MAPS

NEWSLETTER OF THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

LAYING THE GROUNDWORK

PSYCHEDELIC RESEARCH is slowly gathering momentum, emerging from a generation of hibernation into a cautious springtime of scientific activity. In keeping with the growth of research, this MAPS newsletter is the most ambitious and lengthiest ever published. It is designed primarily to inform you about scientific studies currently underway in the US and globally, and also offers perspectives on psychedelics, book reviews, notices about a new organization and upcoming conferences, an interview with Laura Huxley, letters from MAPS members, a special section on "Families Who Value Psychedelics", and requests for volunteers and funding for various studies. ■ Several of MAPS' projects are nearing completion of their protocol design phase and will be discussed in the next issue. These include Dr. Manuel Marin Madriz's study in Nicaragua investigating the use of MDMA in the treatment of patients suffering from Post Traumatic Stress Disorder, Dr. Dietrich Hoffmann's study examining the constituents of marijuana smoke after it has been filtered by water pipes and vaporizers, and Dr. Donald Abrams' study exploring the use of smoked marijuana in the treatment of patients experiencing the HIV-related wasting syndrome. ■ MAPS is an educational as well as a scientific research organization. The newsletter is its primary vehicle to disseminate information. Almost 1500 people will receive this issue in the mail, more than ever before. Slightly over half of these are MAPS members. The rest are potential MAPS members, scientists, therapists, teachers, students, government officials, prisoners, patients, even people firmly convinced that psychedelic research should not be permitted to emerge from the scientific deep freeze. ■ As MAPS' President, it is my firm conviction that continued progress in the field of psychedelic research hinges upon developing relationships of understanding between proponents and researchers, regulators, skeptics and opponents. There is no stronger foundation upon which to build such relationships than on a policy of open information, freely shared. Full disclosure permits informed (though often contentious) debate around ideas, not just ideologies. ■ Disclosure about scientific studies is relatively easy, given that the FDA offers legal sanction for research. Though MAPS is focused on research into the use of psychedelics for medical and scientific purposes, it allows that persons other than the clinically ill may benefit from the use of psychedelics. Discussions about the value of psychedelics outside of clinical research studies are more difficult, especially within the punitive context of an international "War on Drugs." Relatively few people are aware that psychedelics have been valuable to many responsible and respected members of our society. In a recent telephone interview, Dr. Kary Mullis, the recipient of the 1993 Nobel Prize in Chemistry (and a new member of MAPS) remarked, "There are a lot of people, and I'm one, for whom psychedelics have been really beneficial. But I wouldn't recommend it to everyone. Some people are just not ready, but society would benefit from letting people who are ready for psychedelics have legal access to them." ■ With your support, MAPS can sponsor psychedelic research leading to socially approved contexts for the beneficial uses of psychedelics. In the short run, this issue is intended to provide you with intriguing reading well into the hot summer months. ■

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MDMA research update: the Harbor-UCLA project

CHARLES S. GROB, M.D.

We currently have FDA approval to conduct two studies of MDMA administration in humans.

EFFORTS ARE UNDERWAY to initiate human research with 3,4-methylenedioxymethamphetamine (MDMA) at Harbor-ULCA Medical Center. Comprehensive work-ups of several individuals with extensive histories of past use of MDMA have been performed. These evaluations have focused on the effects of MDMA use on serotonergic neurotransmitter function, and have examined such parameters as sleep electroencephalograms (EEG), fenfluramine challenge tests, SPECT brain scans and neuropsychological testing. Our preliminary data (which we hope to report on in a subsequent MAPS newsletter) has turned out to be quite fascinating. We believe this study will shed considerable light on the psychophysiological mechanisms by which MDMA exerts its unique effects.

We currently have FDA approval to conduct two studies of MDMA administration in humans. The first study will be an examination of MDMA's general safety parameters. It will involve a gradual ascending dose model to determine the threshold for subjective psychological effects as well as analgesia. This study is a prelude to other potential studies involving MDMA and patients who have terminal illness.

Safety and dose-finding study

The safety and dose-finding study in healthy volunteers will involve three separate experimental sessions in the Clinical Studies Center at the Harbor-UCLA Medical Center. The sessions will utilize each of two different dosages of MDMA as well as an inactive placebo. Both subjects and research personnel will be blind as to what is administered at each session. We will start with what we consider to be a sub-threshold dose (0.25 mg/kg) and gradually increase the dosages with successive subjects into the range we anticipate will induce the unique MDMA effect. Parameters to be examined in this study include blood pressure, temperature, electrocardiograms, hepatic function, renal function and thyroid function. A variety of measures will be utilized to quantify both acute psychological effect as well as neuropsychological function. Non-invasive assessment of pain perception and analgesia will also be pursued. Given that this study is anticipated to be preparatory to an extensive investigation of the use of MDMA as a putative therapeutic modality in individuals with end-stage medical illness associated with refractory pain and psychological distress, we will also work with the guided imagery models we hope to eventually employ in these future studies.

Serotonin system study

Our second study of MDMA administration in humans will involve a careful and extensive evaluation of effects on parameters of brain function. Given that concerns of the past decade with the phenomena described as "serotonergic neurotoxicity", it is imperative that we conduct objective and fair-minded studies into the effects of MDMA on parameters influenced by serotonergic neurotransmitter function. Although there is laboratory evidence that low dose MDMA causes no discernible lasting effect to brain structures, there is no doubt on the basis of animal histopathological investigations that repeated parenteral administration of high dosages of MDMA will exert profound changes to serotonergic neuronal distribution.

What the implications of this animal data are to the functional status of individual human beings who take MDMA, *however, is* not at all clear. Are we looking at a "neurotoxic" phenomena which will inevitably lead to deterioration of neuropsychiatric function over time, or are we in fact observing the

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histopathological substrate for what may eventually be recognized as therapeutic "neuroplasticity"? Without access to data from research studies of human use of MDMA, we can only conjecture as to what the implications may be. Fortunately, we have reached the point where it is now possible to conduct the level of comprehensive, well-controlled methodological studies into the effects of MDMA in human subjects which will be essential to answer these critical questions.

The extensive investigation of MDMA effects on parameters of serotonergic neurotransmitter function is under way at the Harbor-UCLA Medical Center. My primary collaborator on this project is Dr. Russell Poland, a senior researcher in the Department of Psychiatry. Subjects enrolled in this particular study will be required to come into the Clinical Studies Center at Harbor-UCLA on six separate occasions. They will receive comprehensive neuropsychiatric assessments to include neuroendocrine challenge tests, sleep electroencephalograms, brain SPECT scans and neuropsychological testing. Extensive investigation of these parameters we anticipate will provide for us an enhanced understanding of the effects of MDMA use on serotonergic neurotransmitter status and its functional consequences.

Volunteers needed

We are currently recruiting subjects to take part in both of the studies described above. We are looking for both male and female volunteers who would be willing to invest the necessary time, energy and inconvenience that participation would require. We are particularly interested in identifying prospective subjects who have used significant amounts of MDMA but have relatively little experience with other drugs. Our subjects will need to be between the ages of 21 and 65, be in good medical and psychiatric health and have had prior first hand experience with the self-administration of MDMA. The criteria that subjects must be health professionals was recently waived by the FDA with the stipulation that participants be sufficiently knowledgeable of the controversy over MDMA's effects that true informed consent be possible. Anyone interested in participating in these studies can call our research coordinator, Carla Edwards, at (310) 222-1663.

Funding needed

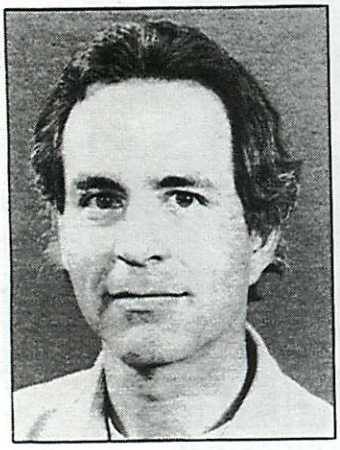
Although Dr. Poland and I recently received a small "in-house" grant from the Harbor-UCLA Research and Education Institute, we must acquire significant additional funding to carry out our investigational plans. This funding we have obtained is actually specified for the study extensively evaluating serotonergic parameters of brain function, and will enable us to collect pilot data which we will use in a submission to a large government granting agency. We are at this point without designated funding for the smaller scale, dose-finding and safety study, which is a necessary first step for the work we hope to do with individuals with end-stage medical illness. It is our strong hope, however, that together with the generous support of MAPS, we will be able to identify sufficient funding sources which will allow this work to begin. There is much at stake here. There are many questions to be asked and answered. There are myths to be dispelled. There is new knowledge to acquire and paths to explore. This is an exciting time. With the necessary funding support, we are ready to commence a series of research investigations which we anticipate will begin to address these very important issues. •

Charles S. Grob, M.D.

We are at this point without designated funding for the smaller scale, dose-finding and safety study

dmt research update

RICK STRASSMAN, M.D.



Rick Strassman, M.D.

WE COMPLETED OUR DMT tolerance study, in which volunteers received either 0.3 mg/kg IV DMT (0.4 mg/kg being our maximum dose), every 30 minutes, 4 times; or else 4 similarly spaced injections of sterile saline placebo. We were interested in assessing whether and how tolerance developed to closely spaced doses of DMT, as field reports were quite variable with respect to this issue. In addition, whether naturally occurring DMT elicits tolerance to its own effects has bearing on what the role of DMT might be in human psychophysiology; that is, if it is involved in naturally occurring "psychedelic" states, tolerance development would suggest that these states would have to be relatively short-lived before reduced effects from tolerance was seen. This is obviously contrary to what is seen clinically.

assessing whether and how tolerance developed to closely spaced doses of DMT

New data

We have analyzed the data, and have written up and published our results. Biologically, the heart rate effects were reduced over time (i.e., demonstrated "tolerance"), but the primary change was from the first to the second dose, and looked more like volunteers getting used to the experimental set-up, than true tolerance. Blood pressure responses did not vary throughout the morning. However, blood levels of ACTH (adrenal gland stimulating hormone) and prolactin (responsible for lactation and sexual characteristics) both showed gradually decreasing peak effects, and strongly suggested tolerance development. Temperature data was uninterpretable, because of the slowly responding nature of this variable. Elevated temperature in response to DMT does not start manifesting for 15-20 minutes after injection, and does not starting falling for at least an hour. Thus, temperature slowly climbed all morning, with a plateau occurring between the end of the third and the fourth sessions. I believe this plateau was not tolerance development, but rather the body compensating for increased core temperature by sweating, which occurred in most of our volunteers by morning's end. Hallucinogen Rating Scale (HRS) data showed no tolerance developing, except for a trend (rather than truly significant finding) towards a lowering of "Volition" scores, wherein the feelings of "loss of control," "inability to move if asked to," "unable to remind oneself of being in a research ward," and the like are tapped. Other factors: "Perception," "Cognition," "Intensity," "Somatic," and "Emotional" effects stayed relatively level throughout the sessions.

We have completed our pindolol study, which was intended to block one of the serotonin receptors believed important in mediating DMT's effects, the serotonin-1A subtype. We have analyzed HRS, blood pressure, and heart rate data, and will soon begin analyzing temperature, ACTH, and prolactin responses. Interestingly, pindolol, discovered by Hofmann at Sandoz, is a lysergamide derivative, like LSD. It is a small world. Three of the six HRS factors' responses to DMT were enhanced by pindolol, while another two showed strong trends

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For more information, see Dr. Strassman's recent scientific articles, *Dose-Response Study of N,N-Dimethyltryptamine in Humans I. Neuroendocrine, Autonomic, and Cardiovascular Effects, and II. Subjective Effects and Preliminary Results of A New Rating Scale,* in Archives of General Psychiatry, Vol. 51, Feb. 1994, 85-97, and 98-108.

toward enhanced responses. One was unaffected. Blood pressure responses were enhanced, and heart rate responses diminished. Thus, it appears, at least for subjective effects, that the 5-HT-1A receptor has a "buffering" effect on DMT, and when this buffering is blocked, psychological and blood pressure responses are more robust.

We have begun magnetic resonance spectroscopy (MRS) studies of DMT's effects, having studied three volunteers at fully psychedelic doses, but have failed to see much in the visual cortex, where we assumed most activity would reside. However, these negative results are being used to help justify upgrading our scanning center's hardware and software to allow a newer, more sophisticated method of scanning.

Psilocybin research

WE ARE HOPING to begin our psilocybin dose-response study in the spring, which will be similar in nature to the first DMT study, in which 12 volunteers receive several doses of psilocybin orally, and biological and psychological responses are characterized. I am interested in hearing from MAPS readers about their experience with synthetic psilocybin concerning dose range. The literature is quite mixed, saying as little as 6 mg or as much as 90 mg is necessary for a "hallucinogenic" effect. I need to get an idea how much pure synthetic psilocybin has what sorts of effects.

One fourth year medical student from the University of Chicago spent a 6 week elective with us in November, 1992, and another was here for a month in March, 1993, from Brooklyn. Both are interested in psychotherapeutic applications of psychedelics, and one is considering coming here to train in psychiatry. Certainly, additional investigators at the University of New Mexico will aid in the expansion of this work from the purely psychopharmacological, to the "pharmaco-therapeutic". •

lsd research update

RICHARD YENSEN, PH.D. AND DONNA DRYER, M.D.

FDA APPROVAL FOR OUR STUDY of the use of LSD in the treatment of substance abuse was a victory, but we still need approval from an Institutional Review Board (IRB) before we can begin treating patients. This board assures that human rights are protected in the conduct of our research. Unfortunately, obtaining IRB approval for our controversial project has been very difficult. We have considered forming our own IRB at the suggestion of some folks from NIH and an independent IRB consultant.

On January 16th, 1994 we had the first meeting of the Orenda Institute IRB. Our members are currently considering ways to clarify the informed consent document used in our project. In the course of this first meeting questions of liability were raised by one member of the board. As we searched for information we found that insurance for an IRB may be costly, figures of up to $8,000 a year have been mentioned, and a firm quote is in the works. Although insuring the board may require a formidable sum, if we can find support for the cost it would fully empower our review board. It would also enable the passage of future protocols (several are in the wings) and facilitate eligibility for federal funds. Our current board includes influential people whose approval of this project will facilitate its acceptance by our immediate community.

We are also considering other options, these may include trying to secure IRB approval from an IRB affiliated with the National Institute on Drug Abuse's Addiction Research Center which is located in Baltimore. Eligibility for federal grants demands that the IRB must be within 50 miles of the research site.

We are currently seeking support for this project from a number of sources. •

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the hoasca project update

DENNIS J. MCKENNA, PH.D. AND CHARLES S. GROB, M.D.

FROM JUNE 21 THROUGH JULY 6, 1993, an interdisciplinary medical research team from the United States, Finland, and Brasil converged on the city of Manaus, the capital of the state of Amazonia, Brasil. Their common objective was to conduct a biomedical investigation into the acute and chronic effects of the plant hallucinogen, hoasca, which is utilized in a ritual context by the União do Vegetal (UDV), a Brasilian syncretic religion. Members of the UDV engage in the ceremonial ingestion of this substance approximately three to four times per month.

a biomedical investigation into the acute and chronic effects of the plant hallucinogen, hoasca

As regular readers of the MAPS newsletter will already be aware, planning for this project was initiated in 1991, after one of the investigators (Dennis McKenna) attended a conference on hoasca hosted by the UDV. He encountered there an enthusiastic reception to his suggestion to conduct a biomedical investigation of the pharmacology of hoasca tea and the psychological dynamics of its users; this willingness to collaborate was accompanied by a pool of scientific and medical talent, as many members of the UDV were trained as physicians, psychiatrists, or health professionals. Following the 1991 conference, Dennis returned to the United States and began developing the proposal outlining the objectives of the study. Funding for the project was solicited through Botanical Dimensions, which acted as the sponsoring organization. Thanks to the generosity of both large and small donors, Botanical Dimensions managed to collect $75,000 to fund the costs of this initial, pilot study. The primary objectives of this study were as follows:

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- Qualitative and quantitative analyses of the composition of hoasca teas and their source plants.
- Assessment of the acute physiological and neuroendocrine effects of hoasca teas, and pharmacokinetic analysis of the metabolism of the major alkaloids in hoasca tea.
- Assessment of the long-term effects of hoasca teas on functions mediated by serotonin, the neurotransmitter system most directly effected by hallucinogens, including the hoasca alkaloids.
- Psychiatric assessment and psychological profiling of the long-term users of hoasca tea, and comparison with an age-matched control group of non-users.

