. Charles Grob at the Los Angeles Biomedical Research Institute, Harbor-UCLA Medical Center in 2004. In 2013, Danforth graduated from the Institute of Transpersonal Psychology (ITP) with a Ph.D. in clinical psychology, with a specialization in Transpersonal Research and Education.
A few years ago, New Mexico was the only state that allowed medical cannabis use among individuals with posttraumatic stress disorder (PTSD). Now, in 2015, nine states have legalized medical cannabis for PTSD. The trend toward legalizing cannabis has led many with PTSD to ask their doctors about whether they should start using it to help manage symptoms. Given the recent advances in scientific research, it is prudent to consider the current state of the evidence for cannabis use, medical or otherwise, as a treatment for PTSD symptoms.

Beginning with an investigation of Vietnam veterans by Bremner and colleagues in 1996, scientific studies have increasingly highlighted the use of cannabis by individuals with PTSD, particularly for the alleviation of hyperarousal symptoms (e.g., nightmares). Approximately six years following Bremner’s study, David Vlahov and colleagues reported similar associations among individuals in New York after the 9/11 terrorist attacks. In 2007, I published my first paper on the topic, replicating the findings of Bremner and Vlahov among young adults in Vermont. What has followed has been consistent evidence that a number of different groups of individuals with PTSD use cannabis to cope. From undergraduates to veterans, and from large groups representative of the U.S. population to a handful of people in Israel, scientific studies have largely agreed that individuals with PTSD are particularly apt to use cannabis, primarily for the purpose of improving sleep.

While these studies have provided important groundwork for understanding cannabis use by individuals with PTSD, they are limited in a number of important ways. First, with the exception of two recent pilot studies of oral THC (the primary psychoactive ingredient found in cannabis), all studies of cannabis and PTSD have been observational and predominantly retrospective. They have assessed individual “cannabis” use, without attempting to actually define or track the cannabis consumed. While this approach may work for substances that only vary in terms of potency (e.g., alcohol), cannabis varies both in terms of potency and constituents. Indeed, two types of cannabis can have extremely different effects simply as a function of the types and concentrations of cannabinoids that are present.

A second limitation of existing work relates to the fact that many of the published studies on PTSD and cannabis can be interpreted in a number of ways, at least partially due to their relatively simplistic designs coupled with the biases or personal beliefs of the readers. For example, how would you interpret the finding that individuals with PTSD use cannabis to cope with their symptoms? While this may seem relatively straightforward, some may view this as a bad thing (e.g., using cannabis is no different than using heroin or cocaine when you are “down and out,” a “maladaptive” coping strategy), while others may view this as a good thing (e.g., individuals with PTSD finally found something to help alleviate their distress). Now, what if we said that people with PTSD experience worse symptoms when they try to stop using cannabis? Does that mean that cannabis is addictive and leads to worsening of PTSD over time, or that cannabis is really working and that removing the medicine will only lead people to...
return to their prior state of suffering?

While a long history of research on other substances could be examined for potential clues, the fact of the matter is that we currently don’t have enough information to make informed decisions about using cannabis as a treatment for PTSD. While this may be frustrating for people wanting a clear answer, as a scientist, these are exciting times.

In November of last year, my phone rang. When I picked up, I heard Rick Doblin (Executive Director of MAPS) and Ken Gershman (Medical Cannabis Research Grant Program Manager at the Colorado Department of Public Health and Environment; CDPHE) on the other end. A few days before Thanksgiving, the news was in: Our clinical trial of the effects of four different types of cannabis on PTSD in veterans was selected for funding through a $2.1 million grant from CDPHE. Our study is the first randomized controlled trial to test which ratios of THC and CBD are most helpful for those with PTSD. It was only six months earlier that I had reached out to Rick to redesign and oversee a study that he and Sue Sisley had originally developed, so that we could provide the most rigorous test of the complex relations between cannabis and PTSD.

In conjunction with another grant that I received from Colorado, as well as a simultaneous study by Tilray in Canada, we will soon know more definitively whether, how, and what types of cannabis may benefit individuals with PTSD. The story remains incomplete until proper science is conducted. We need scientifically sound randomized controlled trials of cannabis for PTSD, including testing a number of cannabis types with a variety of cannabinoid concentrations, to better understand this issue.

REFERENCES:


Marcel O. Bonn-Miller, Ph.D., is an Adjunct Assistant Professor in the Department of Psychiatry at the University of Pennsylvania Perelman School of Medicine. He received his B.A. and Ph.D. in Clinical Psychology from the University of Vermont and was a Postdoctoral Fellow at Stanford University School of Medicine. Dr. Bonn-Miller has dedicated his career to understanding the interrelations between cannabis use and PTSD, with the aim of informing intervention and prevention strategies. Dr. Bonn-Miller is internationally recognized as a leading expert in the study of cannabis use among individuals with PTSD. He has served as PI or Co-I on dozens of grants varying in focus from experimental laboratory-controlled to prospective outcome studies. Over half of his 106 peer-reviewed empirical publications have investigated cannabis comorbidity, most with a focus on PTSD. He can be reached at mbonn@mail.med.upenn.edu.
MAPS has experienced an encouraging and exciting year in the political sphere! Though MAPS has conducted research with MDMA for over a decade, our cannabis study has continued to be blocked by numerous hurdles for nearly as long. MAPS has been challenging these research obstructions for over a dozen years, and for the first time this year, these impediments are finally crumbling, and our cannabis study is almost ready to begin! I've been amazed even over the course of this past year how much has changed: the same congressional offices who were completely dismissive of the medical value of cannabis this fall arranged a Senate hearing by spring to better understand the barriers to cannabis research.

A look back at this past year:

**June 2014:** Congressman Blumenauer works with MAPS to write a letter to Sylvia Burwell, Secretary of Health and Human Services (HHS), requesting that the Public Health Service (PHS) Review, an impediment unique to cannabis research, be eliminated. 29 Congressman sign the letter.

**August 2014:** *The New York Times* publishes “Medical Marijuana Research Hits Wall of U.S. Law,” featuring interviews and pictures of Dr. Rick Doblin, MAPS Founder and Executive Director, and Dr. Sue Sisley, MAPS Co-Investigator for the cannabis study.

**Fall 2014:** MAPS works with Senator Warren’s office to create a similar letter in the Senate.

**December 2014:** MAPS wins historic $2.15 million research grant from Colorado State to research cannabis' efficacy as PTSD treatment. However, federal restrictions still apply to MAPS research. Despite cannabis' legality in Colorado, the only cannabis legal in the eyes of the federal government is grown by the National Institute on Drug Abuse (NIDA) at the University of Mississippi, which continues to struggle to provide adequate amounts or strains of cannabis.

**March 2015:** Dr. Rick Doblin and Dr. Sue Sisley are invited to speak in Tel Aviv by Israeli’s leading progressive party, also known as the “pro-peace” party, Meretz, as they announce their support for medical cannabis.

**March 2015:** Senators Kirsten Gillibrand (D-NY), Rand Paul (R-KY) and Cory Booker (D-NJ) introduce the first Senate bill ending federal prohibition of medical cannabis. The CARERS Act (Compassionate Access, Research Expansion, and Respect States) comprehensively addresses the two unique barriers to cannabis research: the NIDA monopoly on federally legal research marijuana, and the PHS review process for access to NIDA cannabis. MAPS advocated for research to play a primary
role in the bill, and advised on the content. The bill immediately received strong bipartisan support, even gaining a fourth spon-
sor, Dean Heller (R–NV), just days after its introduction.

April 2015: On 4/21, CNN aired Dr. Sanjay Gupta’s third installment of WEEDS. This episode focused on the politics obscur ing cannabis research, and featured Dr. Rick Doblin and Dr. Sue Sisley prominently. President Obama even made a cameo!

April 2015: I met with medical cannabis activists in Cape Town to discuss their planned constitutional challenge, and discuss the state of psychedelic and cannabis research in South Africa. South Africa is one of the world’s biggest producers and consumers of cannabis, but has some of the most draconian cannabis policies, with no exceptions for medical use.

May 2015: MAPS is invited to present at the American Psychiatric Association (APA) conference in Toronto, the biggest gathering of Psychiatrists each year. Not only were Dr. Mithoefer and Dr. Grob’s presentations incredibly well received, but during our countless interactions with attendees at the MAPS booth, we discovered that psychiatrists were generally incredibly supportive of our research and were shocked to discover the degree to which cannabis research has been blocked.