In the early stages of planning this project, we decided to conduct the study at the Nucleo Caparí, the main UDV temple located in the Amazonian city of Manaus, Brasil. It was felt that the membership of the Nucleo Caparí reflected the appropriate demographics and provided an adequate sample pool of long-term users. Nucleo Caparí is one of the oldest Nucleos (parishes) in the UDV, and many of its members have been regular consumers of hoasca for years. Some of the members also had friends or siblings who were not participants in the UDV and did not use hoasca, so the difficult

challenge of finding the appropriate control subjects was greatly simplified by the decision to conduct the study in this Nucleo. The UDV provided us with 15 subjects with long-term use histories, as well as 15 matched controls who had never taken hoasca.

The final protocol utilized in the research study included investigations of multiple medical, biochemical, psychiatric, and neuropsychological parameters. These consisted of pre-investigation physical examinations and laboratory work-ups, structured psychiatric and diagnostic interviews (a psychological profiling instrument known as the CIDI was used for this purpose), neuropsychological testing (WHO-UCLA Auditory Verbal Learning Test), personality testing (Tridimensional Personality Questionnaire - TPQ), and platelet receptor binding profiles (5-HT2 and 5-HT uptake binding). All of the above assessments were carried out on UDV subjects and age-matched controls. In the UDV subjects (but not controls), we conducted semi-structured "life story" interviews, phenomenological assessment of the hoasca-induced state of consciousness (Hallucinogen Rating Scale - HRS), and measurement of acute medical parameters following hoasca ingestion (EKG, blood pressure, heart rate, respiratory rate, temperature, pupillary diameter). Plasma samples were collected at predetermined intervals from the subjects; these were frozen and returned to the United States for neuroendocrine measurements (assays of serial cortisol, prolactin, and growth hormone) and pharmacokinetic analyses (time course profile of plasma levels of DMT, harmine, and tetrahydroharmine, the major alkaloids of hoasca). In addition, samples of the hoasca tea used in the test procedures and the source plants used in its manufacture were collected for chemical analysis.

Preliminary data analyses of all testing has been completed except for the HRS, the phytochemical and pharmacokinetic measurements, and the platelet receptor binding assays. Dr. Rick Strassman of the University of New Mexico, who developed the Hallucinogen Rating Scale as a component of his work with DMT in human volunteers, will complete the analyses of the HRS data. The phytochemical and pharmacokinetic analyses will be conducted by Dr. Kym Faull of the UCLA Neuropsychiatric Institute, and platelet receptor profiles will be studied by Dr. J. C. Callaway of the University of Kuopio, Finland. Dr. Callaway also assisted with the field studies in Manaus. Phytochemical analyses of the hoasca teas and source plants will also be conducted by Dr. Jose Cabral, of the Department of Natural Products at INPA (Instituto Pesquisas do Amazonas) in Manaus.

The Brasilian research team included members from the Department of Psychiatry at the University of Rio de Janeiro, and scientists from the Department of Biology and Toxicology, University of Campinas, as well as physicians and nurses from the Hospital Amazonas in Manaus. The team leader, Dr. Glacus de Souza Brito, worked closely with the principle investigators from the U.S. in planning, coordinating, and carrying out the planned study. Largely as a result of Dr. de Souza's organizational efforts, we were able to exceed the original objectives outlined for the study by including measurements of several parameters which had been dropped from the original protocol due to a perception that the limited funds and time available would not accommodate their inclusion. Dr. de Souza was instrumental in arranging for much of this work to be done free of charge at University and hospital labs in Manaus and São Paulo. One of the principle investigators from the U.S. →

assessments were carried out on UDV subjects and age-matched controls

remarked that, "had this work been done in the States it would have taken two years and cost half a million dollars; as it was we managed to complete the field phase in under three weeks for around $40,000." Laboratory analyses for the pharmacokinetic study and the platelet receptor profiles are still pending, but the funds for the research have been allocated.

The results of the research will be formally reported in various peer-reviewed journals as they become available. Some highlights of the psychological assessments included the finding in the structured diagnostic interview (CIDI) that UDV subjects exhibited a greater degree of past (though not current) alcohol and substance abuse, affective disorders and phobias. Many of the subjects interviewed in the open-ended "life-story" format credited their joining the UDV and particularly their regular use of hoasca tea as the key factor enabling them to reform their previously dysfunctional lifestyle and to maintain a more stable lifestyle over many years. UDV subjects also displayed superior performance on the neuropsychological test (WHO-UCLA Auditory Verbal Learning Test) designed to assess memory, recall, attention, and verbal ability. Significant differences were also found between UDV subjects and controls in the personality profile. The Tridimensional Personality Questionnaire (TPQ) measures three dimensions of personality, Reward Dependence, Harm Avoidance, and Novelty Seeking. There were no differences between subjects and controls on the Reward Dependence dimension; however the Harm Avoidance category revealed the UDV subjects as having greater "confidence" as opposed to "fear of uncertainty," greater "gregariousness" as opposed to "shyness with strangers," greater "uninhibited optimism" as opposed to "anticipatory worry," and greater "vigor" as opposed to "fatigability and asthenia." On the Novelty Seeking scale, UDV subjects displayed greater "stoic rigidity," as opposed to "exploratory excitability," greater "regimentation" as opposed to "disorderliness," and greater "reflection" as opposed to "impulsiveness."

UDV subjects also displayed superior performance on the neuro-psychological test

Plasma samples were collected and analyzed for cortisol and prolactin in the laboratory of Dr. Russell Poland in the Harbor-UCLA Medical Center. Both parameters showed a rapid augmentation of hormonal secretion following ingestion of hoasca tea, results consistent with what one would expect to find with a substance which potentiated the serotonergic neurotransmitter system. These results thus supported our hypothesis that hoasca acts primarily as a serotonergic agonist.

Preliminary investigations have been completed by Callaway on the platelet receptor binding profiles. Long-term changes in the density of the 5HT uptake carrier in platelets were assessed using ^{3}H-citalopram as a high-affinity ligand. The 5HT uptake carrier is a membrane-localized protein which functions in serotonin transport in the CNS. The ^{3}H-citalopram binding profiles in long-term drinkers of hoasca tea (greater than ten years) were compared against an equivalent number of age-matched control subjects who were not users of hoasca. The haosca-using group was found to have a significantly higher density of 5HT uptake binding sites (Bmax), with no apparent change in affinity (Kd). This finding was unexpected and its significance, if any, is presently a matter of speculation.

We owe a special debt of gratitude to Botanical Dimensions and its President, Kathleen Harrison, for consistent encouragement and support, and for providing the non-profit venue within which this project was funded and administered. The interdisciplinary investigation of important ethnomedical plants falls within the Botanical Dimension's mandate, and it is through research of this kind that it can begin to realize its objectives.

Future issues of the MAPS newsletter will report on the results of the clinical and biochemical investigations as they become available, and will also discuss plans, currently being developed, for future studies which will expand on the results of this initial, pilot study. •

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psychedelic afterglow: a project of study

EVGENY M. KRUPITSKY, M.D., PH.D.

THERE IS NO DOUBT that psychedelic therapy often produces powerful immediate effects on a patient's personality, spiritual development, psychosemantic description of states of consciousness, life values and even worldview. These effects have been demonstrated in numerous investigations (Grinspoon, Bakalar, 1979; Leuner, 1981), including our studies of ketamine psychedelic therapy of alcoholism and neuroses (Krupitsky et al, 1992; Krupitsky, 1992).

We have been carrying out ketamine psychedelic therapy since 1985. As a rule, we have noted dramatic psychological changes and dazzling clinical success after one psychedelic session. However, sometimes such improvements last only from several days to several weeks or months. That is, our data confirms the reality of the psychedelic afterglow (the psychological and clinical improvements produced by the psychedelic session). However, several important questions remain to be answered. What is the likely duration (length) of the psychedelic afterglow in each patient? What personality or clinical features of the patients determine the duration of such improvements? Do subsequent psychedelic sessions produce a set of effects more beneficial, comparable, or less beneficial than the effects from the first session? Are improvements produced by subsequent sessions more stable than the effects of the first session? Would treatment outcome be improved if the psychedelic session was repeated several weeks or months after the first session?

To answer all these questions, we hope to carry out a special study into the effects of repeated ketamine psychedelic therapy on alcohol dependence. The goal of this research into ketamine psychedelic therapy of alcoholism is to investigate the following aspects of the psychedelic afterglow phenomena:

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Hypotheses

1) Can the afterglow be changed (diminished or increased) after a few psychedelic sessions? The first hypothesis of this investigation is that repeated psychedelic sessions will change the afterglow by improving treatment outcome. We intend to compare the treatment outcome (i.e. clinical and psychological improvements) in two groups of alcoholic patients. The patients in the first group will receive just one ketamine session, whereas the patients in the second group will receive 5 ketamine sessions during one month (one session a week).

our data confirms the reality of the psychedelic afterglow

2) Can the afterglow be changed (diminished or increased) if the subsequent psychedelic sessions are administered over a longer period of time involving a year rather than a month? The second hypothesis of this investigation is that ketamine psychedelic sessions can be repeated periodically (within several months) with the useful effect of renewing the afterglow and improving the treatment outcome. This hypothesis can be evaluated through the use of a third group of alcoholics. These subjects would receive five ketamine psychedelic sessions during one year (one session each three months) in comparison with subjects of the second group, who would receive five sessions during one month (one session a week). If our hypothesis is correct, at the end of treatment and throughout the follow-up period of one year, these subjects will demonstrate, in comparison to →

at the level of our paradigm, we have already progressed from our previous approach of a "one session miracle cure"

subjects in the first and second group, a significantly smaller amount of alcohol abuse, less psychopathology, a greater and/or more sustained period of sobriety, and a greater set of positive changes in personality characteristics, value orientations, spiritual growth and personality attitudes.

3) Does the afterglow depend on personality characteristics? The third hypothesis of this study is that alcoholic patients with different personality features will have different psychedelic experiences during the ketamine session and will demonstrate a differential duration of clinical and psychological improvements (psychedelic afterglow) after the psychedelic therapy. If our hypothesis is correct, at the end of the therapy and throughout the follow-up period of one year, patients with different psychological and clinical characteristics would demonstrate differential alcohol abuse, psychopathology, and changes in personality characteristics, value orientations, and attitudes towards themselves and the world around them. Data from this experiment will hopefully allow researchers to specify the personal psychological and clinical indications for ketamine psychedelic therapy of alcoholics.

Dr. Krupitsky and Rick Doblin at a European College for the Study of Consciousness Conference in Germany

Project status

These proposals are just in the planning stage. Unfortunately, due to the financial crises in Russia, we need additional financial support to carry out this research. But at least at the level of our paradigm, we have already progressed from our previous approach of a "one session miracle cure". We now believe that psychedelic therapy should be a prolonged process which should consist of at least several sessions, with special therapeutic goals and tasks for each session. We hope our new paradigm will open new opportunities in psychedelic therapy and allows us to better discern some underlying mechanisms of psychedelic therapy. •

References

1) Grinspoon, L., and Bakalar, J. (1979) Psychedelic Drugs Reconsidered. New York, Basic Books, Inc.

2) Krupitsky, E.M., Grinenko, A.Ya., Berkaliev, T.N., Paley, A.I., Petrov, V.N., Mushkov, K.A., Borodkin, Yu.S. (1992) The combination of psychedelic and aversive approaches in alcoholism treatment: the affective contra-attribution method. Alcoholism Treatment Quarterly, 9, 99-105.

3) Krupitsky, E.M. (1992) Ketamine psychedelic therapy (KPT) of alcoholism and neuroses. Multidisciplinary Association for Psychedelic Studies Newsletter, 3, 24-28.

4) Leuner, H. (1981) Halluzinogene: Psychische Grenzzustande in Forschung und Psychotherapie, Bern, Verlag Hans Huber.

MDMA Research in Russia: An Update

BY DR. EVGENY KRUPITSKY

For now, we can only wait.

UNFORTUNATELY, against the background of the recent tumultuous events in Russia, I am afraid that our attempts to secure permission for our research project exploring the use of MDMA in the treatment of alcoholics and neurotics will be suspended for an indefinite time. The Supreme Soviet of Russia, which was going to adopt a new law on narcotics, is now "closed" by Yeltsin. Hence, the creation of the new Control Committee is also suspended for an indefinite time. Nobody can predict now what will be in Russia the next day. Until there is a new Control Committee to review our research application to conduct MDMA research, we will be unable to proceed. For now, we can only wait. •

ibogaine research update: phase 1 human study

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AND DEBORAH MASH, PH.D.

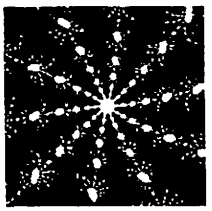
IBOGAINE is a psychoactive alkaloid extracted from the root bark of the rain forest shrub *Tabernanthe iboga.* Natives of Western Africa cultivate the shrub and use iboga preparations as a stimulant, aphrodisiac, hunting aid, and in higher doses, as part of religious rituals. After ibogaine was extracted and identified as the primary psychoactive agent of the bark in 1901, its central nervous system (CNS) and cardiovascular pharmacology was extensively investigated in the early part of this century. In the 1950s, ibogaine's anti-hypertensive properties were investigated by the pharmaceutical company CIBA. Around this time, its potentiation of morphine analgesia was also explored. There was also some use of the drug by French mountaineers to allay fatigue and hunger during rigorous and demanding expeditions.

the effects of 1 mg/kg p. o. have been studied in three volunteers

In the 1960s, the hallucinogenic properties of the drug were explored as an aid to psychotherapy by Naranjo and others. Ibogaine eventually found its way into the underground drug culture in the late 1960s. Based on the experience of these underground users and his own personal experience, Howard Lotsof filed a use patent for ibogaine treatment of narcotic addiction in 1985. Since 1987, groups of addicts, such as the International Coalition for Addict Self-Help (ICASH) have been providing treatment with ibogaine for "interruption" of opiate and stimulant dependence. As part of pre-clinical studies supported by NIDA to evaluate ibogaine's potential to treat drug dependence, ibogaine has been reported to induce Purkinje cell damage in the rat given 100 mg/kg i.p. However, work in the primate using 25 mg/kg p.o. for 4 days in a row failed to disclose neuronal toxicity. Observations of several subjects who received treatment in Holland with 25 mg/kg p.o. revealed a transient postural tremor and truncal ataxia.

Preliminary findings

We have recently received approval to begin Phase I studies to assess the safety, metabolism and pharmacokinetics of ibogaine in volunteers who have already experienced ibogaine. As of the moment, the effects of 1 mg/kg p.o. have been studied in three volunteers who had previously experienced ibogaine at much higher doses while in Holland. No tremor or ataxia was noted, and no hallucinogenic effects were noted. The subjects felt nothing at all other than perhaps being somewhat calmer than usual. Pharmacokinetic profiling is currently being done with samples of blood taken from these subjects. These results are to be reported to the FDA before commencing with the next dosage level, 2 mg/kg. •



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BOB SISKO

NIDA's search for new cocaine treatment medications has thus far focused in just two areas: agonists and antagonists. This is logical, given that they represent the dominant treatment paradigms in NIDA's toolbox. They form the very foundation upon which NIDA's theory of addiction treatment rest. Therefore, I would like to take a few minutes to discuss these two theories, and their application, from the addict perspective.

Remarks to the 56th meeting of the National Institute of Health's National Advisory Council on Drug Abuse, January 26th,1994

AS YOU KNOW, I am with an organization called ICASH, the International Coalition for Addict Self-Help. Our members and constituents are addicts and former addicts. Let me make this perfectly clear. We are not an anti-drug organization. In the area of drugs, we are pro-choice. We believe it is the right of the individual to self-medicate. We recognize however, that when an individual becomes addicted to drugs, he or she no longer has free choice. We believe that any person addicted to drugs who wishes to be free from that addiction should be able to have that choice. How does the paradigm relate to the issue of choice?

Our members and constituents are addicts and former addicts

Antagonists have never been popular among addicts. Trexon and other antagonists have never found acceptance among users. When people choose to use drugs, they don't want to have the pleasurable effects blocked. Though Trexon took years to develop, and no doubt cost millions, only a handful of addicts are willing to take it. What good is a medication if the person for whom it is intended refuses to take it? I sincerely doubt that the development of a cocaine blocker would have any real impact upon the problem (of cocaine addiction).

Now, the agonists are a different matter. We applaud NIDA's efforts to create a wide range of new cocaine analogs. I am especially excited to hear you are working on a cocaine analog with a longer duration of action. One of the main problems from cocaine use is that the effects of coke are so short lived. Addicts must use continually in order to maintain the high. I predict that a potent new long lasting analog would be popular among addicts, but might quickly end up on the streets, where it could be used as "cut", mixed in with cocaine to make the high longer-lasting. After all, the same illicit chemists who currently manufacture both powder and crack cocaine by the ton could easily manufacture NIDA's new cocaine analog as well.

Next to the idea of across-the-board legalization, the idea of developing a new stimulant compound which could be used as a medication for cocaine dependent people, much like methadone is used for heroin addiction, is probably the most radical idea around. As such, I support it. Though the idea would be popular among addicts, somehow, I don't think it will play in Peoria.

A third option

The problem with the yin-yang agonist-antagonist paradigm is that it excludes all other options. It acts as a blinder, obscuring a wider vision upon the treatment horizon. A third option exists, one that is neither agonist nor antagonist. It is that of the "interrupter", and represents an entirely different category of treatment modality. In its search for medications to treat cocaine dependency, NIDA has either overlooked or ignored the idea of the interrupter as a potential treatment option.

Nearly two years ago, NIDA's Medications Development Division (MDD) began the Biogenic Amine Transporter Project, the so-called BAT Project, to develop potential cocaine treatment agents. Since increased

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dopamine neurotransmission has been shown to be associated with the reinforcing effects of cocaine, the BAT Project is looking at agents that act at the dopamine transporter. Despite the fact that Broderick (1992) reported that ibogaine reduced cocaine-induced dopamine release in the brain's nucleus accumbens, ibogaine has been excluded from the BAT Project. It doesn't fit the mold. As reported by Woods (1990), it is neither an agonist nor an antagonist.

Dutch research

The Dutch, however, were not blinded by NIDA's dominant paradigms. Research supported by the European Addiction Research Institute and Erasmus University in Rotterdam sought to determine the potential anti-addictive properties of ibogaine utilizing the cocaine self-administration model in rats. The results indicated that "ibogaine or its metabolite(s) is a long-lasting interrupter of cocaine dependence, which supports similar observation from uncontrolled clinical studies." (Dzolic, 1993)

Part of the problem is that while terms like agonist and antagonist are well understood, there is no clear understanding or consensus among professionals as to what constitutes an interrupter. Just what is it, how can it be expected to work, how does it work, and what is its importance?

In the case of ibogaine, the interruption of drug use begins immediately upon administration of the substance. Once ibogaine is administered, the compulsion to use drugs is immediately abated, and the interruption has begun. The subject becomes calm and relaxed for the duration of the treatment, and is able to detoxify without discomfort or craving for drugs. Ibogaine is quickly metabolized yet its action lasts somewhere between two and three days. Its effect as an interrupter continues long after the compound has left the body. This was noted by Stanley Glick (1991), who studied the effects and after-effects of intravenous morphine self-administration in rats. He observed "the aftereffect occurred at a time when ibogaine should have been entirely eliminated from the body and when there was no obvious indication of ibogaine exposure."

While Glick and Dzolic reported respectively on the inhibitory effects of ibogaine on self-administration of both morphine and cocaine in rats, ICASH and our European counterparts have firsthand experience not with animals, but with people. The results mirror one another. We have found, in the majority of cases, a clear and observable interruption of drug use and drug seeking behavior, for significant periods. How long are those periods? How long can an interrupter be expected to remain effective?

The answer is elusive. One can perhaps compute an average, after statistical evaluation of data. But the key is not to be found with the medication, but with the individual. What the medication does is to give the addict a kind of GRACE PERIOD after the detox stage, a hiatus from the incessant cravings which normally follow detox. It removes the compulsion, and replaces it with choice.

Results

Although I know of instances where individuals have returned to drug use immediately after treatment with ibogaine, they are not representative. There are also those who were treated with ibogaine and subsequently gave up drugs completely. But they, too, are a minority.

In the majority of cases with which I am familiar, those treated remained free from addiction for periods ranging, on average, from three to six months. During this time, the addiction is in check. It has gone into remission. All of a sudden, the person's life no longer revolves around the acquisition and use of drugs.

Many take this opportunity to attempt to put their lives back in order. Whether or not the individual will return to drug use, and eventually become re-addicted, has more to do with how effective the individual is in rebuilding his or her life during this grace period than with ibogaine itself. (The aftereffects of which we speak are, after all, limited in duration.)

When relapse occurred, our clients recognized it and sought re-treatment. Those who have been treated with ibogaine express a clear preference for it when it comes to re-treatment. There is currently widespread interest and acceptance among addicts for ibogaine as a treatment. It is the only treatment discovered and developed by addicts and ex-addicts.

Treating people two, three, or even four →

We have found, in the majority of cases, a clear and observable interruption of drug use and drug seeking behavior, for significant periods.

The new word which has recently made its debut into the language of addiction science is INTERRUPTER

times a year with ibogaine makes more sense than treating them every day with a substitute stimulant, the development of which is a declared goal of MDD's BAT Project. I believe that the development of either a cocaine blocker or a stimulant substitute for cocaine users is a futile, misguided approach which is doomed to failure. It will cost millions, take years to develop, and is almost guaranteed to fail. As such, it is little more than a smokescreen which gives the impression that new and meaningful treatments are being developed. Well, it's the same old stuff, presented in a different package, a repeat performance of yesterday's failures.

Finding and developing a pharmacotherapy capable of combating cocaine dependency is a difficult and challenging task. There is no real precedent, because there is no FDA-approved treatment for cocaine abusers, despite the fact that studies on cocaine abound.

In perhaps the most well-known cocaine study of all time, made famous by the Partnership for a Drug Free America, rats who were given free access to self-administered cocaine did so to the exclusion of all else, including food, water, and sex. Such unrelenting behavioral patterns are extremely difficult to overcome. However, in his work on the inhibitory effects of ibogaine on cocaine self-administration in rats, Dr. Dzolic reported a significant decrease in cocaine use for prolonged periods after administration. He identified ibogaine as a potential long-lasting interrupter of cocaine dependency. That sounds like a breakthrough to me, and to a lot of folks out there also. Dzolic came to Keystone, Colorado in 1992 to present preliminary data to a joint meeting of the Committee of Problems of Drug Dependence (CPDD) and International Narcotics Research Conference (INRC). Afterwards, he flew to Washington, DC to address the FDA advisory panel which met last August. Apparently, nobody at the BAT Project got the message.

The Interrupter

The compound they seek, one capable of altering conditioned patterns of cocaine abuse, has already been identified. Since it already exists, it doesn't have to be invented. That will cut years of development time. What's more, NIDA has significant supplies of ibogaine on hand for research. So what's the problem?

When a new plateau of knowledge is reached by enough people, the effects are irreversible. It cannot be ignored, and it won't go away, any more than atom bombs or home computers will disappear. The new word which has recently made its debut into the language of addiction science is INTERRUPTER. Pick it, and you will go to the head of the class. Ignore it, and you will fail. Guaranteed. •

References:

Broderick, P.A., "Ibogaine alters cocaine-induced biogenic amine and psychostimulant dysfunction but not [3h]GBR-12935 binding to the dopamine transporter protein." NIDA Research Monograph Series, 119:285, (1992).

Dzolic, M.R., "Inhibitory effects of ibogaine on cocaine self-administration in rats." European Journal of Pharmacology, 241, pp. 261-265, (1993).

Glick, S.D., "Effects and aftereffects of ibogaine on morphine Self-administration on rats." European Journal of Pharmacology, 195, pp. 341-345, (1991).

Woods, J.H., Proceedings of the 51st Annual Scientific Meeting, The Committee on Problems of Drug Dependence, Inc. NIDA Research Monograph Series, 95, pp. 655-656, (1990).

NOW AVAILABLE, the ENDABUSE™ Report Video...

The ENDABUSE Report Video is an in-depth one hour documentary. It features six patients treated with ibogaine, as well as the testimony of professionals in the fields of science, medicine, and social work who support the claims that ibogaine can interrupt addictive behavior and offer dramatic relief from withdrawal symptoms and drug cravings. The video provides the latest information on the Food and Drug Administration-approved human trials now being conducted in the United States as well as the availibility of treatment in overseas medical clinics. You may obtain a copy of the ENDABUSE™ Report Video from Mediaworks, Box 191, Bogata, NJ 07603 or by calling 1-800-789-0005. $29.95 postpaid. •

MDMA phase II protocol design: preliminary research report

MARGARET NELSON CULLEN, M.A.

Margaret Nelson Cullen, M.A.

THE FOLLOWING is a summary of the preliminary research report begun in March of 1993 at the request of the FDA. In order to determine the usefulness of our instruments and the feasibility of the testing, I have administered the battery of seven written tests to three cancer patients, each having completed three entire test batteries. The original intention was to schedule one test battery per month for three months. I soon discovered that rigid schedules do not apply to people fighting life-threatening diseases and, only in one case was I able to administer the battery of tests in successive months.

On the basis of these cases, I would make the following recommendations for the Phase II Study. As I reported in my article in the MAPS Newsletter of the Summer, 1993, by far the most challenging element of this preliminary study was securing the subjects. I would like to take this opportunity to thank those who did volunteer as well as Valerie Corral *(see story page 26)* who not only provided a subject for the study but has been courageously helping cancer patients for many years. Presumably, the difficulty of securing subjects will be obviated when the study is carried out at UCLA Harbor Hospital with a much more extensive pool of potential subjects.

As indicated above, setting up a rigid schedule for monthly follow-up tests may not prove feasible with these subjects. Cancer is an unpredictable illness and often the treatment (e.g. chemotherapy or radiation) is even more debilitating than the disease itself. Some flexibility should be built in to the testing schedule and I see no reason why this should interfere with the statistical viability of the results.

If the intention remains to work only with terminal cancer patients in the upcoming MDMA phase of the protocol, it would be my recommendation that the entire test battery be shortened. Of the four subjects I initially contacted, only one proved terminal in the course of my year of research. She was also able to complete only six of the seven tests and it took her almost twice as long. Not only do some of the existing instruments overlap significantly in content, there are other areas to be assessed for which test(s) need to be added.

I have administered the battery of seven written tests to three cancer patients

Test instruments

On the basis of this small sample, the following are my recommendations on the efficacy and relevance of each of the seven instruments we tested. Of the seven, by far the most comprehensive, meaningful and relevant to the cancer patient is the Functional Living Index: Cancer (FLIC). This test seems to do a good job targeting quality of life questions specifically related to the cancer patient and includes physical pain and mood as well as attitude, energy and lifestyle changes.

For mood evaluation, I would recommend keeping the Beck Depression Inventory (BDI) as it is widely used and recognized and eliminating the Profile of Mood States - Brief Version, as it overlaps significantly with the BDI. The two remaining mood or psychological instruments, the State-Trait Anxiety Inventory (STAI) and the Brief Symptom Inventory also overlap significantly in content. The latter is longer and far more extensive and specific and includes some physical symptoms as well. If possible, I

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would also recommend eliminating the STAI. These tests also reflect the shortcomings of psychological testing that the field of transpersonal psychology has long recognized. They are geared only to measure pathology and disturbance - at best a subject comes out "neutral". There are no questions which measure ecstasy, revelation, transformation, bliss. I will talk later about adding an instrument in which a section could explore the transpersonal side of wellness.

The two remaining tests measure physical discomfort: The Symptom Distress Scale and the Short Form McGill Pain Questionnaire. The latter explores the kind of pain the subject is experiencing (i.e. "throbbing, shooting, stabbing", etc.), and may not be particularly indicative of the potential pain relief MDMA treatment might provide. The McGill is quite a short test, however, and the only instrument which asks these specific questions. If time permits, I would suggest keeping both these tests in the final battery.

As I discussed in my original article, two instruments we hoped to use proved impractical from the start. The Memorial Sloan Kettering Pain Card needed to be filled out daily and, not only did the subjects fail to follow through, it was an unnecessary additional stressor for them. We also dropped the Questionnaire Measure of Emotional Empathy because, at best it failed to measure our definition of empathy and, at worst, pathologized the quality of empathy.

...the therapeutic potential for MDMA treatment seems enormous.

It is my very strong recommendation that an instrument be developed for the Phase II Protocol which measures, not only empathy (see discussion in earlier article) but the profound attitudinal and philosophical shifts which can occur as the result of MDMA therapy. As mentioned above, questions might be included which target more "transpersonal" states of wellness. Some of this may be explored through the use of an interview which could potentially identify the more profound sources of emotional and psychological pain in the subject (e.g. family fissures, relationship issues, etc.). Currently, there is no test in the battery which explores the pain of living with an alcoholic or abusive spouse, not talking to your child for ten years, being cut off from a brother or a sister, having a child or a mate die - and these are the kind of difficulties that are frequently discussed in my cancer groups. These are also the kind of stressors which can be addressed in a meaningful way through MDMA therapy. In the psychosocial treatment of cancer, much of the work is based on the theories of psychoneuroimmunology. Consequently, significant life stressors such as these not only impact quality of life, but may play a role in suppressing the immune system as well.

In my work with cancer patients as an MFCC intern, I sometimes see individuals for short-term (six sessions) individual work in addition to weekly support groups. Frequently, these individuals face difficult decisions about treatment, frighteningly poor prognoses and, consequently, precious little time in which to make important decisions both about their treatment and about their lives. It is exactly in these cases that the therapeutic potential for MDMA treatment seems enormous.

The following are two brief case studies which, to me, were excellent examples of individuals who might have benefited greatly from MDMA therapy and illustrate the relevance of the various instruments.

Case 1: Sally

(name and some characteristics changed) is a 28 year old single woman. She is an architect, attractive, poised and well-dressed. Sally studied for and passed the architectural license exams while undergoing chemotherapy for breast cancer. She survived, went into remission, only to be hit several years later with another primary cancer: a particularly virulent ovarian cancer. After one unsuccessful surgery, her doctors were recommending a radical hysterectomy as her only hope of survival. Even with the recommended surgery, her prognosis was not good and the potential complications of the surgery could greatly impair her quality of life. Sally is engaged to be married and her fiance is adamantly in favor of the surgery - as is everyone else in her life.

In the course of our work together I discovered that Sally's refusal to have this operation was infuriating those who loved her and she was feeling increasingly isolated. She also shared with me that her parents enjoyed an open marriage when she was growing up and her reaction to this was to become very "uptight" sexually. She believed that her "overly" repressed sexuality may have ultimately caused her cancer as it manifested in her breasts and ovaries. This is a very powerful belief and one in which we could only scratch the surface in six sessions of "talk therapy". The implications of this belief vis a vis her relationship with her parents and her fiance, not to mention her disease, are enormous. MDMA therapy may have provided a tool for this woman to non-defensively explore this belief and determine if she had other choices about the derivation of her illness.

Case 2: Roberta

(name and some characteristics changed) is a bank president - divorced for many years. One of her two grown sons died in an auto accident a few years ago and the other is a source of constant disappointment and frustration for her. He was due to visit for the holidays and she wanted me to see them together so I could tell him how stressful his behavior was to his mother and how this could negatively impact the course of her cancer. I met with her first alone to discuss the limits of what I could say to her son and to clarify and make realistic our goals for our single session together. The session with her son was volatile at best. Though the love and wish to connect were there, they were buried deep under years of anger, projection, expectations, disappointment and deeply conditioned patterns of behavior with one another. Even the idea that this may have been their last Christmas together was not sufficient to outweigh the years of "button-pushing". As in Sally's case, Roberta was holding the belief that her cancer was certainly exacerbated, if not caused, by the stress her son created in her life. It is just these beliefs - enormous in their potential to tear apart a family and undermine the physical fight for recovery - which have the potential to be illuminated in a deep and transformative way with the use of MDMA assisted therapy.

Of the tools currently available in the psycho-social treatment of cancer, relaxation/visualization has proven very useful and is enjoying greater recognition even among the traditional medical community in the treatment of pain as well as stress reduction. Jon Kabat-Zinn has enjoyed enormous success at his Stress Reduction Clinic at the University of Massachusetts Medical Center as reported in his book, Full Catastrophe Living. There, physicians often send him patients for whom western medicine has nothing further to offer. Jean Achterberg, one of the pioneers of this work has specialized in helping cancer patients through the use of relaxation and visualization for over twenty years. She has also offered her considerable talent and knowledge to support our study.

In light of this, it would be enormously useful to set up an interim study measuring the efficacy of relaxation/visualization in cancer patients to reduce psychological, emotional and physical pain. The same test battery could be used (and further refined, if need be) and comparisons could be made with both the control groups and the MDMA groups when the Phase II research is completed.