June 2015: HHS announces “the elimination of the Public Health Service (PHS) review of non-federally funded research protocols involving marijuana and the utilization of the existing Food and Drug Administration (FDA) Investigational New Drug (IND) process for drug development!” And after over a decade of MAPS’ relentless commitment to raise awareness around barriers to cannabis research, the Obama administration finally cedes to growing pressure and logic and eliminates one of the two major hurdles. Success!

June 2015: Shortly after the Obama administration’s exciting announcement, two historically anti-medical cannabis Senators, Senator Chuck Grassley (R–IA) and Diane Feinstein (D–CA), held a Senate Hearing: “Cannabidiol: Barriers to Research and Potential Medical Benefits.” Dr. Rick Doblin submitted testimony for the hearing, and both Nora Volkow, NIDA’s Director for over a decade, as well as Kevin Sabet, the notorious anti-cannabis campaigner, testified in support of eliminating NIDA’s cannabis monopoly.

* 

Reviewing the exciting progress we’ve made this past year amplifies my excitement for the new projects we are moving forward with this year. We are currently working with Professor Lyle Craker to prepare his second application to grow federally approved research cannabis, and therein break the NIDA monopoly. When the DEA failed to respond to Professor Craker’s 2001 application, MAPS and Professor Craker filed a lawsuit. Though the judge ruled in our favor, The DEA was able to simply reject the ruling! We’re hopeful that with all of the recent cannabis progress and increased public support, logic and compassion will prevail.

MAPS has also been working to promote harm reduction policies at concerts and festivals. Specifically, we have partnered with Drug Policy Alliance and Dede Goldsmith to raise awareness and increase political pressure to Amend the Rave Act. Dede launched the Amend the Rave Act Campaign in honor of her daughter Shelley, who passed away due to hypothermia complications after taking MDMA at an unsafe venue. This year we will be working on finding congressional sponsors for an Amend the Rave Act bill, and targeting the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP) to clarify that venues will not be prosecuted for implementing harm reduction measures to improve the safety of their guests.

MAPS has also joined the UN Civil Society Task Force (CSTF) for the upcoming United Nations General Assembly Special Session (UNGASS) on the World Drug Problem in April. The CSTF will serve as the official liaison between the UN and the world community in preparation for UNGASS 2016. MAPS’s stated priorities regarding the UN are: 1) Promoting policies with the goal of harm reduction rather than criminalization, including psychedelic harm reduction; 2) Ending worldwide research obstruction of cannabis, psychedelics and all substances, and promoting drug policies grounded in science; 3) Decriminalization of personal drug use, and improved access to therapeutic use of cannabis and psychedelic substances.

As Grace Lee Boggs, the inspiring activist who passed away on October 5th, argues: “We have not emphasized sufficiently the cultural revolution that we have to make among ourselves in order to force the governments to do differently. Things do not start with the governments.”

—Grace Lee Boggs

“We have not emphasized sufficiently the cultural revolution that we have to make among ourselves in order to force the governments to do differently. Things do not start with the governments.”

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. 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.
In November 2009, I crossed the U.S.-Mexico border from San Diego with (and at the urging of) my dear friend Kristin to visit an ibogaine clinic in Baja California. Kristin was sure I’d find something there that would pique my interest, and she suggested that it would be a good idea for me to learn about ibogaine and to meet people who had received ibogaine-assisted treatment for addiction. Knowing so little about ibogaine and about addiction, I could not imagine at the time how right she would be on both counts, nor how profoundly prescient her insights would be.

After we arrived at Clare Wilkins’ clinic in Playas de Tijuana, I sat down with Sandi Hartman, someone Kristin had particularly wanted me to meet. The previous summer, Sandi had sold her farm in Tennessee and had driven to Clare’s clinic with her canine companion and, as a birthday present to herself, received ibogaine treatment to end a 12-year addiction to opiates—an addiction stemming from her need for relief from pain caused in an automobile collision. “The opiates were stealing my life bit by bit,” she confided. For years, she had been eating very little and her nutrition was abysmal, and in more recent years the opiates hadn’t even provided relief from pain. But then, as she put it, “ibogaine gave my life back to me.” She went on to tell me about the importance of the ongoing support and care she received at Clare’s clinic and at another clinic in Mexico, and how she’d realized that what had happened after the ibogaine treatment was nearly as important as the treatment itself.

After that one interview with Sandi, seeing how the quality of her life had improved so dramatically that year, I knew that I had to find out more about ibogaine. Over the next few months, I interviewed several other patients at Clare’s clinic about their life stories and their experiences with ibogaine treatment. Some common themes emerged in those stories: People told me that drugs such as heroin and oxycontin were killing them and destroying their will to live, and that ibogaine allowed them to detox, gave them insight into their addiction, and provided a window of opportunity to take control of their lives again.

Around that same time, the Multidisciplinary Association for Psychedelic Studies (MAPS) was looking for someone to work on their long-term outcomes study of ibogaine treatment, and in April 2010 they brought me on board for what was their third launch of an investigation of ibogaine treatment outcomes. I searched for published research on ibogaine outcomes and quickly discovered that there simply wasn’t very much. There was plenty of anecdotal evidence to be found, but very little had been published, and the few published studies were either retrospective studies or were limited to looking at results from just the first month after treatment. MAPS aimed to run a careful study of patients from before treatment until a full year after treatment. They’d started two such studies within the previous decade, one based in Vancouver and the other in Mexico, but both studies were discontinued prior to completion.

We decided that we would enroll 20 to 30 patients in the study and check in on them monthly for 12 months after treatment. Our primary outcome measure was the Addiction Severity Index (ASI) Lite, which I administered before treatment and then monthly thereafter. Secondary measures included the Beck Depression Inventory and the Subjective Opioid Withdrawal Scale (SOWS), as studies had previously shown that ibogaine could reduce depression severity up to one month after treatment, and that it helped to quell withdrawal symptoms immediately after treatment.

As it turned out, enrolling people into the study was pretty
easy (we had 30 participants within a year) but the follow-ups proved much more challenging. A few people never responded to my calls for follow-up interviews, and several others either withdrew from the study or were lost to follow-up. I did my best to find people and complete the follow-up interviews, even to the point where one participant, who was struggling with relapses, asked me to stop calling her.

The difficulties with the follow-ups were more than compensated for by the news I kept receiving from the study’s participants and from their family members. Some of the patients, and some of their family members, told me that ibogaine was the only thing that had ever helped them to stop using opiates (after they’d spent tens of thousands of dollars on residential rehab programs) or that it saved their life or their child’s life. There were also heartfelt stories of repaired relationships with parents (fathers of two people in the study told me that communication following the ibogaine treatment was the best it had ever been). Eventually, about a year after enrolling the 30th participant, I completed the final follow-up call, and Valerie Mojiko (then Deputy Director of MAPS) was thrilled that we’d completed the study.

Stories about recovery and reconciliation have great power to convince people of the efficacy of ibogaine treatment. However, the primary aim of the study was to produce good quantitative evidence—the kind that can get the attention of scientists and medical professionals. I’m pleased to say that despite the shortcomings of the study, namely the low number of participants and the lack of a control group, we have some strong evidence that ibogaine is helping people. By the time you are reading this issue of the MAPS Bulletin, we will have submitted our first article, with the results of our study, to be considered for publication in a peer-reviewed scientific journal.

A full analysis of our results will appear in that article. With its publication pending, I can’t say too much here, but I can tell you that nearly every patient experienced a dramatic alleviation of their withdrawal symptoms with the treatment. Also, the preliminary results show that the severity of drug use declined quite significantly from pre- to post-treatment and remained low throughout the year-long follow-up period. Even more satisfying in some respects is that those preliminary results also show that participants experienced great improvements in their satisfaction with their relationships with family members, friends, and co-workers. In addition, there are indications in these preliminary results that participants’ psychological well-being also improved with treatment.

Besides being excited that we’ve completed the study and that we’re publishing the results, I’m happy to say that I’ve learned a great deal since I began to study ibogaine treatment—about ibogaine, about addiction, and about how to run a research study—and I’ve met many inspiring, dedicated people in the global iboga and plant medicine communities, including treatment providers, indigenous practitioners, chemists, environmentalists, and other researchers.

Regarding the ibogaine study, I wonder: What would the outcomes be if the patients each had some sort of aftercare, such as psychotherapy or meetings with a support group of others who’d been treated with ibogaine? And what would it look like if ibogaine were legal in the U.S., and if people could receive this treatment closer to home, in their own country, with the support of integrated health care to help them in their recovery?