Recommendations

To summarize, my recommendations on the basis of this preliminary research would be to shorten the test battery as much as possible per the suggestions I have made above. A new instrument should be created to measure empathy and "transformation". The authors should also consider its potential application to other psychedelic research which may seek to measure transpersonal states. I would suggest a structured interview, targeting painful life issues, stressors and beliefs about cancer. An interim study, measuring the value of relaxation/visualization should be implemented to further refine the instruments, provide useful comparisons and contribute more research to this new and growing field.•

MDMA therapy may have provided a tool for this woman to non-defensively explore this belief

attitudes and ecstasy use

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a pilot examination of the determinants of ecstasy use among a sample of young people.

THE PRESENT STUDY was a pilot examination of the determinants of Ecstasy use among a sample of young people. The aim was to examine systematic differences in attitudes and beliefs of young people with varying degrees of experience with the drug. It was hoped that these differences might increase understanding and suggest ways of discouraging unsafe use of the drug.

The major theoretical framework which guided the factors we measured was the Theory of Planned Behaviour (T.P.B.) (Ajzen, 1988, 1991). This is a theory of how the influences upon an individual determine that individual's decision to follow a particular health related behaviour.

According to the T.P.B. , individuals are likely to follow a particular health action if they believe that the behaviour will lead to particular outcomes which they value, that people whose views they value think they should carry out the behaviour, and if they feel that the action is easily under their volitional control.

Method

Questionnaires were distributed by hand to a diverse sample of students in the North of England. There were a total of 186 usable questionnaires returned. Respondants ranged between 19 and 25 years of age. There were 73 men and 108 women (5 gender not known). Of these, a total of 86 were non-users, 45 light users (1 to 15 tablets of Ecstasy taken) and 51 were heavy users (more than 15 tablets taken).

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General Results

We initially looked at frequency of use. Of the light users, most had taken Ecstasy on special occasions. Heavy users were more likely to respond that they took Ecstasy at regular intervals (once or twice a month being the most frequent responses). Users were significantly more likely to be users of drugs such as marijuana, hallucinogens, and amphetamines. They were also more likely to smoke but were less likely to drink alcohol. The reasons for taking Ecstasy were very uniform - enjoyment, and most was taken at clubs on weekends or special occasions with either a small or large group of friends. These data very much support other studies suggesting a fairly typical sample of Ecstasy users and non-users.

T.P.B. Results

We looked at average intention to use Ecstasy split by the 3 groups; non-user, light user and heavy user. Only those from the heavy user group had a strong intention to use Ecstasy again in the future. In addition, we looked at which components of the T.P.B. were significant predictors of intention to use Ecstasy in the future. Regression analysis showed that; attitudes, subjective norms, and perceived behavioural control were all significant predictors (ie. could all be taken as indicative of intention to use), although attitudes were the best single predictor (ie. a person's attitude towards the drug was most indicative of whether they would take it again or not).

As the purpose of the study was to investigate the possibility of generating health literature designed to inform the general public of the risks of Ecstasy use, the next set of analyses examined which outcome, normative and control beliefs distinguished individuals who were heavy, light or non-users.

If we look at beliefs it is clear that there are major differences in the perceived likelihood of various outcomes between the

differing user groups. In general these were all in the expected direction with positive outcomes being perceived to be more likely by the heavier users and vice versa for the negative outcomes. There were also a smaller number of differences in the way outcomes were evaluated. In particular, non-users were more likely to evaluate more negatively the outcomes of feeling lethargic, having mood swings, more frequent Ecstasy use, and feeling run down. Interestingly, even the heavy users had only moderately positive overall attitudes towards Ecstasy use.

Turning to normative beliefs, fewer differences are apparent. Non-users were more likely to perceive a negative pressure to use Ecstasy from friends, their partner, and people in general. All groups perceived strong negative pressure from parents and health professionals not to use Ecstasy but non-users were more likely to wish to comply with pressure from parents.

Finally, beliefs also control a number of differences. Both light and heavy users, compared to non-users, were more likely to perceive that the price of Ecstasy, being with Ecstasy users, being offered Ecstasy, going dancing and the availability of Ecstasy would facilitate Ecstasy use. They also experienced each of these things more frequently. Heavy users were also likely to perceive that they had less control over Ecstasy use that non-users and light users.

Conclusions

The T.P.B. provided good predictions of intentions to use Ecstasy (%56 percent of variability) in the future, although the relationships of such intentions to actual behaviour remains to be explored. Overall attitudes were the best single predictor with more positive attitudes being associated with stronger intentions to use. Attitudes appeared to be based upon beliefs about the outcomes of Ecstasy use with heavy users more likely to believe that Ecstasy use would lead to positive outcomes and less likely to lead to negative outcomes. Heavy users also perceived more pressure from others to use Ecstasy and perceived themselves to have less control over its future use. All these factors might be addressed in designing literature to be used to change individuals' attitudes and behavior toward Ecstasy use.

Further studies

We are now moving to carry out further studies. These include larger prospective studies of the determinants of Ecstasy use (Meilman et al., 1990), and in-depth interviews with individuals about their experiences with, and determinants of, their Ecstasy use. We also plan to conduct intervention studies designed to change Ecstasy use patterns in student samples through the use of persuasive materials.

One of us (Kellie Sherlock), also plans to study the role of young women in drug-taking circles and any health-related problems that they might have. •

Ajzen, I. (1988). Attitudes, personality and behavior. Milton Keynes: Open University Press.

Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50, 179-211.

ISDD (1992). Ecstasy. London: ISDD.

Solowij N., Hall, W., & Lee, N. (1992). Recreational MDMA use in Sydney: A profile of "Ecstasy" users and their experiences with the drug. British Journal of Addiction, 87, 1161-1172.

Meilman, P.W., Gaylor, M.S., Turco, J.H., & Stone, J.E. (1990). Drug use among college undergraduates: Current use and 10-year trends. International Journal of the Addictions, 25, 1025-1036.

One of us, also plans to study the role of young women in drug-taking circles and any health-related problems that they might have.

Leary's thesis was that the consciousness-expanding properties of psilocybin would provide prisoners with insights into their own criminal behavior

longterm follow-up to leary's concord prison psilocybin study

MICHAEL W. FORCIER, PH.D. AND RICK DOBLIN

THERE HAS BEEN CONSIDERABLE progress since we first announced our intent to conduct a long-term follow-up of prisoners who participated in the Concord State Reformatory Rehabilitation Study (see MAPS newsletter Vol. 3 No. 4) conducted by the former Harvard Psychology Professor Dr. Timothy Leary between 1961-1963. Moreover, that progress has been matched by intense media interest in the study (as reported in the Boston Globe and Washington Post and on CNN) following upon the revelations that Harvard and MIT scientists gave high doses of radioactive-laced milk and iron to mentally-retarded young people at the Fernald State School in Waltham, Massachusetts as part of nutrition experiments conducted in the 1940s and 1950s without the use of appropriate informed consent procedures. Many of the same allegations concerning violation of human subject rights leveled by the media at the "radioactive experiments" have been also aimed at the psilocybin research.

As previously reported here, Dr. Leary conducted a study at the Massachusetts Correctional Institution at Concord during the period 1961-63 in which psilocybin was administered to 32 inmates in an experiment to test the hypothesis that criminal behavior, as measured by recidivism rates, could be reduced by exposing prisoners to the therapeutic use of psilocybin. Leary's thesis was that the consciousness-expanding properties of psilocybin would provide prisoners with insights into their own criminal behavior and could therefore be used to change future behavior and consequently lessen criminality. With the full support of the Massachusetts Department of Correction, the experiment involved prisoners participating in an intensive six-week program which included their receiving between two and five doses of psilocybin during the experiment coupled with intervening discussion and therapy meetings. Post-release support groups for prisoners who had participated in the experiment were also provided for a short time. Our study represents the first substantial long-term follow-up to be conducted on the original sample of Leary's experiment and is one of the few longitudinal studies to be conducted in the area of psychedelics research generally.

Our efforts to conduct a long-term (30-plus year) follow-up have involved extensive review of the original prison records on participating subjects in an effort to assess their actual level of participation in the experiment and post-release criminality. We have gained the full cooperation of the Massachusetts Department of Correction in this study, especially the Central Office Records Room which has provided access to archival records, and the Investigation and Apprehension Unit, which is assisting in the actual search for former study participants. As this issue of the MAPS newsletter reaches you, we have located approximately half of the original study sample and established actual contact with two of the participants. We are currently in the process of designing a formal interview protocol, raising funds to cover research-related costs and arranging for the videotaping of those interviews in order to record the perceptions, experiences, and observation of the original study participants.

Heightened Media Interest

On January 1, 1994, the Boston Globe ran a front-page article titled, "Inmates Used in '60s Drug Test" which described Leary's Concord study and went on to allege that prisoners who participated in the original study did so without giving their informed consent and/or with the expectation of early parole. This article was subsequently picked up by the Washington Post. Our own review of the prison records of the study participants found these

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"I look back at it, and it was a very positive experience for me. I could see things about myself that I had to change."

allegations to be without basis. Specifically, all of the participants definitely knew they were going to receive a psychoactive drug. Moreover, we have received a letter from one of the original participants who indicated that he was aware that he was taking a mind-altering drug. In a follow-up Washington Post (January 4, 1994) article titled, "Leary: Hallucinogen prisoners gave OK," Richard Doblin is quoted as saying: "I haven't talked to any of the others, but from the written documents, it describes how they were informed about what was going on. I think any kind of claim that Leary acted as unethically as people who gave radiation" to unknowing subjects is "unwarranted." In short, prisoners participating in the Concord psilocybin experiment were able to provide informed consent although some may have done so in expectation of getting early parole.

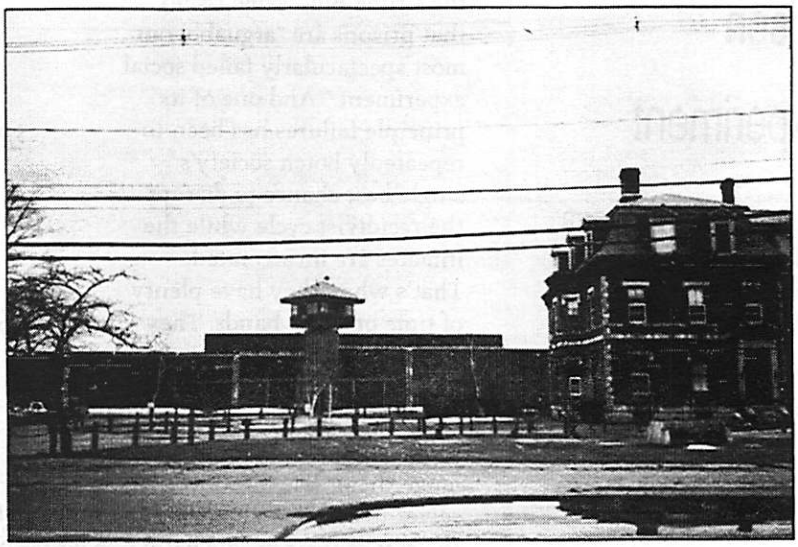
Variable effects

This was later generally confirmed in a subsequent Boston Globe article (January 6, 1994) titled "Prison 'trips' altered 2 inmates' paths" in which two of the original study participants recounted their prison and post-release experiences. According to that article, "...while one said the experiment set him straight, the other said it led him down a road to habitual drug abuse, crime and despondency." The former was quoted by the Globe as saying that Leary's experiment "was instrumental in keeping me out of jail. I never went back to prison for a new crime after that. I look back at it, and it was a very positive experience for me. I could see things about myself that I had to change. I think I can still engage in very deep thought because of it."

By contrast the other participant (aged 17 at the time of the experiment) was described by the Globe as considering "the Concord experiment to be the event that opened the door to a lifetime of pain." This individual, whose first exposure to psychedelics ironically came in a prison setting, reported that he continued to take psychedelic drugs for 20 years, experienced increased criminality and multiple incarcerations, and was treated in five drug rehabilitation programs. He was quoted as stating: "I sometimes look back and wonder what would have happened if I didn't get involved in that experiment, if I would have gone down another road. That experiment was a big thing in my life." It has only been recently that this participant reports having found a steady job and being free of drugs. Both former prisoners recall signing informed consent forms in exchange for the prospect of early parole.

Contacting additional subjects

The media attention to the original research has provided new impetus to our own long-term follow-up. As we begin the process of contacting the remaining study participants, we have received a letter from a former Massachusetts inmate in Leary's original experiment who is now nearing release from a federal correctional facility in Texas. He has indicated his interest in being interviewed and videotaped as part of our study upon his return to Massachusetts. We are enthusiastic about the prospect of gaining cooperation from other study subjects in light of the renewed interest in research on human subjects in institutional settings and the promise of psychedelic drugs in treatment and rehabilitation across an array of physical and psychological needs.



Concord State Prison, 1994

Contributions specifically for this project can be made through MAPS. •

Strong Medicine for Prisoner Reform: The Concord Prison Experiment

THOMAS RIEDLINGER & TIMOTHY LEARY

THE NATION'S recent editorial, "Jailhouse Crock" (January 31, 1994), was only partly correct in observing that "the United States doesn't have a crime epidemic. It has an epidemic of imprisonment." For while true that the number of people in prison doubled from 1983 to 1992 while violent crime rose only 3.5 percent, the problem is even more basic than how many are jailed or even the length of their sentences. There's also the question of why so many inmates, once released, commit new crimes that trigger mandatory longer sentencing for repeat offenders. From that perspective what we're experiencing is a recidivism epidemic.

Currently 80 percent of U.S. inmates are recidivists. This reinforces Elliott Currie's point ("What's Wrong with the Crime Bill," same issue) that prisons are "arguably our most spectacularly failed social experiment." And one of its principle failures has been to repeatedly botch society's single best chance to disrupt the recidivist cycle while the inmates are incarcerated. That's when they have plenty of time on their hands. They also have fewer distractions than on the streets, where old, bad habits are rekindled and inflamed. It's a great opportunity to challenge them, somehow, to challenge themselves to stop playing "cops and robbers" for the rest of their lives. That it's so far been a wasted opportunity is one of the factors contributing to these statistics:

• The number of inmates in federal prisons jumped from 24,000 in 1980 to 86,000 in 1993. This is projected to reach 100,470 by 1995 and 136,980 by 2000. In 1991 it cost an average $20,072 per year to keep each of these people in jail. Total federal expenditures for corrections was $1.6 billion.

• The number of inmates in state and local prisons rose from 295,363 on December 31, 1980 to 732,651 by the end of 1991. The average annual cost in California that year was $25,000 for each of the state's 100,000 inmates. Nationwide, expenditures for state and local corrections totaled $25 billion.

• In addition to $3 billion for new and existing prison facilities, the proposed Violent Crime Control and Law Enforcement Act of 1993 would allocate $9 billion for more police. But spending more on law enforcement almost certainly will make things worse. The U.S. already imprisons a greater percentage of its citizens than any other country in the world— 455 per 100,000 in 1992. Second-place South Africa is far behind at 311 per 100,000.

• Even if limited only to hardcore criminals sentenced to maximum terms of more than a year the U.S. incarceration rate in 1991 was 310 per 100,000. This compares with only 119 in 1960 when the Concord prison study was initiated. By 1980 the rate stood at 139, a relatively modest climb of just under 17 percent in 20 years. It then more than doubled (up 123 percent!) in the subsequent 12 years of punitive penal policies enacted by Presidents Reagan and Bush.

prisons are "arguably our most spectacularly failed social experiment."

By now the causes of this trend are well-entrenched. We don't suggest that reversing it depends only on more effective prisoner reform programs. Currie's article identifies other solutions that also must be implemented, including restoration of common sense into the sentencing structure. We certainly share his outrage that under the so-called "crime control" bill "a man can beat the living daylights out of his wife and possibly face nothing worse than a fine," while "three penny-ante drug deals will get you life in prison without parole."

But reducing the recidivism rate would pay big dividends. Taxpayers would be saved much of the increased spending proposed in the new bill. New tax revenues would be generated as inmates were returned to gainful employment. And best of all, there would be less human suffering on both sides of the crime equation: fewer criminals = less victimization.