I am hopeful that we may find some answers in the results of a second MAPS-sponsored long-term outcomes study that Geoff Noller, Ph.D., has recently completed in New Zealand, where in 2010 it became legal for physicians to prescribe ibogaine to treat substance dependence. Fortunately, the patients in Noller’s study have followed through with their study participation at a much greater rate than those in the Mexico study, and better still, the outcomes in the New Zealand study appear to be even more favorable on the whole. Geoff and I have some ideas about the underlying reasons for these differences between the two studies, and we expect to publicly discuss our thoughts on this matter after we publish the first research articles on our studies.

Whatever the reasons for those differences, I am thrilled at the prospect of Geoff publishing his results close on the heels of our upcoming publication on the Mexico study. And I’m excited to be part of the global community of people working to improve ibogaine treatment, to document its efficacy, and to make it more accessible to people worldwide.

**AFTERWORD**

Sadly, one day before submitting the final revisions to this article in September, I learned that my friend and colleague, Sandi Hartman, had passed away. When I first met Sandi and interviewed her about her experiences with ibogaine treatment, she emphasized the importance of ongoing post-treatment care. About a year later she had already started her own aftercare facility in Mexico (Meseta House) when she went with me to a MAPS conference in Los Angeles and spoke there on this topic. At the time, few people seemed to recognize the importance of aftercare, but nowadays more people recognize that this is the area where work is especially needed. I gratefully acknowledge that Sandi’s work and advocacy in this regard, as well as her loving care of many ibogaine patients, are significant contributions that will continue to benefit ibogaine patients and the iboga community for a long time.

**Tom Kingsley Brown, Ph.D.,** started his research on ibogaine treatment in November of 2009 when he conducted interviews with ibogaine patients at ibogaine clinics in northern Baja California, Mexico and collected data for the purpose of studying changes in Quality of Life for those patients. His academic background is primarily in chemistry (B.S., University of Pittsburgh and M.S., California Institute of Technology) and anthropology (Ph.D., UCSD). He has long had an interest in altered states of consciousness and in life-changing experiences such as religious conversion. He is currently on staff at the University of California, San Diego and resides in San Diego with his partner and their two sons. He can be reached at tom.k.brown@gmail.com.
The faint light in the distance signals to me that the dawn is near, and yet I don’t feel as if I’ve been up all night. My body is both exhausted and restless, but my mind is clear—almost agonizingly clear. I am aware that the journey has only just begun, and while I have a slight ambivalence regarding the day that awaits me, I don’t realize just how long this day will be.

I wonder to myself, “What time is it right now?” I start to go through my mental record of the past couple of days. A mere 48 hours ago I am sitting on the bed in my old room at my parent’s house trying to time my last shot. I intend to bring my last bag of heroin with me to the airport, and shoot up in the bathroom just before I go through security. I stare at the clock, knowing that my plane is scheduled to depart in just over three hours, but it has only been a couple of hours since my last fix. I decide that I can’t wait until getting to the airport, so I load up the needle one last time.

Less than 12 hours later, I am waiting at the passenger pickup area at the San Diego airport for my ride to the clinic. I don’t mind the wait. I walk back and forth and pull discarded, half-smoked cigarettes out of the sidewalk bins. I pace back and forth, managing to grab enough used cigarettes that I chain-smoke for the two hours it takes for my ride to arrive.

The driver, who happens to run the clinic, informs me that we need to make a nearby stop for him to pick up some forms. He tells me that he is helping to recruit subjects for a study sponsored by MAPS, an observational investigation into the long-term outcomes of ibogaine treatment for opiate addiction. We meet up with Tom Kingsley Brown, Ph.D., the Principal Investigator for the study, and he asks me if I’m interested in being a participant. I say yes, and after leaving Brown we stop at a grocery store before heading to the border.

Following the two-hour drive down the Baja California coastline I arrive at the clinic in La Misión with a sense of relief as I tour the facility and am comforted by the safe and beautiful neighboring village. I meet the staff who will be monitoring me throughout my stay—a nurse who speaks fluent English, and his assistant, who speaks only Spanish. I am shown to my room, where I lay down on the bed and immediately pass out. I don’t wake up until the next morning. I eat a light breakfast and have a discussion about my upcoming treatment later that night, and agree that I will not have anything more to eat until the following morning. In order to enroll in the MAPS study, I read and sign the consent forms and have a Skype interview with Brown to complete my baseline measures. I inform him that while my withdrawal symptoms are relatively mild at the moment, I am anxious to proceed with the treatment.

In the afternoon the nurse leads me to a room and runs an EKG on me to make
sure my heart is healthy enough to handle the medicine. Then I wait in my room until the evening to begin the treatment. About an hour before I take the medicine, the nurse runs an IV bag of nutrients to hold me over through the night. Then I receive a test dose to see that my body doesn’t react adversely to the medicine. A few minutes later, after having no reaction to the test dose, I am given a brief synopsis of what to expect from the onset of the medicine—a buzzing noise in my ear will signal that the effects are about to take hold. I start the regimen building up to what is known as a “flood dose” (around 12.5 mg per kg body weight) of ibogaine HCl, swallowing three capsules spaced 10 minutes apart. Though I feel anxious with anticipation, I am relaxed and comforted by the last piece of advice—to simply open my eyes if I am overwhelmed with frightening visions.

Less than half an hour after I ingest the last capsule, I notice a bizarre sound that almost seems like it’s coming from landscaping equipment somewhere outside the window. As I wonder who could possibly be working this late at night, I remember what I was told to expect before the medicine took effect. Upon this realization, I realize that this is going to be quite an experience. Moments later, while I’m lying on my side with my eyes closed, I feel an intense rush of energy that pulsates throughout my body. Immediately I understand why it’s called a “flood dose”. My body feels washed in a cleansing energetic blanket that completely removes the physical discomfort I’m feeling after 36 hours without heroin. In my mind there’s a vision like I’m being launched through a worm-hole which spits me out in what looks like outer space. I’m having a very rapid succession of incredibly insightful thoughts and ideas, and I’m broadly contemplating various abstract concepts such as relativity theory, evolution, and photosynthesis.

I’m capable of an easy maneuverability where I’m in complete control of my thoughts, and yet I’m experiencing vivid, fluidly changing visions corresponding to every thought. I experience a rapid course of the entire history of life on Earth tracing back to before the Big Bang. There are scenes of large-scale battles among clashing tribes of human beings, with one side eventually absorbing the other and awaiting the next civilization to overthrow. Later on, more personal elements take over, such as long-forgotten memories from childhood, things I would think about at young ages and experiences I am essentially reliving. I feel a close connection to memories of my

Crossing the border at the beginning of the journey.
familial ancestors and of various organisms in humanity’s evolutionary past. A vision of bees dancing between patches of wildflowers changes to a scene of young infants sitting in a circle learning to share toys with each other. This part of the trip, what I later would call the “fireworks show” lasts all through the night.

The physical sensation ends abruptly as I notice the dim light coming in through the window, and despite being able to ignore my withdrawal symptoms all night they now return with an intensity that reminds me that they were present all along. My mind is still fairly lucid but obviously altered, and I’m very unsteady when I try to stand up and walk to the bathroom. Even though the effects are not as pronounced, I remain under the influence of the medicine, so the nurse helps me to my feet and walks me to the bathroom. I lie back down on the bed, but my whole body is shaking. I’m flexing my hands and legs while tossing and turning in an effort to make the extreme discomfort even slightly more tolerable. Despite strong feelings of guilt and shame, I even feel the desire to use heroin to make the discomfort go away. The nurse who was monitoring me throughout the evening during the peak effects of the medicine leaves the room, telling me: “This is what is going to keep you clean. You will be staying in this room today.” I can only imagine what he means as I look over to the nightstand and see only a tissue box and a water bottle. I’m suddenly filled with panic at the idea that I’ll be alone all day. Maybe a day of agony is the price of admission for the fireworks show that entertained me throughout the night before.

I have no idea what time it is, but it feels like it’s been a while since sunrise, ‘it must be afternoon by now,’ I think to myself. Though I was told to leave my phone off I have a strong desire to tell my family that I’m OK, and I’m desperate to know what time it is, how much more of this day I’ll have to endure. I’m completely alone in the room, and as I take my cell phone out of my bag and turn it on I am shocked when I read the time on the screen—9:00 a.m. Knowing how much more time lay ahead I feel defeated, confused, alone and afraid. I send a message to my Mom, “I’m at the clinic, I’m safe and alright. Will call later.” I have no idea if she’ll receive the message, but I’m comforted knowing that at least my thoughts are with her. If I could only tell my family how much they mean to me and how sorry I am for all of the things I put them through maybe life can go back to normal. I stand up, my muscles weak and aching from withdrawal, but I can’t lie on the bed any longer. I pace around the room; keeping my body in motion seems to distract me from the physical and emotional pain. After an hour I realize how hungry I am, and the nurse brings me breakfast: yogurt and granola with banana slices. I eat it slowly and savor every morsel. It has been over 24 hours since I last ate something, and this simple meal tastes like the most incredible dish I’ve ever eaten.

After hours of pacing, I lie back down on the bed, still feeling wide awake. I stare at the wall across the room and I am struck by the pattern bordering the closet and bathroom doors. I didn’t notice it earlier, but it’s an image of flower patches with bees flying between them, just like the vision I had. I smile at this synchronicity, and start to feel a relief as I notice the sun beginning to set. The nurse calls me to dinner, and I’m treated to another delicious meal—salmon and wild brown rice. After dinner I return to my room and listen to music. The nurse comes in around 11 p.m. and gives me some sleep medicine. The pills don’t do much but I manage to rest for a few hours on and off throughout the night.

The following morning I feel like a new person. I eagerly complete the post-treatment interview with Brown, telling him that ibogaine successfully attenuated my withdrawal and I have a new perspective on my life because of the medicine. I stay at the clinic for an additional five days to relax and reflect on my experience and the
direction I want my life to take from here on in. For the first time in my life, I accept that my unhealthy relationship with drugs reflect a deeper need for healing than just detoxing from opiate dependency. While I recognize the help that long-term aftercare will have on my ongoing recovery, I am apprehensive about the structured treatment that I agreed with my family to follow thru on after I leave the clinic. Then I recall my experience with ibogaine, how I felt a guiding embrace that seemed to come from a place of unconditional love and genuine care for my well-being. I feel profoundly humbled, as I realize that my parents are also coming from that same place, so I decide that it’s time to accept the help that the people who love me are offering.

I’m driven back to the airport in San Diego and board a flight to south Florida, where I meet with my parents and agree to move into a halfway house. The requirements for staying at the house include complete abstinence from drugs, get a job, attend a 12-step meeting every day, obtain a sponsor, and submit to random urine screenings. In addition to the accountability required by the halfway house, my lawyer got the judge to allow me to complete the treatment court program in Florida. This involves attending three group sessions a week at an outpatient treatment program for a year. As if the mandated accountability measures I have to complete to remain out of jail and off the street are not enough, I have a phone interview once a month with Brown to update him on my progress and complete structured interviews for the MAPS study. He also sends me two psychological surveys each month, which I complete and mail back to him. I regularly submit urine tests for the halfway house and the outpatient program, and separate hair tests 7 months and 12 months after the ibogaine treatment for Brown’s study.

There are some modest moments of celebration that accompany my first year of recovery, including completing a 7-month stay at the halfway house and graduating from treatment court with all of my charges dropped. But as an avid believer and supporter of psychedelic medicine and MAPS, I am perhaps most proud to bring strong evidence to Brown’s study, that ibogaine and aftercare helped me remain completely abstinent from drugs and alcohol for the entire year following treatment. My recovery continues, and I remain abstinent today—over four years since taking ibogaine. Since those early days of recovery, I returned and completed my undergraduate program at the university I withdrew from when my addiction became more important than my classes. I am currently applying to graduate programs in psychology with the hope of working with the same medicines that helped save my life. I have meaningful relationships with my friends and family, and perhaps above all else I am profoundly happy to have the opportunity to embrace the fullness of life.

Kevin Franciotti participated in the MAPS-sponsored observational study of ibogaine treatment for opiate dependence in 2011–2012. He was a research assistant at Harvard during the MDMA/Cancer anxiety study and one of the founders of the Northeastern University chapter of Students for Sensible Drug Policy. He is now a freelance journalist living in Boston, Massachusetts whose recent contributions include Reason.com, Reset.me, and New Scientist magazine. He can be reached at franciotti.k@gmail.com.
Depressive disorders are highly prevalent, and are associated with increased mortality and high morbidity (Ebmeier et al., 2006; Andrade et al., 2012). An important proportion of depressive patients do not benefit from currently available medications, which often produce significant side-effects and may take as long as two to three weeks to produce therapeutic effects (Pacher and Kecskemeti, 2004). Therefore, new pharmacological tools for the treatment of depressive disorders should be explored.

Ayahuasca is a hallucinogenic botanical preparation traditionally used by indigenous groups of Amazonian countries such as Brazil, Colombia, Peru and Ecuador for ritual and therapeutic purposes (Schultes and Hofmann, 1992). The main ingredient in ayahuasca is the jungle vine *Banisteriopsis caapi*. In Brazil, Peru and Ecuador, ayahuasca is usually prepared by boiling the steams of the liana together with the leaves of the shrub *Psychotria viridis*, whereas the leaves of other liana, *Diplopterys cabrerana*, are used in Colombia and Ecuador (Schultes and Hofmann, 1992). *B. caapi* contains beta-carboline alkaloids (harmine, tetrahydroharmine and harmaline) and *P. viridis* and *D. cabrerana* are rich in the hallucinogenic tryptamine dimethyltryptamine (DMT). When taken orally, DMT is not psychoactive, since it is metabolized in the liver and gut by the enzyme monoamine oxidase (MAO). However, the beta-carbolines in ayahuasca are reversible inhibitors of this enzyme, allowing DMT to reach systemic circulation and the brain (Riba et al., 2003; Riba et al., 2015).

In the beginning of the 20th century, syncretic religions that mixed indigenous, African and Christian beliefs, and that centered their religious practices on the ritual and therapeutic use of ayahuasca, were created in the Brazilian Amazon (Labate et al., 2009; Labate and Jungaberle, 2011; Labate and Cavnar, 2014). In the following decades, these religions remained restricted to the Amazon cities, but in the late 1970’s groups like the Santo Daime and the União do Vegetal slowly expanded to the Brazilian urban centers. In the last two decades, the use of ayahuasca has expanded from South American cities to Europe, the United States, and Asia (Labate et al., 2009; Labate and Jungaberle, 2011; Labate and Cavnar, 2014).

The expansion in the number of people interested in the ritual and religious aspects of ayahuasca was accompanied by several studies describing anxiolytic and antidepressive effects associated with the ingestion of ayahuasca (Grob et al., 1996; dos Santos et al., 2007; Labate et al., 2009; Labate and Jungaberle, 2011; Barbosa et al., 2012; Bousou et al., 2012; Labate and Cavnar, 2014; dos Santos et al., in press). Moreover, our group reported that harmine produces antidepressive effects in rats (Fortunato et al., 2009; Fortunato et al., 2010a; Fortunato et al., 2010b; dos Santos et al., in press). Furthermore, studies with other hallucinogenic compounds like psilocybin and LSD, which share chemical and pharmacological properties with DMT, have described that these compounds produce anxiolytic and antidepressive effects in patients with life-threatening diseases (Grob et al., 2011; Gasser et al., 2014). However, there is no clinical trial that investigated the possible antidepressive effects of ayahuasca in depressive patients.

Our group just published an open-label study that assessed the antidepressive potential of ayahuasca in patients with a diagnosis of recurrent major depressive disorder (Osório et al., 2015). A single dose of orally administered ayahuasca (2.2 mL/kg) was administered to six volunteers with a current depressive episode. Volunteers were
admitted to an inpatient psychiatric unit for two weeks prior to ayahuasca administration, and during this time they did not take any psychiatric medication or recreational drugs. In line with previous clinical trials that investigated the potential therapeutic effects of psychedelic compounds without including some form of psychotherapeutic intervention (Moreno et al., 2006; Grob et al., 2011), volunteers in our study only received information on the effects of ayahuasca, and there was no formal preparation sessions prior to drug administration or integrative sessions afterwards. Thus, non-drug factors that are commonly present in ritualized and religious contexts, such as singing or listening to music (Labate et al., 2009; Labate and Jungaberle, 2011; Labate and Cavnar, 2014), were excluded. Ayahuasca was administered in a quiet dimly lit room, where volunteers remained seated in a comfortable reclining chair. The session was performed individually and lasted four hours.

Ayahuasca administration was associated with statistically significant reductions of up to 82% in depressive scores between baseline and one, seven, and 21 days after drug intake, according to the Hamilton Rating Scale for Depression (HAM-D), the Montgomery–Åsberg Depression Rating Scale (MADRS), and the Anxious-Depression subscale of the Brief Psychiatric Rating Scale (BPRS). Ayahuasca was well tolerated by all patients and vomiting was the only adverse effect recorded (reported by 50% of the volunteers), although patients did not consider this emetic effect as causing severe discomfort.