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Media sensationalism

Which emboldens us to propose a solution that many will find startling. It was discovered by Timothy Leary and a group of Harvard colleagues in the early 1960s and almost completely ignored until January 1, 1994, when the Boston Globe tried to sensationalize it as news in a front-page article titled "Inmates Used in '60s Test." The lead paragraph reported: "Harvard University scientists and state officials gave a group of Massachusetts inmates [at Concord State Prison] a dangerous hallucinogenic drug in 1961 to test whether the drugs would stem the tendency of criminals to commit more crimes." According to the article:

- This study had "never been publicly acknowledged."
- It was "overseen by the infamous professor Timothy Leary, a noted advocate of the use of hallucinogenic drugs in overcoming destructive behavior and realizing new levels of consciousness . . . [who] later went on to become a guru to the drug culture."
- A former state prison official said the inmates "were 'probably not' told of possible consequences" of the drug, psilocybin, a synthetic derivative of psychedelic mushrooms.
- A prison psychologist claimed that the drug is a "dangerous substance" which can cause hallucinations, perceptual distortion, psychosis and psychological addiction.
- The same psychologist surmised that "academicians probably sought the mentally retarded and prisoners for experimentation because there was an unstated belief at the time that their lives were less valuable than others."

The article strongly implied that the protocol used for the prison study was similar to that of unethical experiments conducted by other researchers in the 1940s and '50s, when hundreds of U.S. citizens in hospitals, homes for the mentally retarded and other state institutions were secretly dosed with radioactive substances. This is untrue. In fact, the Concord prison study was specifically designed to go beyond even modern day guidelines for informed consent of subjects, as was partly acknowledged in a later Globe article buried far back in the newspaper.

At the peak of the drug's effect I had a terrific feeling of sadness and loneliness, of great remorse of the wasted years...

Facts of the study

We believe that the public deserves even fuller disclosure of all of the facts that were stated incorrectly in the original front-page article. Though these facts have been publicly stated before, they have not been pulled together and described in the context of Leary's "existential transactional" model for behavior change—itself an innovation and ahead of its time. Our purpose in making an effort at clarification is not to castigate any one news report or even to rehabilitate Timothy Leary's reputation. We hope only to encourage fair assessment of a promising technology for prisoner reform that might prove useful in reducing the alarming rate of growth in the U.S. prison population. The facts are as follow:

The study, involving 32 inmates given psilocybin two to five times each in small group sessions in 1961-63, has most certainly been "publicly acknowledged" and described at length in dozens of books and articles since the early 1960s. Some of the books are still in print and most can be found on the shelves of public libraries or in used book stores. Among them, both Leary's High Priest (1968) and his autobiography Flashbacks (1985) include lengthy, detailed accounts of the study.

It is misleading to name Leary alone as the person in charge of the study. In fact it was a carefully designed and responsibly administered group project involving several of his colleagues and graduate students at Harvard, state prison officials and even the inmates themselves, whose input was encouraged. Furthermore the study was begun and essentially finished before Leary became controversial for his work with LSD.

NONE OF THE INMATES was lied to or misled about the possible effects of psilocybin, good or bad. All were volunteers screened in advance using tests that ruled out anyone with serious mental illnesses. As Leary stated in High Priest, the "first thing we did was to tell the prisoners as much as we could about the psychedelic experience. We brought in books for them to read, reports by other subjects, articles which described the terrors as well as the ecstasies of the experience." They were told in plain language: "Nothing in this project is going to be a secret. We've told you everything we know about the drugs before you take them

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and we'll tell you everything we know about you after you finish the sessions." Numerous other authors have confirmed this crucial point about the prison study.

Exaggerated risks

The psychologist's representation of the dangers of psilocybin were exaggerated. Users sometimes do have unpleasant experiences but most often these are salutary. The prisoners in the study, for example, had a tendency to recognize with deep regret the pain that their dysfunctional behavior had caused others and themselves. This was part of the process by which they decided to try to stop wasting their lives, as seen in this statement by one of them: "At the time of the peak of the drug's effect I had a terrific feeling of sadness and loneliness, and a feeling of great remorse of the wasted years... It seemed to me that I was crying inside of me and [I had] a feeling as if tears were washing everything away. And I was hollow inside, with just an empty shell there watching time stand still."

During the sessions a prison psychiatrist was always in attendance to handle any adverse physical reactions. None ever occurred except for transient and minor spells of nausea and headache.

IT SHOULD BE EMPHASIZED that none of the researchers, Leary included, has ever claimed that psychedelics always produce only pleasant experiences. However, the risk of unpleasant ones is minimized by careful preparation of the user's state of mind and physical surroundings. This was confirmed by many scientific studies long before the prison project. Over 500 clinical papers on LSD alone were in print by 1960 and more than 1,000 on all psychedelics by 1965. (Among the 40,000 people in these studies was a student at UCLA named Jerry Goodman, who went on to become an infamous guru to Wall Street investors under the alias "Adam Smith.") Not all of these studies were equally well-conducted. But the overall picture is clear: psychedelics showed promise in treatment of alcoholism, resolution of mental distress for cancer patients and many other applications. A little digging by reporters would confirm this (SEE ENDNOTE) and help them avoid being duped as they have in the past. One example from the '60s is the Pennsylvania state official who claimed that some youths had been blinded for life when they took LSD and stared at the sun. Many newspapers ran this story on page one. He later admitted that this was a hoax he'd cooked up to scare kids away from LSD. The retraction, like the Globe's second story on the Concord prison study, was typically buried far back in the newspapers. Another rumor that's still being cited as fact by some proponents of the "war on drugs" is that LSD causes chromosome damage. This was discredited by scientific studies more than twenty years ago.

the drug helped inmates achieve a "conversion experience" by disrupting, at least temporarily, their dysfunctional patterns of thought and behavior.

Philosophical basis

Leary and his colleagues absolutely did not think that the lives of the inmates were less valuable than others. On the contrary, what they believed was that the inmates' lives were worthy of a dedicated effort by society to bring them back into the fold. Though prison work in 1961 was considered to be the least interesting, lowest status work one could do in psychology, psychiatry and sociology, they jumped at the chance when invited by state officials to set up a prisoner reform project. The "existential-transactional" methods they had pioneered at Harvard were intensely humanistic and collaborative. In a manner that today would still seem radical, the research team rejected conventional concepts of how psychologists should help patients. Instead of seeing themselves as authorities it was assumed that their clients, including the inmates, knew best how to solve their own problems with minimal guidance from trained professionals.

Leary and his colleagues believed that psychologists must be willing to leave the security of their offices and deal with people in real-life situations. They demonstrated this by doing non-drug work with children at an orphanage in New Bedford, with

residents of a slum neighborhood in Roxbury and with alcoholic drifters in skid rows. At Concord prison they took psilocybin along with the inmates. In every case the goal was helping people learn to help themselves, a concept familiar today as "empowerment." This was the philosophical basis of the prison study.

Psilocybin's effects

Psilocybin appeared to suspend psychological "imprints" (in this case, prison mentality), inducing a critical period when new imprints could be made. It caused the inmates to reflect upon their lives from a broader, more spiritually challenging perspective that included recognition of alternatives to criminal activity. Wrote another of them:

"Before taking this drug my thinking always seemed to travel in the same circles, drinking, gambling, money and women and sex, an easy and I guess, a fast life... Now my thoughts are troubled and at times quite confusing, but they are all of an honest nature, and of wondering. I know what I want to be and I am sincere in my own mind when I say I will try very hard to make it so. I also know that the mushroom drug, in group discussions, and [in] tests, [and in] the group therapy is most important. Because there is also an opening of the mind, and you get a better understanding of yourself and also the people who are in your group. You feel more free to say and discuss things, which you generally do not do."

IN SHORT, THE DRUG HELPED inmates achieve a "conversion experience" by disrupting, at least temporarily, their dysfunctional patterns of thought and behavior. Such patterns are the reason that most prisoners end up in jail again only one or two years after being released. By making the inmates more open to new possibilities psilocybin effectively pointed them in the direction of choosing to break this recidivist cycle. Their resistance to change had been strong but the drug was strong medicine.

a more effective way to break recidivism cycles is clearly needed.

Results

Short-term results were sensational. Only 32 percent returned to prison in the first 10 months compared with an average 56 percent for Concord prisoners who hadn't taken psilocybin as a "circuit breaker." Regretfully, lacking support groups such as special halfway houses recommended by the prisoners themselves and by the research team, most inmates in the study eventually reverted to their old behavior patterns, though what landed them back in prison was most often parole violations as opposed to new infractions. It is unfortunate that popular misconceptions regarding the safety and possible medical uses of psychedelics have so far prevented resumption of this promising research. Not more punishment and prisons but a more effective way to break recidivism cycles is clearly needed. Such a way was once discovered in the Concord prison study, then effectively suppressed from public knowledge by the government's vilification of psychedelics. It is likely to remain suppressed so long as reporters and editors blithely assume that what the government has been telling them about these drugs is the truth or even close to it. We would urge them instead to remember that a maxim of their trade is to CHALLENGE ASSUMPTIONS. Only then will they be able to break free of the recidivism cycle of their own informational prisons.

ENDNOTE: One of the best basic references on this subject is Psychedelic Drugs Reconsidered (1979) by Lester Grinspoon and James B. Bakalar. It is well-researched, concise and objective. We therefore recommend it to reporters even though it contains comments critical of Leary. •

a patient's story: medical marijuana

VALERIE CORRAL

I AM A MEDICAL MARIJUANA PATIENT who for 19 years has grown marijuana in my vegetable and herb garden to treat my epilepsy. After entanglement with law enforcement I have come to realize that while patients may be protected by a specific defense of necessity, there is little that will ensure against reprisal by authorities.

Medical use

I began experimentation with marijuana following an auto accident in 1973. I suffered a closed head trauma that left me shaken by up to five grand mal seizures per day. I became addicted to pharmaceutical medication that did not relieve the seizures that plagued my life. About 25% of epileptics do not respond to medicines. I am one of many who do not. While the prescription drugs left me debilitated, I discovered that with marijuana I could completely control the onset of a seizure. For me this knowledge was freedom. By using it I am able to abandon pharmaceutical medication and its side effects.

Arrest and acquittal

In August of 1992 my husband, Mike and I were arrested for felony cultivation of five marijuana plants that I grow openly in our front yard. This 'crime' is punishable by three years in state prison. After our arrest we realized the importance of challenging the existing laws governing the medical use of marijuana. We hoped that in presenting a necessity defense we might clarify the medicinal use of marijuana, freeing myself from further prosecution and establishing a precedent for patients' relief. After 7 1/2 months the district attorney of Santa Cruz County, California dropped charges against me for marijuana cultivation. He stated, "No reasonable jury would find her guilty."

with marijuana I could completely control the onset of a seizure.

Having won what I thought to be the right to use the only medicine that controls my seizure activity, I again planted five marijuana plants in my front garden. In September of 1993 CAMP agents arrived at our home and after a three hour search they confiscated my medicine and arrested us.

Under ordinary circumstances the dismissal would seemingly have set a precedent for patients who satisfy the six points of necessity for cultivation. And indeed it does. But are we protected by the law? Or are we shuffled between departments? The fact is, even though there is no alternative that will provide relief for my condition, and despite my having adequately established necessity through the judiciary system, it is still illegal to use or cultivate marijuana.

California State Senator Henry Mello has presented a non-binding resolution, SJR 8 in a bipartisan effort to allow the use of marijuana medicinally. There is at present no provision by the federal government to meet the needs of patients, only the remnants of the antiquated Compassionate IND (Investigational New Drug) serving nine government-approved patients exists to this day. This defunct program supplied patients with government marijuana, but the project was axed by the Bush administration in March of 1992.

Research

There exist three phases of study that are necessary in ascertaining the acceptability of a new drug for medical use in treatment. The FDA requires: Phase I; safety, Phase II; pilot studies on efficacy, and Phase III; controlled studies on efficacy and safety. According to Judge Francis L. Young, presiding Administrative Law Judge to the United States Department of Justice in the DEA hearings on the Marijuana Rescheduling Petition in 1988, it has been established that marijuana satisfies both Phase I, II and Phase III studies on safety and efficacy.

Having demonstrated sufficient evidence to substantiate these findings it then seems redundant to continue further studies on the safety or efficacy of marijuana. By succumbing to the FDA's present acceptance of only Phase II; safety studies, we surrender ground already gained. In fact, as patients'

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needs are ever growing it is essential to focus on the third phase, i.e., controlled trials, if any aspect of further research could be considered necessary. To regress only into pilot research clearly abandons nearly 20 years of legal battles. Delay only serves to create further suffering on the part of patients. It is urgent to create a solution to this problem by meeting the needs of those who are suffering and dying immediately.

Helping cancer patients

In 1978, someone I loved became ill with a prognosis of terminal cancer in the advanced stages of leukemia. I thought that marijuana might help and I encouraged her, hoping that it would curb her severe reaction to chemotherapy. We found that a tea solution from marijuana reduced her nausea and helped her to sleep. As she put it, "It's the best sleep I can remember having in years." She found that her last months of life were improved by using marijuana. In fifteen years over 20 of our friends and family members have died. Most of them have used marijuana at some time during their dying process.

Valerie Corral

Since our initial arrest I have been inundated with calls from patients seeking protection, information and help. I have begun working closely with terminal patients who use marijuana. From them I have been able to collect information to begin an anecdotal efficacy study in the form of a visual analog.

While this type of study could conceivably track the results of marijuana use for any number of different ailments, I had restricted my study to that of terminal patients. However, as an overwhelming interest grows I have offered the daily visual analog for use to certain other patients. I hope to collect a broad data base to substantiate the effectiveness of marijuana on many ailments. Any patient who meets the six points of medical necessity would be a likely candidate for such a study. I have encountered no objection to the use of marijuana by the medical profession in cases of AIDS, cancer, glaucoma and my own case of epilepsy.

I was contacted by HA, a terminal patient who has pancreatic and liver cancer. We discussed how we might develop a simple record of marijuana use in order to register its effects on his dying process. Together we were able to expand a daily visual analog to collect data from patients who use marijuana. It features a graph on which a patient can record responses both before and after marijuana use under different categories.

In a recent conversation with HA we talked extensively about his illness. He has lived for a remarkable three years with his diagnosis. I asked him to tell me what marijuana did for him and why he thinks he had defied the odds of a 6 month prognosis. He mentioned the usual stuff; adding energy, his increased appetite, relieving pain, and so on. Then he said a most remarkable thing! He told me that marijuana changed his perception.

Reduced pain and distress

What we have found is that while it is apparent that marijuana can be used to help ailing patients with sleep and to "get the munchies" it has a deep reaching affect on pain and aids some patients to achieve an altered awareness level.

How can this altered state be of importance in the treatment of terminally ill patients? HA says that while he feels marijuana has prolonged his life because he enjoys a ravenous appetite, there exists another factor. He states that marijuana alters the way he perceives his inevitable death. HA insists that his marijuana use has helped him to accept his illness and its eventual outcome. His wife says that he has regained his sense of humor. Not many of us can smile in the face of such a reality.

Working with HA has opened my mind to the great hidden issue that lies circumspect to this plant medicine. Why shouldn't we alter our consciousness? Of the many terminal patients with whom I have had the opportunity to be of some small assistance, I have seen time and again that although there often is little we can do to alter a situation, we can change our view of it. Marijuana can do this for some people.

marijuana has prolonged his life

One of the major causes of failure in any treatment for pain is the failure to differentiate pain from suffering. If a patient thinks that s/he feels better when using marijuana, then what is the difference between that idea and actually feeling better?

In the first four months that I worked with HA he cut his use of 1000 Dilaudid per month and did not renew his prescription for a period of four months, relying solely on marijuana. Recently he ran →

out of marijuana and was subsequently admitted to the hospital for pain control at a cost of $8,000. Such an example of the prohibitive cost of medical care is a substantial reason to allow patients to meet their own needs by growing marijuana for personal use. A few weeks later HA ran out again. His doctor advised another hospital stay to control pain. HA suggested an attempt at procuring more marijuana. He received his medicine and he stayed out of the hospital. His doctor was enthusiastic at the results.

His doctor and hospice nurse applauded his marijuana use.

Another terminal patient with bone cancer began using marijuana baked in cake and brownies at the onset of his 2 week prognosis. This was nearly six weeks ago. Shortly after he began ingesting marijuana he started a rigorous chemotherapy treatment of Cisplatin in conjunction with other pharmaceutical drugs. He managed the first part of the week-long treatment with only one bout of nausea and he gained six pounds. His doctor and hospice nurse applauded his marijuana use.

In our last visit he told me that there is no doubt in his mind that marijuana is behind his success. He did suggest, however, that a few chocolate chips in the brownies would create a near perfect medicine!