Although the described results are promising, we cannot conclude that the observed changes were in fact caused by ayahuasca, since treatment was not randomized or double-blind, and there was no placebo or other comparator group. Moreover, it is important to note that the controlled clinical setting is different from the typical ritual context of ayahuasca consumption, which may limit the generalizability of our findings.

From a psychopharmacological perspective, the effects of ayahuasca, psilocybin and LSD on mood appear to be mediated by the agonism of these compounds on 5-HT2A receptors expressed in brain regions associated with emotional processing (Vollenweider and Kometer, 2010; Baumeister et al., 2014). For instance, psilocybin enhanced positive mood, attenuated recognition of negative facial expression, and reduced amygdala reactivity, which was correlated with increases in positive mood (Kometer et al., 2012; Kraehenmann et al., in press). Furthermore, ayahuasca (Palhano-Fontes et al., 2015) and psilocybin (Carhart-Harris et al., 2012) reduce brain activity in key regions of the default mode network (DMN), and increased activity of the DMN is associated with intensification of rumination, an important depressive symptom.

We recently replicated the results of the original open-label, proof-of-concept study, but including 17 volunteers and single-photon emission computed tomography (SPECT). Results suggest that the antidepressive properties of ayahuasca may be associated with increased blood perfusion in brain regions related to depressive symptoms.

Banisteriopsis caapi varieties. The variety on the right, with the ball-like nodes, is called caupuri in the União do Vegetal (UDV). The variety on the left, with a cylindrical and spiral-like shape, is called tucunaca in the UDV. The caupuri variety contains higher amounts of β-carbolines than the tucunaca variety. Image courtesy of Rafael G. dos Santos.
(unpublished observations). Furthermore, our group is currently performing randomized, double-blind, placebo-controlled studies assessing the antidepressive and anxiolytic potentials of ayahuasca (Frood, 2015).

Further studies are urgently needed to better understand the potential therapeutic effects of classic tryptamine psychedelics in the treatment of psychiatric disorders.

REFERENCES


Rafael G. dos Santos, Ph.D. In his M.Sc. in Psychology he investigated the acute effects of ayahuasca on measures of anxiety, panic-like, and hopelessness in Santo Daime members. In his Ph.D. thesis in Pharmacology he compared the effects of ayahuasca and d-amphetamine and investigated the pharmacology of two repeated doses of ayahuasca. He is currently a Postdoctoral Research Fellow at the Department of Neuroscience and Behavior, Faculty of Medicine, University of São Paulo, Ribeirão Preto, Brazil, where he investigates the effects of ayahuasca on depression and social anxiety. He is a member of the Advisory Board of the International Center for Ethnobotanical Education, Research and Service.

Flávia L. Osório, Ph.D. She has a Ph.D. in Mental Health and did a Postdoctoral training in the Brazilian National Institute of Science and Technology and in the Department of Neuroscience and Behavior, Faculty of Medicine, University of São Paulo, Ribeirão Preto, Brazil, where she is currently Assistant Professor and Researcher. She has experience in Clinical Psychology and Mental Health, validation of psychometric instruments, social phobia, and social cognition/facial expression recognition.

José Alexandre S. Crippa, M.D, Ph.D. He did a Postdoctoral training at the Institute of Psychiatry, Neuroimaging Section, London, UK, and is an Honorary Lecturer of the Institute of Psychiatry, King’s College, London, UK. He is currently Assistant Professor and Researcher at the Department of Neuropsychiatry and Medical Psychology, Faculty of Medicine, University of São Paulo, Ribeirão Preto, São Paulo, Brazil (FMRP-USP). He is also President of the Research Committee of the FMRP-USP, and Assistant Attending Psychiatrist at the Clinical Hospital (FMRP-USP). He is a Full Member of the International Cannabinoid Research Society (ICRS).

Jaime E. C. Hallak, M.D., Ph.D. He has a M.Sc. and a Ph.D. in Medicine (Mental Health) from the University of São Paulo and did a Postdoctoral training at the University of Manchester, England. He is currently a Professor of Psychiatry, as a member of the Faculty of Medicine of FMRP-USP. He is also Associate Professor at University of Alberta, Canada and Regional Head of the National Institute for Translational Medicine, Ribeirão Preto, São Paulo, Ribeirão Preto, São Paulo, Brazil. His expertise is in psychiatry, with an emphasis on neuroimaging and pharmacology, particularly focusing on the following topics: schizophrenia, antipsychotics, temporal lobe epilepsy, and techniques of structural and functional neuroimaging.
In 2000, I was arrested in the United Kingdom in 2004 for the production of LSD, 2C-B, and DMT. At trial I argued that I was responsible but I could not be made guilty by statute for actions that were intrinsically innocent, when viewed from the lenses of Cognitive Liberty (the freedom to alter one’s own mental functioning as one sees fit) and Equal Rights (with respect to alcohol and tobacco producers, suppliers and users). Although my arguments failed to persuade the Judges, my time felt easier as I had stood by my principles.

In prison I became increasingly aware that there were many psychedelic alchemists in prison who, like myself, were serving disproportionately long sentences. Some were even serving multiple life sentences, despite having harmed no one. Thankfully, I had an idea when I was going to get out and I had long since committed to doing whatever I could to help educate the world about the principles of Cognitive Liberty and the injustices of the War on some people who use some Drugs. To this end, shortly after my release, I was interviewed by Brad Burge of MAPS about my experiences inside. This interview was published in the Spring 2014 MAPS Bulletin.

For a while, whilst reuniting with the free world, I thought little about the other psychedelic prisoners still behind bars. I spent as much time in the wilderness as possible. But through social media, I was repeatedly reminded that there were so many languishing in the “gulag archipelago” for nothing more than enabling people to experience different states of mind with psychedelic drugs. One person in particular kept coming to my attention: Timothy Tyler. Today as I write this he has spent over 22 years in prison. I pray he never spends another birthday in prison.

THE INVITATION

In June 2015, MAPS’ founder Rick Doblin contacted me asking me to create and lead a Change.org petition asking President Obama to grant clemency to the many Deadheads and others serving long sentences for non-violent drug-related offenses. The petition was inspired by MAPS’ selection as one of the non-profits showcased at all five of the Grateful Dead’s 50th Anniversary “Fare Thee Well” reunion shows in Santa Clara, Calif., and Chicago, Ill. I leapt at the opportunity. It was right up my alley, as I had previously attempted to create a petition movement in the summer of 2000 asking President Clinton to pardon all non-violent drug offenders by the end of his term.

Clemency, a policy made famous by the Roman emperor Julius Caesar, means the forgiveness of a crime or the cancellation (in whole or in part) of the penalty associated with it. It is a general concept encompassing several related procedures: pardoning, commutation, remission and reprieves. In short, a reprieve grants lenience but does not relieve guilt whilst a pardon is both. The President of the United States has these powers:

- The President...shall have Power to grant Reprieves and Pardons for Offences against the United States, except in Cases of Impeachment.—United States Constitution, Article II, Section 2, Clause 1

While developing the petition we had many conversations about whether focusing on Deadheads and others in jail for psychedelics would exclude those in jail for other drug-related crimes, or whether highlighting the Grateful Dead community would help the petition get more attention. After some negotiations back and forth on the text, we compromised and kept the focus narrow to reflect the core mission of MAPS—the cultural reintegration of psychedelics—and to focus my message more on Tim Tyler, who is serving a life sentence for supplying LSD. This is absurd and reminds me of what Eric Sterling had said, in his essay “Law Enforcement Against Entheogens: Is it Religious Persecution?”:

‘[T]hose who are most trusting, such as those who are peaceful and spiritually inclined. Those who make, cultivate, or distribute entheogens have become the training targets for the heavy artillery of “the war on drugs.”’

Tim was a peaceful Deadhead, as was I. We had become the targets. None of this means that “those of us still in jail”, as Brad Burge had said, are less deserving of clemency. It is our brothers, sisters, sons, daughters, wives and husbands that are in jail needlessly and without justice.
Dancing again with the Dead was truly liberating. In my freedom I had come full circle to the very place my idealistic and, at the time, perhaps, naive attitude to psychedelics had been born. So many times I have yearned for those Deadheads in prison to know their freedom will come soon. I danced hard for them. At times I even wept.

It was also awesome to see the MAPS booth and the excited crowds surrounding it. People came by the hundreds to be photographed by Bryce Montgomery of MAPS, with banners that said “I Support Psychedelic Science”, “I Support Psychedelic Education,” and “I Support Psychedelic Harm Reduction. (I was his first subject.)

Also while in Chicago, I was excited to stay at Rick’s parents’ house where he grew up. The open plan architecture gave me great insight into the openness of his mind: every wall has a door and every room opens to a huge skylight.

Waking up there on the Fourth of July we heard the news that President Obama had made a statement about making greater use of his reprieve and pardon powers with particular focus on non-violent drug war prisoners. We were elated to be part of the movement, encouraging politicians to make these important reforms.

Unfortunately, with so many petitions asking nearly the same thing of President Obama, I felt that our petition did not make much traction. While we did garner the support of over 18,000 individuals, the scope of the petition was narrow. Other petitions dedicated to single individuals have had similar results, and those geared toward larger, more inclusive groups of non-violent drug offenders have collected hundreds of thousands of signatures.

In late September we learned that the Federal Bureau of Prisons will be releasing about 6,000 federal prisoners—and ultimately as many as 46,000—who were convicted of drug offenses for which sentences have since been reduced. State and federal prisons release twice that number every week as inmates serve out their time, but 6,000 at once is an event, “the largest one-time federal release,” as The Washington Post put it.

In early October, I learned from Carrie Tyler, Timothy’s sister, that “there is a new law being introduced that would reduce his time from life to 25 years. It should be decided by the end of the year.” I have yet to confirm this, but I do note that a bipartisan group of top Senate lawmakers recently introduced a long-awaited sentencing reform law entitled the Sentencing Reform and Corrections Act, which would curb the mandatory minimum sentencing guidelines under which Timothy and many others were sentenced.

The law would end the federal “three strikes” mandatory life sentencing enacted as part of our nation’s “War on Drugs” approach and return discretion to the judges when meting out penalties, reserving harsher punishment for repeat felons or more serious drug-related offenses. I am unclear whether this would apply retroactively to Timothy and other LSD prisoners with life sentences.

It is my sincere hope that these signals point toward the inevitable end of the “war on some people who use some drugs,” and in particular the release of each and every one of the non-violent Deadheads our petition targeted. It will take many years to recover from the untold harm that the war has meted out on families and communities. Releasing those individuals who chose to be involved in drugs unfamiliar to most of the lawmakers is the first step.

Casey William Hardison is an American chemist and self-described medical anthropologist committed to the idea of cognitive liberty or freedom of thought, the right to direct one’s consciousness as one sees fit. For Hardison this includes the use of tools or technologies, particularly psychedelic substances, for consciousness exploration and psychological transformation. He was convicted in the United Kingdom in 2005 of six offenses under the Misuse of Drugs Act 1971 involving psychedelic drugs: three of production, two of possession, and one of exportation. Hardison has taken a leading role in workshops on entheogenic drugs, their plant sources and history. In 2008 he helped found the Drug Equality Alliance, a non-profit organization working to secure equal rights and equal protections for all drug users. He can be reached at cre8love@gmail.com.
The Zendo Project, started in 2012, is a Psychedelic Harm Reduction community outreach program which provides tranquil spaces at events with trained volunteers to help those having a difficult psychedelic experience to help transform those experiences into one that can offer a valuable learning opportunity and potentially even healing and growth.

It is our mission to:

1) Provide a supportive space for Guests undergoing difficult psychedelic experiences or other psychological emergencies in order to help turn those experiences into opportunities for learning and personal growth, and to reduce the number of drug-related psychiatric hospitalizations;

2) Create an environment where volunteers can work alongside one another to improve their harm reduction skills and receive training and feedback; and

3) Demonstrate that safe, productive psychedelic experiences are possible without the need for law enforcement-based policies.

2015 was a huge year of growth for the Zendo Project. We expanded our services to additional festivals, trained new volunteers, and continued to provide harm reduction education to the public. We raised $64,000 through a successful Indiegogo campaign, which made it possible for us to invest in two new structures. These structures will be utilized for harm reduction services for years to come.

Public trainings were held at each event to provide education on how to work with challenging psychedelic experiences and to create a platform for honest and responsible conversations about substance use. Our trainings provide individuals with helpful tools and techniques for addressing someone having a difficult psychedelic journey.

EVENTS
Staff and volunteers provided psychedelic harm reduction services at the following events in the US and abroad:

Envision Festival, Costa Rica
In February, The Zendo Project provided psychedelic harm reduction services at Envision festival in Uvita, Costa Rica, where
we were able to assist 83 guests having a difficult experience, psychedelic-related or otherwise. Volunteers worked closely with RGX medical and security staff to help reduce the number of hospitalizations and arrests.

**Afrika Burn, Tankwa Karoo, South Afrika**
The Zendo Project helped develop the Sanctuary space at Afrika Burn, the world’s largest regional Burning Man event. The Zendo has been partnering with Afrika Burn since 2013 to help provide assistance to attendees in need of support.

**Lightning in a Bottle, Bradley, California**
Zendo staff and volunteers worked alongside RGX Medical, LIB Rangers, and High Rock Security to support attendees at Lightning in a Bottle. We were able to assist 62 individuals during the event.

**Denver Cannabis Cup, Denver, Colorado**
The Zendo Project was invited to provide services at the Denver Cannabis Cup, the first Cannabis Cup held since legalization in Colorado. Volunteers created a safe space for disoriented guests during the event.

**Burning Man, Black Rock City, Nevada**
The Zendo Project offered services at Burning Man in Black Rock City, Nevada. During the event, 170 volunteers contributed a combined 1,700 hours to the project and were able to assist 161 guests going through difficult or overwhelming experiences, psychedelic-related or otherwise. MAPS staff and volunteers organized a four hour harm reduction training, open to the Burning Man community. Now with two locations across the playa from each other, the two Zendo’s successfully provided peer-to-peer counseling, a safe space to rest, water, and electrolytes to Burning Man’s approximately 70,000 attendees.

**Symbiosis Gathering, Oakdale, California**
Working alongside RockMed, Zendo volunteers provided compassionate care to 124 guests at Symbiosis gathering. This was the Zendo Project’s first year partnering with Symbiosis and we look forward to collaborating in the future.

**Youtopia, San Diego, California**
21 Zendo Volunteers provided compassionate care to 40 guests at Youtopia, San Diego’s Regional Burn. This was the Zendo
Project’s first year partnering with Youtopia and we look forward to supporting the event in future years.

**MOVING FORWARD**

In 2016, the Zendo Project will expand psychedelic harm reduction services to additional events, train more volunteers, and continue to develop educational resources for the public. We look forward to another great year of providing safe spaces at events and festivals around the world.

We would like to express our gratitude to all of the people who helped make 2015 such a successful year for the Zendo Project, including volunteers, donors, and festival producers. Thank you for supporting these critical services as we help to create an environment of safety for those who choose to use psychedelic substances.

*Sara Gael, M.A.*, has been involved with the Zendo Project since 2012. Since then she has helped coordinate harm reduction services at festivals all over the world including Burning Man, Afrika Burn, Envision Festival, and Lightning in a Bottle. Sara works as a psychotherapist in private practice and received her Master’s in Transpersonal Counseling Psychology at Naropa University. She is an intern investigator in the Boulder, Colorado Phase II Clinical Trial of the Safety and Efficacy of MDMA-Assisted Psychotherapy. She can be reached at saragael@maps.org.

“I think the Zendo Project is a wonderful resource on the playa and fills a much needed and underappreciated need. I found the work incredibly fulfilling and grounding. It is a unique and valuable experience to receive the experiences that are most difficult to share.”—Zendo Volunteer

Sara Gael, M.A., has been involved with the Zendo Project since 2012. Since then she has helped coordinate harm reduction services at festivals all over the world including Burning Man, Afrika Burn, Envision Festival, and Lightning in a Bottle. Sara works as a psychotherapist in private practice and received her Master’s in Transpersonal Counseling Psychology at Naropa University. She is an intern investigator in the Boulder, Colorado Phase II Clinical Trial of the Safety and Efficacy of MDMA-Assisted Psychotherapy. She can be reached at saragael@maps.org.

“**I think the Zendo Project is a wonderful resource on the playa and fills a much needed and underappreciated need. I found the work incredibly fulfilling and grounding. It is a unique and valuable experience to receive the experiences that are most difficult to share.”—Zendo Volunteer**

---

4 Principles of Psychedelic Harm Reduction

**Safe space**

If someone is having a challenging experience try to move them into a comfortable, warm, and calm environment.

**Situation, Let go. Be open.**

Trust. Let go. Be open.

**Talk through, not down**

Without distracting from the experience, help the person connect with what they are feeling.