Helping spasticity patients

I asked a 32 year old spinal cord injury victim what kind of alternatives were available in lieu of using marijuana for spasticity. He said that he had been offered the alternatives of drugs, i.e., muscle relaxants, opiates and antidepressants, or a procedure where preliminary therapeutic techniques include surgical interruption of muscle tissue to relieve spasticity. Neither of these seem any more reasonable than simply smoking or ingesting marijuana.

A 100% disabled veteran has abandoned the use of pharmaceutical drugs, including Ativan and varying pain medication that he has relied on for over 20 years by replacing them with marijuana brownies. It is an inexpensive alternative that keeps him from depression, anxiety and mood swings. Marijuana affords him the opportunity to be a productive member of society and a more conscientious father. Prior to his marijuana use he states that under the influence of the pharmaceuticals that he would often lay about the house for days at a time. He claims that replacing drugs with marijuana has improved his attitude. He states that he is finding a way out of the depression that Ativan causes, while the pain of arthritis from a war wound has diminished and is easier for him to accept.

Reduced medical costs

As a Schedule I drug, marijuana is considered dangerous and of no medicinal value. It is difficult to understand the DEA's position on this issue when the FDA provides a marijuana derivative called Marinol to some patients. It is curious that the FDA and pharmaceutical companies pursue the development of synthetic marijuana if indeed it has no medicinal use. Should the FDA and the DEA succeed, patients may be further forced to forfeit their ability to use this plant medicine in its natural form.

The life of a patient is restricted by the limits of illness. Being able to have a hands-on approach to relieve their suffering by growing their own medicine can be an extremely valuable and empowering experience. For many this is a simple action they can take for themselves to provide free health care and vitally important quality control. Purity of medicine is imperative in order to prevent further health problems such as those associated with molds, toxins or chemical impurities; i.e. aspergillosis, caused by mold, presents an acute pneumonia which occurs in immunosuppressed patients. Quality, high potency marijuana and the availability of different varieties can have far reaching affects on varied symptoms of illness.

For the many patients whose prognosis include cancer, AIDS, epilepsy, birth defects, glaucoma, and spasticity marijuana provides a variety of answers. In cases where there exists no alternative upon which a patient can rely for relief it is likely that s/he would meet the six points of necessity. Protection lies in establishing credible testimony to meet the six points. Substantial evidence to support such a defense must be presented. It is extremely important for a patient to notify a physician of her/his marijuana use. One must examine the six elements that constitute a necessity defense and discuss alternative medicine with one's physician. Be certain that such information is entered in to medical records. Documentation is everything.

Not everyone is protected by this procedure. While any ailment is worthy of relief not every patient will prove all six points. There is a question as to the existence of an 'adequate alternative' to an approved FDA drug. Should an adequate alternative exist then what kind of side effects does it offer? Does it provide the desired relief? A patient can certainly be instrumental in determining the answers to these queries.

There are thousands who experience the fear of prosecution and the pain that must be endured without the availability of this herbal remedy. Patients and caregivers take the risk, because there is no choice.

The gap widens as we consider the many illnesses for which marijuana can be of aid. In cases such as PMS, migraine headaches, depression or any number of other debilitating maladies that may not be considered 'life threatening,' there seems to be a great deal of resistance to the acceptance of marijuana as treatment.

The six points of medical necessity refer to a situation where there is no other means of action to prevent the disorder. A court might hinder a defense of medical necessity were the accused not suffering from a 'seriously debilitating disease.'

Patient rights

Among the patients I have worked with one recurring testimony is the financial burden that illness brings. Even when an insurance company pays up to 80% of medical costs, the balance can shatter fragile finances. I have spoken with families who have lost much of their life savings, or sold their cars and heirlooms in order to pay the remainder of their hospital bills. Often this is the case.

Free medical care can be augmented by providing for oneself. Marijuana is a plant that can be grown for free in a garden, a closet or on a patio. Provisions for those who do not garden could be remedied through government or private concerns. Some patients or caregivers might choose to grow this herbal medicine and could do so with a doctor's prescription and a permit. A doctor could surely determine how to prescribe it just as s/he does with other medicines.

One needn't possess psychic abilities to know that an underground exists to offer supplies of marijuana. The "war on drugs" has skyrocketed to include grandmothers with cancer and their backyard gardens, caregivers growing a few plants for loved ones and friends hitting the streets searching out this proven remedy. These alternatives are both risky and expensive. The price of illness is costly in America.

We are patients challenged by the drawbacks of our dis-ease. The concern of patients who use marijuana is not how it hinders us, but how it makes us well. Compared to the pharmacopoeia of synthetic alternatives that many of us have been offered, this natural medicine provides a means to function in our daily lives, and for some of us it furnishes a view that reaches far beyond our limitations. Understanding pain and touching the dying clearly demonstrate this altered perspective.

We hope that there will be an answer to our suffering

As patients, we grope through the darkness of our illness without knowing from where relief will come. We hope that there will be an answer to our suffering. When we find one there is little that could deter us from its use or convince us of its evil. •

The Six Points Of Necessity are:

- the act charged as a crime must have been done to prevent a significant evil
- the harm caused by the act must not be disproportionate to the harm avoided
- the accused must entertain a good faith belief that the act was necessary to prevent greater harm
- the belief must be objectively reasonable under all of the circumstances
- there is no adequate alternative to the commission of the act
- the accused must not have contributed to the creation of the emergency.

Publications Available from MAPS

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1. Exploring Ecstasy: A Description of MDMA Users. Final Report to the National Institute on Drug Abuse. Marsha Rosenbaum, & Patricia Morgan, Co-Principle Investigators, Jerome Beck, Project Director. 253 pages. – $30.
2. Pursuit of Ecstasy, Jerome Beck & Marsha Rosenbaum, 240 pages, autographed, – $18 postpaid. **Recently published!**
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6. Psychedelics, Edited by Tom Lyttle, 254 pages, autographed, $18 postpaid. **Recently published!**
7. LSD in the Treatment of Substance Abuse Protocol, by Kurland, Yensen and Dryer, 20 pages, & Smoked Marijuana vs Oral THC in the Treatment of the HIV-related Wasting Syndrome Protocol, by Abrams, 8 pages; both $8.
8. MDMA Psychotherapy in End-Stage Cancer Patients–The Protocol – 49 pages, $10.
9. The Good Friday Experiment Follow-Up, the article on psychedelics and experimental mysticism by Rick Doblin, published in the August, 1991 *Journal of Transpersonal Psychology*, $8.
10. Journal of Nervous and Mental Disease paper analyzing self-reports of 20 psychiatrists about their own MDMA experiences, *ReVision Magazine* article on MDMA, and December 1992 *High Times* interview with Rick Doblin, 23 pages, $8.
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Audiotape: **Prague, June, 1992**–3 hour audiotape of MAPS discussion on working with the terminally ill with psychedelics, Ram Dass, Ken Ring, and Richard Yensen, $20.

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Videos are $35 each, postpaid. (Videos for non-US systems not available.) Audiotapes: $10 each, postpaid.

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Still available 50th anniversary commemorative items:

- Flying discs... Mini $2.50, Full 9 inch, 135 gms. size $8.00 postpaid.
- T-shirts with the Conference Poster Design on all cotton t-shirt: Large or XL, $15 postpaid. (Sorry those beautiful posters are all gone. They are now collector's items.)

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❑ YES! I would like to join the Multidisciplinary Association for Psychedelic Studies.
Enclosed is my tax-deductible contribution of: ❑ **$30** ❑ **$100** ❑ **$250** or more ❑ $ other_____

❑ If outside the US, add $10 for postage. **NOTE: Your donation *will not* be spent on animal studies.**

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❑ Santa Cruz: LSD Video ❑ San Francisco: Highlights Video

MAPS is a membership-based organization working to assist psychedelic researchers around the world design, obtain governmental approval, fund, conduct and report on psychedelic research in humans. Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax deductible donations from about 750 members. MAPS' founder and current president, Rick Doblin, is on currently in the Ph.D. program in Public Policy at Harvard's Kennedy School of Government and has previously graduated from Stan and Christina Grof's Holotropic Breath-work 3 year training program.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (methylenedioxymethamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses.

Albert Einstein wrote that *"Imagination is more important than knowledge."* If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please consider joining MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of individuals who care enough to take individual and collective action. In addition to supporting research, your contributions will return to you the following benefits:

The MAPS Newsletter:
Each newsletter will report on MAPS research in progress. In addition to reporting on our own studies, the newsletter may focus on psychedelic research both in the US and abroad and on conferences, books and articles of interest. Issues raised in letters and calls from members may be addressed, as may political developments that effect psychedelic research and usage.

General Membership: $30.
(If outside US add $10 postage.)
General members will receive the newsletter and a copy of Drs. Kurland, Yensen and Dryer's *LSD in the Treatment of Substance Abuse Protocol* as well as Dr. Abrams' *Study of smoked marijuana and oral THC in the treatment of the HIV-related Wasting Syndrome.*

Supporting Membership: $100.
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Supporting members will receive all the benefits sent to the General Members plus the audiotapes from the 50th Anniversary of LSD event in Santa Cruz, April 16, 1993.

Patron: $250 or more.
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Patrons will receive all the benefits sent to Supporting Members plus one item of your choice from among the videotapes from the 50th Anniversary of LSD events. Patrons may also request research updates at any time on matters of personal interest and will receive advance information and discounts to MAPS events.

MAPS Membership Information

Rick Doblin, MAPS President

Sylvia Thyssen, Member Services

"I think I might have been stupid in some respects, if it weren't for my psychedelic experiences."

Kary Mullis. Ph.D. recipient of the 1993 Nobel Prize in Chemistry and new MAPS member

Psychedelic Research

the link between human and animal studies:

A Talk by Professor Mark Geyer, Ph.D at the Society of Neuroscience 1993 Annual Convention

BY JON FREDERICK

AT THE NOVEMBER, 1993 annual convention of the Society for Neuroscience, held in Washington, D.C., Mark Geyer, Ph.D., professor of psychiatry at U.C. San Diego, spoke at an evening dinner event on the importance of continuing basic research on psychedelic drugs in human subjects. His audience of about 100 scientists included many of the world's leading serotonin researchers. Dr. Geyer introduced his talk by reporting on his recent visit to a conference in Lugano, Switzerland, sponsored by the Swiss Academy of Medical Sciences, commemorating the 50th anniversary of Albert Hoffman's discovery of the psychoactive effects of LSD. This meeting was a major summit of both human and animal researchers in the psychedelic field, designed in part to address the issue of the safety and efficacy of LSD and related compounds as adjuncts to psychotherapy. The Swiss government is currently reconsidering the protocols and requirements under which human psychedelic studies have been conducted since 1988.

His audience of about 100 scientists included many of the world's leading serotonin researchers

Geyer was upbeat and encouraged by the diversity of human psychedelic research represented at this meeting. (reported in the previous MAPS newsletter). "The prospects for further studies are real, as long as we keep them rigorous, and society doesn't react in the way it did in the sixties and cause another cessation of this enterprise." In addition to studies in psychotherapy, research on the neurobiology and the basic psychological processes affected by hallucinogens were presented. "It seems to me that these kinds of databases will provide critical information that just hasn't been available to those of us who work with animals and would like to know whether what we're doing has any bearing on the interesting effects of hallucinogens in man," Geyer said.

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Startle response

To illustrate, Geyer presented some of his own work on the effects of hallucinogens on the startle response in rats. In Geyer's laboratory, startle chambers equipped with vibration sensors are used to measure the whole-body jump of a rat when startled by a puff of air or a sound. The startle response can be elicited in a number of species, including humans, which allows for the assessment of the relevance of animal models.

"I'm not particularly interested in the magnitude of a brainstem reflex to explain the complex and interesting effects of hallucinogens," Geyer said. "Rather, what interests me is the plasticity of behavior that can be illustrated and demonstrated in startle response paradigms." One form of plasticity which has been extensively studied in Geyer's laboratory is what has been called the simplest form of learning, habituation. Habituation is the decrease in response that is observed when an animal is exposed to the same stimulus repeatedly with no consequences. "It is a very simple, fundamental form of non-associative learning, without which, one cannot learn to discriminate stimuli, really. That is, if one can't learn what not to pay attention to, the flip side of that is one can't learn to pay attention to anything in particular." Essential to the selectivity of attention is the ability not to attend to some things, those for which there

are no important contingencies, Geyer said. Geyer suggested that changes in such "pre-attentive filtering mechanisms might explain some of the subjective phenomenology of hallucinogens. When the same air puff is administered to a rat every fifteen seconds or so, they quickly learn that there's nothing they can do about this, there are no contingencies, nothing else is going to happen, and so the startle response habituates. By contrast, after LSD, what is old becomes new. What is familiar is perceived as novel. Another way to say that is that there is a failure of habituation. Thus, rats treated with LSD show a failure of startle response habituation." This effect can also be observed with mescaline and can be blocked by serotonin-2 antagonist drugs such as ritanserin. (Serotonin-2 refers to a group of serotonin receptor subtypes that are distinguished from other subtypes based on their molecular structure and affinity for drugs such as LSD. A variety of studies have implicated the serotonin-2 subtype in the effects of psychedelic drugs.) Further studies in Geyer's laboratory have shown that, for a series of serotonin-2 antagonists, there is a correlation between their affinity at the serotonin-2 receptor and their ability to produce changes in the habituation of the startle reflex that are opposite to those of the hallucinogens. Meanwhile, drugs like MDMA (Ecstasy), which cause the release of serotonin into the synapse, act as indirect agonists, producing a failure of habituation similar to that observed with hallucinogens.

Prepulse inhibitor

Another form of sensory filtering that is studied in Geyer's laboratory is known as prepulse inhibition. Geyer explained, "Basically, what it means is that on some trials you present a loud stimulus and you get a startle response, but on other trials in the same session, you precede that loud stimulus with a very a weak subthreshold stimulus, and what is observed is that the startle response is robustly inhibited. Like habituation, prepulse inhibition is disrupted by LSD as well as indirect serotonin agonists such as MDMA. Both the habituation effects and the prepulse inhibition effects are not unique to hallucinogens, but they are produced by manipulations of serotonin systems and they might tell us something about what the function of the endogenous serotonin system is."

Parallel studies

Geyer has also studied habituation (and prepulse inhibition) of the startle reflex in human subjects, using headphones for the acoustic stimulus and measuring the eyeblink response using an EMG monitor. For example, normal habituation is observed in control subjects and depressed patients, while an impairment of habituation is observed in schizophrenic patients. "This paradigm would be practical for use in drug-treated volunteer subjects", Geyer said. "One of the things that excited me about the prospects of having real scientific studies resume in humans with these compounds would be that we might be able to do parallel studies between animals and man and thereby assess the relevance and validity of the animal models." •

parallel studies between animals and man can help us assess the relevance and validity of the animal models.

the heffter research institute

DAVID NICHOLS, PH.D.

BY NOW MANY OF YOU may have heard rumblings about the Heffter Research Institute. It was mentioned briefly in OMNI magazine last year; there was an announcement of its impending arrival at the LSD 50th Anniversary celebration in San Francisco; several versions of the Heffter Institute prospectus have been on Internet; and recently the Brain/Mind Bulletin had a short note on it. It was incorporated as a non-profit in Santa Fe, New Mexico, in September 1993. So, what is the Heffter Institute? Named after the German scientist who in 1897 discovered that mescaline was the active principle in peyote cactus, it was founded by a group of seven individuals who have a strong interest in promoting scientific research on psychedelics: David Nichols, a professor at Purdue University, Mark Geyer, a professor at UCSD, Charles Grob, an MD at Harbor UCLA Medical Center, Dennis McKenna, a pharmacognosist at Aveda Corp., George Greer, a psychiatrist in Santa Fe, Phil Wolfson, a psychiatrist in San Francisco, and Jerry Patchen, a Houston attorney who has represented the Native American Church.

They have recruited a Scientific Advisory Panel that so far includes some of the world's foremost researchers of psychoactive compounds, as well as experts in cognitive science, psychology, and anthropology. Most of them have appointments at academic institutions and medical research institutes. This group will help to guide and design research protocols that will stand up to scrutiny by the scientific community.

Objectives

The overall objectives of the Heffter Research Institute are to foster and support research using psychedelics, to identify legitimate therapeutic uses for psychedelics, and in general to study the use of psychedelics as tools to explore the mind/brain question. The initial plan is to support well-designed research projects outside the Institute that have an immediate need for funds.