**Difficulty is not bad**

Challenging experiences can wind up being our most valuable, and may lead to learning and growth.

**Sitting, not guiding**

Be a calm meditative presence of acceptance, compassion, and caring. Promote feelings of trust and security. Let the person’s unfolding experience be the guide.
Modern Consciousness Research and the Understanding of Art; including the Visionary World of H. R. Giger by Stanislav Grof, M.D., is available for purchase at maps.org/store.

Stanislav Grof begins this fascinating and sumptuous book by reviewing the attempts of 20th-century depth psychologists to understand great art, including Freud’s analyses of Dostoevsky, Leonardo, and Shakespeare and Marie Bonaparte’s work on the tales of Edgar Allen Poe. While interesting from a historical perspective, Grof shows how the Freudian model of the psyche is inadequate for a deeper understanding of the artistic world.

He introduces some of the early studies of creativity and psychedelics which revealed clear similarities between the art of LSD subjects and the paintings of major figures in the movements of Abstractionism, Impressionism, Cubism, Dadaism, Surrealism, and Fantastic Realism. Many professional painters who participated in this research found that after the LSD session, their imaginations became richer, their colors more vivid, and their styles considerably freer. “On occasion, people who had never painted before were able to produce extraordinary drawings and paintings. The power of the deep unconscious material that had surfaced in their sessions somehow took over the process and used the subject as a channel for artistic expression.”

The impact of psychedelics on the history of art was not limited to scientific experiments, however. A whole generation of avant-garde young artists was able to portray “with extraordinary artistic power a rich array of experiences originating in these
deep and ordinarily hidden recesses of the human psyche.” This gorgeously produced anthology is replete with striking color prints by figures such as Marcel Duchamp, Edward Munch, Mati Klarwein, Ernest Fuchs, Roberto Venosa, Martina Hoffinan, Maura Holden, and Alex Grey. It also showcases evocative paintings by individuals who have undergone psychedelic therapy and Holotropic Breathwork.

At the heart of the book, Grof applies his expanded understanding of the human unconscious to the contributions of the Swiss artist, Hansreudi Giger. He refers to a comment shared by the filmmaker Oliver Stone: “I do not know anyone else who has so accurately portrayed the soul of modern humanity. A few decades from now when people talk about the twentieth century, they will think of Giger”—an assessment which many now share. As Grof describes, “There is no other artist who has captured with equal power the ills plaguing modern society: the rampaging technology taking over human life, suicidal destruction of the ecosystems of the earth, violence reaching apocalyptic proportions, sexual excesses, insanity of life driving people to mass consumption of tranquilizers and narcotic drugs, and the alienation individuals experience in relation to their bodies, to each other, and to nature.”

Giger designed the unforgettable alien in Ridley Scott’s classic sci-fi movie Alien, for which he was honored with an Oscar for Best Visual Effects in 1979. His art, both widely admired and controversial, is often characterized by a fusion of machine-like and human elements, an amalgam often referred to as “biomechanoid.” Head-crushing steel vices, compressing pistons, and mechanical cogwheels are featured abundantly in his paintings. On one level, these may be seen as reflecting the dangerous and oppressive intrusion of technology into human life. “The archetypal stories of Faust, the Sorcerer’s Apprentice, Golem, and Frankenstein have become the leading mythologies of our times,” Grof writes. “Materialistic science, in its effort to understand control the world of matter, has engendered a monster that threatens the very survival of life on our planet.”

Giger’s intense paintings are suffused with scatological and demonic motifs, sexual organs and appendages, laboring mothers, and stricken angry fetuses. Grof suggests that these combinations of themes in Giger’s work are, rather than a random juxtaposition of images such as those found in surrealism, reflections of a deep and consistent experiential pattern. His art depicts the kind of death-rebirth or “dark night of the soul” scenes that routinely occur during the journey of inner psychological transformation. People engaged in psychedelic therapy or holotropic breathwork often encounter the same elements portrayed in Giger’s paintings, at certain points in their inner process.

Grof termed this layer of the psyche perinatal (literally “surrounding birth”), a layer that has not yet been integrated in mainstream psychology, which tends to focus only on postnatal events. Attempts to explain Giger’s work in terms of his post-natal biography, however, have been less than convincing. He enjoyed a relatively peaceful childhood free of major traumas, including a warm and loving relationship with his mother and a satisfactory one with his father. Yet from an early age he displayed a highly engaged imagination and dream life, with both an attraction to and fear of passages, tunnels, trap doors and cellars—themes which are logically related to the passage through the birth canal. Like many artists, Giger was deeply introspective and was aware of the birth process as an inspiration for his work. For example, one of his paintings, Homage to Samuel Beckett III (1969), depicts a suffering fetus in a narrow channel, squashed by a hydraulic piston. Grof points out that the intensity of the contracting uterine walls, which press the frail head of the fetus down the narrow birth canal with 50 to 100 pounds of force, have for the fetus an overpowering,
machinelike quality. Giger admired Grof and was proud of their friendship, feeling that Grof was able to understand the depths of his art more than anyone else.

In a similar way, many of the disturbing themes in Edgar Allen Poe's stories remain incomprehensible in terms of his personal biography, but become clear when seen as expressions of perinatal experiences. Such images as the engulfing whirlpool (“Descent in the Maelstrom”), diabolical tortures and fiery walls (“The Pit and the Pendulum”) and being buried alive (“The Premature Burial”, “The Fall of the House of Usher”) are common and understandable motifs in the sessions of people who are reliving their births in deep self-exploration.

Grof’s research also suggests that the perinatal layer of the psyche, so evocatively portrayed in Giger’s art is responsible for many emotional and psychosomatic problems in human life. “Our self-definition and attitudes toward the world in our postnatal life are heavily contaminated by this constant reminder of the vulnerability, inadequacy, and weakness that we experienced at birth. In a sense, although we have been born anatomically, we have not caught up with this fact emotionally.”

These leftover energies, however, do not create problems only for individuals. Clinical research suggests that material from the dynamic stage of labor—intense driving forces, life-threatening suffocation, and activation of biological energies reaching an instinctual inferno—is a deep source of many extreme forms of collective psychopathology, including wars, bloody revolutions, concentration camps, genocide, and terrorism. There is ample evidence that such societal scourges as Nazism, Communism, and religious fundamentalism also have deep roots in this powerful inner material. The perinatal layer of the psyche, though still beyond the range of traditional psychotherapy, however, is not the deepest realm that emerges in self-exploration. Grof coined the term transpersonal to describe experiences in which people gain access to ancestral and racial memories from Jung’s historical unconscious, to archetypal and mythological realms, an identification with specific animal or plant species, past-life experiences, or cosmic consciousness.

While unresolved perinatal and transpersonal material is responsible for many problems in modern society, facing these leftovers in supported self-exploration can result in profound emotional and physical healing, creative breakthroughs, and spiritual awakening—transcendent states which Giger was able to touch on in his most sublime creations. In a sense, he has given to the world of art, a portion of what Grof has offered to the realm of psychology and psychiatry. Giger’s rich and evocative portfolio, so gracefully illumined by Grof, can be seen as alluring invitations for a deeper self-knowledge, calling us to face our disowned shadow material and reopen to the spiritual layers of existence. As Alex Grey writes in the book’s foreword, “[Grof’s discovery] of universal spirituality hardwired in the brain and unlocked during the mystical psychedelic state should be front page news.” This foundational book is a must-read for all serious students of art and the creative process, depth psychology, psychedelic therapy, history, and spirituality.

**Renn Butler** has a B.A. in English and Religious Studies and lived at the Esalen Institute in Big Sur, California for two years, where he studied with Stanislav Grof and Richard Tarnas and began thirty-five years of research into transpersonal psychology and archetypal astrology. He certified as a Holotropic Breathwork™ facilitator in 1989 and offers workshops in Victoria, B.C. as well as doing archetypal and holotropic astrology consultations with clients around the world. His first book, *Pathways to Wholeness*, a detailed exploration of the correlation of planetary alignments with psychedelic experiences, was published in England in 2014. His work can be found at rennbutler.com, and he can be contacted at rennbutler@shaw.ca.
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.

Bryce Montgomery, Web and Multimedia Manager, studied film production at West Valley College, joining MAPS as Social Media Intern in the summer of 2011. Bryce now serves as Web and Multimedia Manager, bringing his background in film production and social media to public education about psychedelics.

Natalie Lyla Ginsberg, Policy and Advocacy Manager, 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. At MAPS, Natalie advocates for unbiased research.

Bryce Montgomery, Web and Multimedia Manager, studied film production at West Valley College, joining MAPS as Social Media Intern in the summer of 2011. Bryce now serves as Web and Multimedia Manager, bringing his background in film production and social media to public education about psychedelics.

Tess Goodwin, Accounting and Development Consultant, has a B.A. in Psychology from the University of California, Santa Cruz, where she focused most of her time on social psychology and newspaper production. She is a mycophile, artist, and language enthusiast.

Shannon Clare Petitt, Director of Harm Reduction, earned her B.A. in Biological Psychology from New College of Florida. Her clinical work has been with individuals and groups of all ages, experiencing trauma, addiction, depression, and dual-diagnosis. Shannon supports Executive Director Rick Doblin, and contributes to MAPS’ harm reduction efforts.

Linnae Ponté, Director of Communications and Marketing, earned her 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.

Brian Brown, Communications and Marketing Manager, studied medical anthropology and visual culture at the University of California, Santa Cruz where he researched social prospects for psychedelics using a community centered approach. Brian is now developing MAPS’ membership base by assisting with education and outreach efforts.

Sarah Jordan, Publications Associate, earned her B.A. in Environmental Policy with a minor in Journalism from the University of California at Santa Cruz. Prior to joining MAPS, she was Communications and Development Assistant at Firelight Foundation in Santa Cruz, CA.

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.

Cara LaChance, Web and Multimedia Assistant, earned her B.A. in English Language and Literatures from the University of California, Santa Cruz. She assists in communicating about MAPS’ psychedelic and marijuana research, provides public education, and contributes to multimedia projects. Cara envisions continual progression of psychedelic and marijuana research, and the possibility of a post-prohibition world.

Jade Netanya Ullman, Development Officer, is the former executive director of Romeru, an ambassador for the Social Venture Network, and a member of the Threshold Foundation. She helped her B.A. in contemplative psychology from Naropa University. Jade is enthusiastic about inspiring others to recognize and support the visionary research and healing work of MAPS.

Shannon Clare Petitt, Director of Harm Reduction, earned her B.A. in Biological Psychology from New College of Florida. Her clinical work has been with individuals and groups of all ages, experiencing trauma, addiction, depression, and dual-diagnosis. Shannon supports Executive Director Rick Doblin, and contributes to MAPS’ harm reduction efforts.

Jenni Vierra, Operations Assistant, studied psychology at the University of California Santa Cruz with an interest in cognitive sciences. She is currently working towards her medical degree as she aspires to be a doctor aiding in traumatic injuries. Jenni has always had an interest in the neurological effects of psychedelics and is thankful to have the opportunity to work in a field in which she is passionate.

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.

Merete Christiansen, Operations Associate, received her BS in Biology at the State University of New York at Geneseo, where she developed her passion for community service and activism. She furthered these interests working with High Trails Outdoor Science School following her undergraduate studies. Merete is passionate about learning, reading, yoga, and the dissemination of information.

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.

Sarah Jordan, Publications Associate, earned her B.A. in Environmental Policy with a minor in Journalism from the University of California at Santa Cruz. Prior to joining MAPS, she was Communications and Development Assistant at Firelight Foundation in Santa Cruz, CA.

Berra Yazar-Klosinski, Ph.D., Clinical Research Scientist, earned her Ph.D. in Molecular, Cell, and Developmental Biology from University of California Santa Cruz, where she also served as president of the Graduate Student Association. After attending Stanford University, she worked as a Research Associate with Geron Corporation and Millennium Pharmaceuticals.

Jade Netanya Ullman, Development Officer, is the former executive director of Romeru, an ambassador for the Social Venture Network, and a member of the Threshold Foundation. She helped her B.A. in contemplative psychology from Naropa University. Jade is enthusiastic about inspiring others to recognize and support the visionary research and healing work of MAPS.

Jenni Vierra, Operations Assistant, studied psychology at the University of California Santa Cruz with an interest in cognitive sciences. She is currently working towards her medical degree as she aspires to be a doctor aiding in traumatic injuries. Jenni has always had an interest in the neurological effects of psychedelics and is thankful to have the opportunity to work in a field in which she is passionate.

Berra Yazar-Klosinski, Ph.D., Clinical Research Scientist, earned her Ph.D. in Molecular, Cell, and Developmental Biology from University of California Santa Cruz, where she also served as president of the Graduate Student Association. After attending Stanford University, she worked as a Research Associate with Geron Corporation and Millennium Pharmaceuticals.
on the generosity of individual donors to achieve
marijuana research is in the hands of individual donors. Please
available for this research from pharmaceutical companies or
funding. No funding is currently
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.

maps.org/donate

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.

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.
YES, I would like to join MAPS and support this important research.

Please accept my tax-deductible gift (USD): (check one)

- $40  - $75  - $125  - $250
- $500  - $1000  - $5000  - Other $_______

- One-time gift  - Monthly gift of $_______
- Enclosed is my check or money order payable to MAPS
- Charge my Visa, MasterCard, AmEx, or Discover
- I wish this gift to be anonymous

<table>
<thead>
<tr>
<th>credit card number</th>
<th>expiration date</th>
</tr>
</thead>
<tbody>
<tr>
<td>name</td>
<td></td>
</tr>
<tr>
<td>address</td>
<td></td>
</tr>
<tr>
<td>city</td>
<td>state &amp; country</td>
</tr>
<tr>
<td>phone</td>
<td>email</td>
</tr>
</tbody>
</table>

- Yes, I would like to receive MAPS’ monthly email newsletter!
- Please contact me about including MAPS in my will or estate plans.

Donations to MAPS are tax-deductible.

Subscribers  Give $40 or more and receive the tri-annual MAPS Bulletin.

- Print Version  - Electronic version available at maps.org/bulletin

Supporters  Give $75 or more and receive a MAPS-published book, plus the Bulletin. Please make your selection below.

- Ayahuasca Religions: A Bibliography & Critical Essays by Beatriz Caiuby Labate, Isabel Santana de Rose, & Rafael Guimarães dos Santos, translated by Matthew Meyer, 160 pgs, $11.95
- Healing with Entactogens: Therapist and Patient Perspectives on MDMA-Assisted Group Psychotherapy by Torsten Passie, M.D. (foreword by Ralph Metzner, Ph.D.), 92 pages, $12.95
- Honor Thy Daughter by Marilyn Howell, Ed.D., 208 pgs, $16.95
- Ibogaine: Rite of Passage DVD $20.00
- LSD: My Problem Child (4th Edition: Reflections on Sacred Drugs, Mysticism, and Science) by Albert Hofmann, Ph.D., 224 pgs, $15.95
- LSD Psychotherapy by Stanislav Grof, M.D., 374 pgs, 40 pgs of color plates, $19.95
- The Healing Journey by Claudio Naranjo, 221 pgs, $16.95
- The Secret Chief Revealed: Conversations with a Pioneer of the Underground Psychedelic Therapy Movement by Myron J. Stolaroff, 176 pgs, $12.95
- The Ultimate Journey: Consciousness and the Mystery of Death by Stanislav Grof, M.D., 356 pgs, $19.95
- No book: maximize my donation!

Associates  Give $125 or more and receive a 10% discount* on MAPS Store purchases for one year, plus the above benefits.

Friends  Give $250 or more and we will send an additional MAPS-published book to a friend or colleague, plus the above benefits.

Champions  Give $500 or more and we will give an additional one-year Bulletin subscription to a friend or colleague, plus the above benefits.

Advocates  Give $1000 or more and we will send you Modern Consciousness Research and the Understanding of Art; including the Visionary World of HR Giger by Stanislav Grof, M.D., Ph.D., plus the above benefits.

*10% discount is applied automatically when you log into your account online and does not include art or historic items. For gifts of $250 or more, we will contact you for more information. Thank you.
Featuring books, DVDs, art prints, clothing and accessories, historical artifacts, and back issues of the MAPS Bulletin. All proceeds support psychedelic and medical marijuana research and education.


Fifty numbered 15” x 22” prints, signed by Alex Grey, Sasha Shulgin, and Ann Shulgin are available through the MAPS Store. Nearly half have already sold. Proceeds are split between MAPS’ MDMA-assisted psychotherapy for PTSD research and Alex and Allyson Grey’s Chapel of Sacred Mirrors (COSM), with an honorarium to Ann Shulgin.

$1,500 and up | Now available

The Shulgins and Their Alchemical Angels was featured on the cover of the January 2015 issue of the British Journal of Psychiatry.
Front cover: The Love Dance by Chor Boogie
Back cover: Love Land Detail by Chor Boogie
Artist information on page 21.