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Perhaps one of the things that sets the Heffter Institute apart is the founders' ultimate goal of establishing a sufficient endowment so that research on psychedelics will never again suffer for lack of funds. Indeed, they hope eventually to raise enough money to build an actual research facility so that researchers who presently have no place to do their work, or who would like to do this research but are overburdened with institutional commitments, will have a central place to carry on investigations using psychedelics. To some extent, it seems to be an attempt to restart the "Spring Grove experiment," but this time to build in a funding mechanism that will prevent the experiment from being aborted by politics. It seems like a good long-term plan, but it will certainly be costly.

Need

Do we need the Heffter Institute? If you believe in this research, you have to wonder why no work was done for so many years. Although part of the explanation was cumbersome governmental regulation, years of perseverance could get you FDA approval to do a study with LSD. However, once you got approval, there was no good way to get funds to

a central place to carry on investigations using psychedelics

pay for the study. Things have loosened up a little bit lately, but funding is still the big issue. If you're well-connected, and know good fund-raisers, they may be able to locate donors to provide support for a specific study. But if you're a scientist, you can't spend all your time fund-raising or there's no time for research. Is an Institute an effective way to do science? A lot of people think it is. If you look across America, you see the Scripps Institute, the Howard Hughes Institute, the Roche Institute, the Vollum Institute, etc. Centralized collaborations in these settings by outstanding scientists are leading to some of the really exciting breakthroughs in science today.

The Heffter Institute is envisioned as eventually being able to do solid research and gaining respect similar to these institutions, but with its own focus on psychedelics, unique in the world of science today. A major difference is that these, and all other institutes were founded by philanthropists who were supremely wealthy. A typical institute today might be started with a single founding gift of between $20-40 million! To actually develop the Heffter Institute to the level where most institutes start will require a lot of work and a long period of time, but it is certainly possible to do it. One of the founders has remarked, "there must be 10 or 20 million people out there sympathetic to this cause. If there were just some way to reach them all and get them to give $1 each, we'd have the funding problem solved!" In the meantime, the Heffter Institute has just filed its application with the IRS to obtain tax-exempt 501(c)(3) status, a prerequisite to begin fund-raising.

For now, the Heffter Institute is seeking volunteers who have skills that may be helpful in getting the Institute off the ground. They are also soliciting ideas for research proposals that might ultimately become targeted for funding. Your ideas and comments (or donations) can be sent to: The Heffter Research Institute, 330 Garfield St., Suite 301, Santa Fe, NM 87501. •

Heffter Research Institute
Research at the Frontiers of the Mind

The Heffter Research Institute's new logo includes visual references to the mystical mathematics of Pythagoras, the golden mean rectangle, and the infinite logarithmic spiral found throughout nature from spiral galaxies to the arrangement of seeds in flowers.

the Heffter Institute is seeking volunteers who have skills that may be helpful in getting the Institute off the ground

the european college for the study of consciousness

PROF DR. MED. CHRISTIAN SCHARFETTER

THE ECSC is a multidisciplinary forum aiming to promote interdisciplinary exchange of experience and research in the field of consciousness studies. Psychological, social and cultural factors contributing to the non-ordinary states of consciousness (called altered states of consciousness by Tart) are considered, as well as psychoactive substances inducing extraordinary experiences and their consequences for the life of the individual and society.

Consequently, in this forum cultural anthropology and social sciences such as the phenomenology of religious and spiritual experiences, philosophy of consciousness and research in creativity meet basic sciences such as neuroanatomy, neurophysiology, neurochemistry, psychophysiology, pharmacology and ethnobotany. Psychology and psychopathology as well as psychotherapy are very much interested in the communication and classification of the various states of mind, the inducing factors and the therapeutic potential of such states for psychotherapy in general, and psychological help (*intervention*) in oncological disorders as well as in the process of dying. In this field we are very interested in the study of ethnomedicine and shamanism: the use of hallucinogenic substances in various cultural contexts in combination with non-pharmacological techniques (e.g. music, dance) in religious, spiritual and healing rituals.

The 1993 symposium (ECSC's 6th) took place in Zürich December 3-4. The next symposium should take place in 1995.

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The ECSC was founded in 1985 by Hanscarl Leuner, an eminent psychotherapist of Göttingen, Germany who created the catathymic imagination as a psychotherapeutic technique and who studied model psychoses and psychedelic and psycholytic-aided psychotherapy. The ECSC met every year for a symposium of the members (about 120) and organized in 1992 the first large international congress (the volume Welten des Bewusstseins, "Worlds of Consciousness", ed. by A Dittrich, A. Hofmann, H. Leuner, now available by Verlag für Wissenschaft und Bildung, Markgrafenstr. 67, D-1000 Berlin 61). The honorary president of the forum is Dr. Albert Hofmann. The members of the ECSC are now from many European countries and are in constant contact with researchers in this field in the US.

Recent symposium

The 1993 symposium (ECSC's 6th) took place in Zürich December 3-4. Here various aspects of research were presented. In his historical overview of 50 years of LSD, Albert Hofmann noted with regret the misuse of LSD in the uncontrolled subculture with the consequence of discrediting LSD and greatly hindering serious research on its use in basic research and applied studies to psychotherapy. The cultural anthropologist Rätsch presented a slide show of LSD-related arts and graphics. Vanini and Venturini reported on their study of the history of LSD in Switzerland (on the basis of extensive interviews with pharmocologists and psychiatrists active in LSD research).

Hermle gave a talk on the possibilities of getting permission from the German ministry of research and technology for studies with psychoactive substances in healthy volunteers and reviewed the plan for a multicenter study with neuropsychological and PET investigations. Vollenwieder presented a study of the metabolic activity of various brain regions in altered states of consciousness.

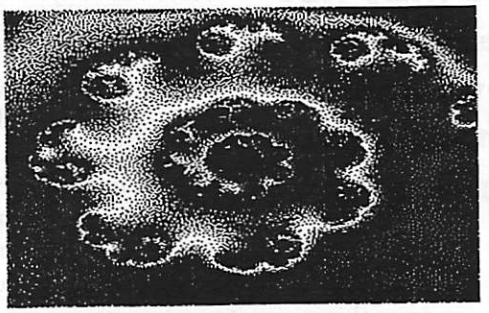
The ECSC is a multidisciplinary forum aiming to promote interdisciplinary exchange of experience and research in the field of consciousness studies.

In the section on psychotherapy research, Leuner summarized outcomes of his own studies of psycholytic psychotherapy, Styk dealt with the difficulties of realizing methodologically exact therapy studies in the context of his private practice and Dittrich discussed the methodological requirements of a scientific therapy study. Lamparter reported on his and Dittrich's studies of altered states of consciousness, comparing various inducers (Dimethyltryptamin (DMT), NO2, sensory deprivation). Schlichting presented his study with the phenethylamine 2CD.

Jacobowitz summarized her study of extraordinary states of mind and glossolalia among members of the charismatic pentecostal movement. The professor of religious phenomenology Braun presented a text of Ludwig Feuerbach on death and immortality, showing how this text represents a shift of the underlying state of consciousness while at the same time inducing such a shift in the reader or listener. Scharfetter dealt with crises of psychopathalogical intensity in the religious and spiritual context.

The symposium concluded with an essay on the modern philosophy of consciousness based on recent progress in the neurosciences, aiming towards a revision of philosophical anthropology. The development of a thorough code of ethics for dealing with various states of consciousness was postulated by Metzinger.

Dr. Albert Hofmann and Dr. Hanscarl Leuner



Future plans

In the future of the ECSC, working groups should be established for neurochemistry and pharmocology, psychiatry, psychotherapeutic and psychological research, ethnomedicine, religion, and cultural anthropology. International researchers interested in these fields are invited to participate in ECSC activities. The next symposium should take place in 1995. •

a discussion with Laura Huxley

BY RICK DOBLIN

Laura Huxley

(This telephone discussion took place on March 12, 1994. Laura's conference was scheduled to begin April 28 in LA.)

RD: What inspired you to organize your upcoming conference?

LH: The main inspiration is that this is a *one and only* opportunity to unite Aldous's birth centennial with Children: Our Ultimate Investment. Celebrating Aldous with children is a natural merging.

He dedicated much of his writing to making us aware of our choices and our creative capacities. Yet, the creative capacity of children is being stifled. This event is a unique moment in time, not just because of the fact of only ONE birth centennial, but also because of the extraordinary group of pioneers and leaders who have responded to this call with enthusiasm.

RD: What do you hope the conference will accomplish?

while we may not do great things, great revolutions, we can do small things with great love.

LH: I hope that people become more aware of Aldous's suggestions and advice. More than anything, that they become more aware of the importance that each one of us has in the making of the whole society. We think that we are not important because society is so overpowering. If we remember that while we may not do great things, great revolutions, we can do small things with great love. This is the advice of Mother Theresa. Each one of us can become more conscious, more clear about what society is and what it can be. If people read Island, they will find a lot of ideas on how to live. Of course, they cannot all be actualized but if we do a little bit, a little bit goes a long way.

RD: Brother David Steindl-Rast also talks about the sense that we should be grateful just for the breath and for the little things that we can do.

LH: Yes, and too often we stifle our natural will to live and to love.

RD: I think that some of the people who may read this interview in the newsletter, particularly some of the younger people, might not have read anything by Aldous. What would you recommend them to read first?

LH: I definitely recommend that they read Island, because that is Aldous' legacy. That way they can see a little of all of the great panorama that covers his life. Jean Houston, who will speak at the conference, has done a lot of work with Aldous' books. She has applied his philosophy in her work. During the conference, Ram Dass will take the two books by Aldous that are opposite to each other, Brave New World and Island, and make the comparison. Then, he will ask which way do we want to go? We are already into Brave New World. Do we want to go more into Island, or maybe there is still another possibility? It's fascinating to think about a discussion like that. There is the example in Brave New World, where the babies about 7 or 8 months old are brought into a room where there are roses and books. They see the colored things and eagerly go toward them but in the moment in which they are just about to touch them, they receive an electric shock. That cures them for good from books. In Island, there is the other example. When the mother is breast feeding the baby, and it is just heaven, the most wonderful time of its life when it's so near the mother and being breast fed, at this moment she introduces the baby to the other members of the family or the household, even an animal, whatever, she makes the introduction in that moment . As the baby is touched by this person the mother says good, good, good. That is the way to introduce a baby to the world.

RD: During the sixties, people were

explicitly trying to recreate the world like the society in Island. People were using psychedelics for inspiration and were dropping out of excess materialism and going back to the land.

LH: It started then, and then it stopped.

RD: What do you think made it stop?

LH: Well, the abuse, and the confusion of issues. You can't drop out, you have to stay in and very much so. Aldous wrote in Island about how the young people who, in a ritual of puberty, are taken into the mountains and given the moshka medicine. Their teacher asks, "will you merely enjoy this experience as you would enjoy an evening at a show and then go back to business as usual?" The answer is not in the wonder of the day, the answer is finding value and wonder in everyday acts.

RD: Do you think that the idea of rites of passage for dying with moksha medicine, is that something that you think we should try to bring into our culture?

LH: Well I only assisted two dying persons with LSD, Aldous and another person. [Editor's note: Aldous asked Laura to inject him with LSD as he lay dying. See This Timeless Moment by Laura Huxley.] For Aldous it was very good, for the other person it wasn't. The point is it needs to be studied in the proper way. Aldous thought that LSD may be used with terminal patients, and he was in contact with Dr. Kast in Chicago, who was doing [LSD sessions] with terminally ill patients.

RD: FDA-approved MDMA research will first look at its safety in normal, healthy people but then we're going to start a study with terminally ill cancer patients.

LH: You have done beautifully, convincing the most impossible people that everything can be used in two ways, even water. You can die if you drink too much water but you cannot live without it. It's really difficult, because the responsibility comes back to each one of us, again and again for the way we do things, as with sex and love. Aldous always tried to offer some ideas, either in a novel form or in a play form, about the situation of the human race, about making us realize we have some choice. Our Ultimate Investment does exactly the same thing, by focusing on being conscious that children and parents will be happier and healthier if treated well. Even before they're born, before conception. The idea is that if we are loved even before being conceived, then the family is prepared for conception, in grateful and loving ways.

RD: You mentioned giving people a choice: what do think about abortion?

LH: Well, if you follow the idea of the conference, the first thing to do if you conceive a child is to be conscious that you are doing one of the most important things that the human being can do. You prepare for conception for two years. You prepare your body and your mind, and you care about the relationship between you and your partner. When you do that, the question of abortion doesn't arise because you're not going to abort the child for which you've prepared for so long. In other cases, of course, that is an absolutely personal thing, nobody can tell anybody what to do.

RD: It's reassuring for me to learn that you value the individual nature of that choice.

LH: Oh, yes. It seems to me that conception should be a very conscious act. If it happens to be different, if some circumstances arise by which suddenly you find yourself pregnant, then the decision can only be made by yourself. It is depressing to think that it has become a political issue.

the answer is in finding value and wonder in everyday acts.

RD: You helped Aldous to die in such a conscious way, in an altered state, are there ways you suggest to help the actual process of birth?

LH: Well, the actual process of birth has already been helped for about ten million years. Currently, the kind of help that is offered by people in the medical profession is too often very disrespectful and damaging. The whole business of birth has been made into some kind of a disease. The woman arrives in the hospital to have a baby and the first thing is that she is put in a wheel chair as though she were sick. The whole process can be helped a great deal by leaving it as it is. Let it be, let it be, as evolution has prepared for many, many millions of years. Leave the father and →

mother to do what is necessary, with the help of midwives who are doing wonderful work. Birth now has become a medical business. There are very few births now on Saturdays and Sundays because it's not very convenient for the doctor. When the baby isn't ready to be born during the weekdays, sometimes it is obliged to do so. The percentage of cesareans has gone up from 3 or 4 percent to 22, 23, 24 percent.

RD: After the conference do you have other plans for Our Ultimate Investment?

LH: Yes I do. I want to keep on with two basic projects. One is Project Caressing, which is the intergenerational project where senior citizens hold and caress babies. Very often people at the two ends of life are solitary and alone. The baby is sometimes left a long time in a crib with maybe only the television, certainly the most cruel of all babysitters. Old people feel alone, too. So if the two can be matched, the loneliness can melt into tenderness. That is one project. I would like to have a caressing room every few blocks in every metropolis. The other project is Prelude to Conception, to make young people aware of the responsibilities of having a baby. The teenager takes care of a toddler when it begins, at two years old, to say no, no, no. At this demanding time in the life of the baby, the teenager will take care of this toddler, or two or three toddlers, every week. And also get credit for this in their schools. I had this project one summer, and each teenager became very, very wise and said, "No, I'm not going to have a baby yet, until I'm 25 or 30 or 35." There are many people now who have babies later in life. They are better parents because they've already gone through part of their own personal growth, for example with their own career. I know several parents about 40. They take such wonderful care of the child because they feel more privileged in being parents.

the practical side, that is very difficult

RD: How are you going to try to go about bringing these projects into being?

LH: Ah, the practical side, that is very difficult. So far, I have financed everything personally, I will have to have a little more help from corporations for Project Caressing. For Prelude to Conception, I would like to put it in high schools. So, there needs to be a recognition of these efforts on the part of the schools. It is a practical recognition because so many kids have kids. That is most often a painful thing because they're not prepared, the babies don't fare as well. Very often they need much more care, and the care is not available. I did try several years ago and did not succeed to involve the unified school district.

RD: So you'll first try to do these things in the Los Angeles area?

LH: Oh, I'll do it anywhere where it's possible, I don't care where, but generally in the big cities. In the small cities, these problems are a little bit better taken care of, I understand.

RD: There's already something like Project Caressing with crack babies in which hospitals arrange for senior citizen volunteers to hold the babies.

LH: It's a natural thing, it's not a brilliant idea. I can assure you that the baboons about two million years ago already did that. So we cannot take any credit.

RD: Sometimes if we'd just be as smart as animals, we'd be doing better.

LH: We are too smart in certain things and not smart enough in others.

RD: It must have been an enormous undertaking to put this conference together.

LH: I'll say, yes. I have a wonderful coordinator, Patricia Gaul, without whom I could not have done it. In any case, I would not miss the opportunity to work on an event which is unique in quality and time. The privilege and the responsibility are bigger than myself – but that's okay. I always had the tendency to attempt things bigger than myself – it is risky, but it gives deeper and tastier fragrance to life. •

All members of MAPS are offered a reduction from $255 to $200 on the registration fee for the conference. This includes all main presentations and the Aldous Huxley Symposium all day Sunday, May 1st. Seminars not included. Contact: Our Ultimate Inestment (213) 461-8976. Conference dates, April 28-31.

is there a proper place for psychedelics in spiritual pactice?

IGOR KUNGURTSEV, M.D.

IT MAY SEEM THAT NOTHING NEW can be said on this topic after Ram Dass and Ralph Metzner. Yet the theme is vast and has many pros and contras as reflected in one of the recent issues of "Gnosis" magazine. (Winter '93, No 26.) This article is an attempt to look at psychedelics from the point of view of somebody who measures everything by one criteria: will this bring me permanent and stable peace and happiness? Or is it interesting and fascinating but has nothing to do with liberation from suffering? (This attitude might seem narrow but regarding other aspects I refer the reader to a significant body of literature.) I believe that longing for permanent contentment is an unconscious motivation behind all human actions; however, it's amazing how difficult it is to really accept that nothing external can bring us lasting happiness.

Limitations

Maybe it's useful first to point out what psychedelics can not give. Just by taking sacred substances and surrendering to their action, no matter how many times and in what doses, we can not acquire permanent, unshakable in any circumstances wisdom, serenity and inner freedom. You might have profound mystical or religious experience but in the next day or two it's gone. What remains is simply memory of bliss and insights you have had but your actual state of consciousness returns to usual – with its implicit inner conflicts.

There is a big difference between actually experiencing that everything is One and intellectually reminding yourself of this truth. If your present state is that of anxiety due to some stress, recalling a profound psychedelic experience you have had won't bring you back in bliss. It seems like certain qualities such as transcendental insight or unconditional love are state – specific, meaning you naturally have them when you are in expanded state of consciousness, and you inevitably lose them when you return to an ordinary state. From this point of view, the goal of traditional spiritual practice is not only achieving the altered state but stabilizing or better to say abiding in it.

Of course, all this does not in any way contradict or deny the role of psychedelics as "door - openers" or initial catalysts for many people. It rather calls for realization that chasing after another and another beautiful psychedelic experience leads nowhere, because these experiences are impermanent just as everything else.

Possibilities

So, is there a place for psychedelics in a day-to-day meditation practice of the serious spiritual seeker? Yes, indeed. The first aspect of the purposeful use of sacred substances has to do with the experiential realization that you are not the body. Our materialistic culture, obsessed with the body, gave birth to peculiar phenomena: body-oriented spirituality. It's amazing how many people overlook the simple truth that almost all our suffering originates from identification with the body. For whom are disease, hunger, poverty, fatigue, wars, natural disasters and death? For the body only. However, it's impossible to give up this habitual identification just by reading or hearing the truth, because the ordinary state of consciousness is characterized exactly by "I am body" experience.

Yes, indeed.

Many people may say "Of course, I know that I am not the body!", but this is only intellectual; unless one had a direct experience, the unconscious self-representation is indeed of "I" to be the body, which lives at this address, works on this job, married to this person, etc. The real degree of identification with the body is revealed only through the intensity of fear people have when the body is threatened in disease, physical trauma, or sudden bankruptcy. Of course, all this does not mean that the body itself is the cause of problems. The body should be taken care of. These notions of Advaita Vedanta rather point out that there is no end to suffering unless one experientially realizes that s/he is the boundless ocean of pure consciousness, and the body is just an object equal to all other objects inside this ocean. Psychedelics are invaluable in this matter because in significant doses →

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people taking psychedelics learn that the most appropriate mental set and attitude is surrender.

they can give a direct experience of conscious existence without the body. Mushrooms, DMT and ketamine in large doses are especially helpful. Repeated out-of-body experiences lead to loosening this deep conscious and unconscious identification with the body. One of the spiritual masters said that genuine spiritual practice has no other goal than experiential discovery of something in us that can not be taken by death.

Self-inquiry

Another aspect where psychedelics can be intentionally used has to do with the practice which Ramana Maharshi proposed as the most direct path: investigating "Who am I?" Sometimes this method is grossly misunderstood as merely intellectual questioning or usual introspection. In fact, it's very intensive practice where the meditator withdraws attention from all objects, external (the world) and internal (thoughts), and reverses awareness on its source. Usually people taking psychedelics learn that the most appropriate mental set and attitude is surrender to the action of the substance. If you don't give up control you are likely to have difficult experience. But again, there is a world of difference between preliminary intellectual set and ability to actually surrender in the process moment-to-moment.

Ramana Maharshi pointed out that another direct path (besides self-inquiry) is total surrender of one's life and world to God. From the meditator's perspective, unreserved surrender places one's mind in the position of detached observer of not only the world but of one's own body, emotions and thoughts, since they also belong to God. But as it is difficult to be totally detached in everyday life, so in psychedelic experience there is always a certain degree of habitual repulsion from the unpleasant and attachment to the pleasant. In many cases what people call surrender to the action of the psychedelic is, in fact, emotional involvement in experience with clinging to bliss and aversion to fear. What matters is not what we experience (because all experiences are impermanent) but how we react to it. From this perspective, psychedelics offer a unique possibility and a chance. When usually solid reality melts and begins to move, when irresistible flow of energies dissolves perception of the body, when emotions fluctuate from bliss to unbearable fear, when every moment gives birth to the new world of images, it's a chance to realize that all this is happening by itself, beyond your control. So what can you possibly do? Nothing. Just relax and observe, witness.

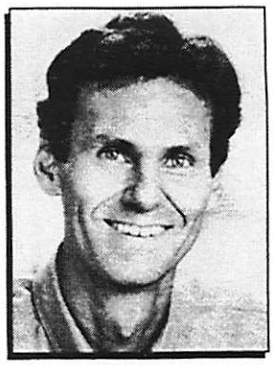
Attaining the stable inner position of a detached witness of your own emotions and thoughts is in itself a difficult and high achievement. However, there is a stage beyond that. If I can disidentify and observe all these fleeting manifestations, then, who am I? In the ordinary state of consciousness, attention is usually fixed on this or that object (including thoughts); in psychedelic experience, when everything is changing so fast, it's easier to relax mind's habitual grasping and turn awareness on itself. The problem is that we are usually so fascinated or terrified by the experience itself, that we never ask ourselves "Who is that who is aware of all this?"

Challenges

For the determined spiritual practitioner, taking a psychedelic must be a test, a challenge and a possibility. A test: how much of deeply rooted fear, insecurity, negativity do I still have in my subconscious? (For some people sure of their meditative achievements but who had never taken psychedelics it might be rather unpleasant discovery that all these years they were just soothing the surface). Also a test with large doses of mushrooms, DMT or ketamine as a model of death: when death comes, will I be able to surrender painlessly and let go of the body? And when without a body, will I be comfortable facing the unknown in those strange bardo worlds? A challenge: am I able to stay as a detached witness in the midst of the outermost intensity of fear or bliss? And a possibility: to use the fluidity of psychedelic reality to free the attention from the trap of objects and turn awareness on its source. Reversed awareness allows us to realize, at least for a moment, the truth of who we really are: pure formless Consciousness, Existence, Untouched Peace, Emptiness and Fullness... In fact , it's impossible to describe It in words; just try the next time you are tripping to find out who is tripping... •

the macho ingestion syndrome

JOSE STEVENS PH.D.



Jose Stevens Ph.D.

MANY COURAGEOUS INDIVIDUALS continue to explore the opportunities for expansion and growth offered by the ingestion of plant allies, empathogens, and other mind altering substances. Efforts to research and document the impact of substances on a wide variety of people with various conditions appear to be growing in strength. Along with these promising themes is emerging a disturbing trend. Perhaps this trend is not new at all, but actually an ancient pitfall that is re-emerging as experimentation continues. That trend is what I would call the macho ingestion syndrome. This syndrome has several assumptions at its core.

The first assumption is that it is more valuable to ingest greater and greater dosages of plant substances at a sitting than it is to ingest a small amount. The belief is that the greater the ingestion of substance, the greater the confrontation with the shadow side of the psyche. The second assumption is that the greater the willingness to confront the shadow in this way, the more spiritually macho one is and concomitantly, the more enlightened one is. If one does not ingest large dosages, then one is considered to be only diddling around or unwilling to face oneself. Interestingly I have noticed that the people more inclined to get into this kind of belief system are men who have not looked at their competitive drives. Some of these are falling into the old trap of the macho shaman syndrome, "I'm more powerful than you are". Women are more inclined to feel put down and negated but less likely to succumb to taking large doses. In this case they tend to show more sense.

As a psychotherapist I have had the opportunity to work with many clients who, for personal growth reasons, have sought out ceremonial groups where they ingested plant and other mind altering substances. I have seen that clients can gain tremendous insight into their process through the ingestion of peyote, mushrooms, and other substances in ceremonial settings. These experiences have often contributed and accelerated their hard work in the counseling setting.

However, on a more cautionary note I have had many reports from clients that they felt pressured by ceremonial leaders to ingest ever greater dosages with the suggestion that if they did not, they were not serious about their growth. Upon taking the larger dosages many, normally well functioning clients have reported horrendous experiences of paralysis, fear, delusions, paranoia, nausea, and in some cases serious thoughts of suicide. After having such painful experiences, these people were told that the event made them see how stuck they really were and that if they were more enlightened they would not have such reactions. Some were told that the death of the ego was necessary and they would just have to learn to let go of it. They were further told that only by continued encounters and ingesting larger dosages could they break through such limitations. Often these people suffered from deep anxiety, panic attacks, sleep disturbances, inability to concentrate and other disorders for weeks and even months afterward.

While sudden traumatic experiences of facing subconscious fears can at times lead to growth and breakthrough, I believe that the afore mentioned assumptions are dangerous and naive. In the case of a person with deeply hidden fears, I personally believe that gradually facing them over time with plenty of confidence building is the approach of choice. I do not believe that the complete stripping away of all ego defenses that large doses promote is productive or desirable. Secondly, I do not believe that bigger doses are necessarily more productive than smaller doses and any attempt to belittle someone for their choice of a small dose is not only arrogant but unenlightened. Thirdly, I believe that the psyche was never meant to question its own integrity or viability, a phenomenon that appears with commonality among people who take large doses of substances. When the person ingesting the substance becomes suicidal, fears instant annihilation, or travels into a horrific hell and cannot get out, that is an indication that the dosage is overwhelming the integrity of the self. It is a sign to back off, not to ingest more.

Ideally the experiences are meant to reveal a larger context to the world, insight into the nature of reality, revelations of love and beauty, and provide lessons of an insightful nature often focusing on relationships, habits, belief systems and the like. The lessons provided may include insight into fear, grief, or anger. These revelations can lead to transformation if they are experienced at a level that is well paced. Pacing has much to do with dosage.

These transformative substances are powerful tools for integration and evolution. Let us not distort their effectiveness and inflict harm through the traps of macho mentality and competition. •

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psychoactives and the internet

BOB HARRIS & ROBERT JESSE

YOUR LOCAL BOOKSTORE may well have a new section... one containing publications pertinent to the "Internet", an entity with a 20+ year history but only now coming into widespread public awareness. The Internet consists of a international web of interconnected computer networks, linking huge numbers of universities research institutes, high tech companies, and increasingly, everyone else. Current estimates are that its growth rate is about 12% a month, and accelerating.

Many different services are supported by the Internet; perhaps the most well-known is electronic mail. Email can generally be sent between users of Internet-connected computers, and through "gateways" to users of commercial services such as America Online, Compuserve, etc. The software to send and read email, and sometimes the addressing schemes, differ from system to system, so consult local resources for guidance.

Internet sites maintain archives of drug-related information. .alt.drugs is the most active drug-related newsgroup

Additional services are available to computers connected directly to the Internet. The "File Transfer Protocol" (accessed on many systems using the "ftp" command) allows files to be uploaded/downloaded between computers. Often the files one might want to access are carefully arranged in a topical "archive" on one computer by some kind soul who serves as its maintainer. The files in most Internet archives don't change much, though there are a few that are updated frequently. Sometimes you'll see "FAQ" (frequently asked questions) files on various topics - these are often updated as new information becomes available. Of particular interest to MAPS members, several Internet sites maintain archives of drug-related information.

One drug information archive site is at Harvey Mudd College and is accessed by FTPing to "ftp.hmc.edu". Start at the directory "/pub/drugs", and from there you can move to various subdirectories, currently psychedelics, mdma, marijuana, nootropics, humor, natural, misc, politics, stimulants, opiates, and inhalants. Most of the files in the archive are in a compressed format identifiable by a filename ending with ".Z". If you are using a UNIX system, you can uncompress the file after transferring it to your computer using the "uncompress" command. If you're using a Mac or a PC, you'll need a utility that understands this particular compression scheme. For Macs, the universal StuffIt Expander tool will work. A second site on the net archiving drug information is "techno.stanford.edu" - look in the directory/pub/raves/chemistry.

The Internet also supports a more dynamic mechanism called "Usenet Netnews", "netnews", or simply "news". You can think of netnews as a bulletin board that's automatically distributed so that each participating computer system or "news server" gets copies of all the information submitted by the various readers of news around the world. "Articles" or "postings" in netnews are arranged hierarchically according to topic. You can get an idea of how they're organized by examining a few sample group names out of the 6,000+ available: rec.music.bluenote, rec.audio, rec.audio.pro, sci.med, sci.med.pharmacy, and so on. To read and post netnews you will need a program called a "newsreader". Depending on the computer system you are using the newsreader can be either an intuitive graphic interface or one that is based on commands.

alt.drugs is the name of the most active drug-related newsgroup with dozens to perhaps several hundred new messages a day. There is no limitation on the material in this

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group, making it a rather lively discussion area. Individuals post information on a topic, such as growing cannabis, and others will respond to the posting. Often with popular topics dozens of replies will be made. Many postings are questions that people have about various drugs. The quality of answers varies from simplistic or even wrong on the one hand, to quite complete and accurate discourses on the other hand. Many articles contain references that can be helpful, too. Additional, though somewhat less active newsgroups to check out are alt.psycho actives, and alt.hemp.

One thing about the net is that there is a camaraderie that tends to encourage people helping people. Inquiries are often made by people followed by an outrageously incorrect answer. Before you are ready to respond with a correction, several people frequently correct the material in great detail. The freedom in cyberspace to criticize others' material creates a model for self-correcting service. While some of the postings are rather naive (one posting asked "where can I get some MDMA?", others are on rather humorous topics such as "Music to listen to while stoned" or "Best videos to watch while coming down"), at other times there is detailed information about the biochemistry of receptor sites.

You'll see in some of the newsgroups occasional "FAQ" postings, similar or identical to the FAQ files stored in some of the archives. In alt.drugs, they're often about specific drugs, and contain all sorts of information related to that compound. Each month a FAQ is posted that provides a summary of the availability and prices of various drugs on the street in major areas of the country. Another popular FAQ contains mail order sources for books, information, seeds, cultivation supplies, etc.

One question that appears fairly regularly in various groups is whether or not law enforcement may be monitoring the news traffic. Since the safe (or paranoid, depending on your perspective) answer is "yes, big brother is watching", two mechanisms for privacy have become popular to fill the need for security.

In order to make anonymous netnews postings (such that your name and return address are not accessible to people who read your postings), servers are setup, often in foreign countries, called anon servers. Privacy laws in these countries are often more protective than here. It works this way: you email your posting to the anon server. The first time the server receives a message from you, it assigns you an anonymous number or ID with which it will post this and future articles from you. Readers of your anonymous article can use its anonymous ID to send email back to you. To find out more, send an email to help@anon.penet.fi, an anonymous server in Finland.

The second method won't work for netnews postings but will provide increased privacy in email sent between two people. It is called public key encryption. Most encryption software requires both sender and receiver to know the same encryption password - thus the password has to be exchanged via private means. With public key encryption, the password is split into two parts, the "private" key and the "public" key. You can email your public key freely to anyone, and you can have it published in various key directories. Somebody who wants to send you a private message first encrypts it using your public key. When you receive the message, you decrypt it with your secret private key. Once you and a correspondent are using the same public key encryption software and know each other's public keys, you can communicate with a good degree of privacy. If you do so via one of the anon servers, not only is your mail reasonably safe from casual eavesdroppers, the two of you can remain unknown by real name to each other. You can obtain one of the public key encryption software programs, PGP (Pretty Good Privacy), by ftp from soda.berkeley .eduorsrc.doc.ic.ac.uk. The public nature of the Internet that sometimes makes privacy a concern also makes the Internet a resource that can be used to disseminate good information to many people worldwide. The past 8-12 years has made much of the public information regarding psychedelics more difficult to locate, as well as hard to verify. The Internet is serving as a primary information source for many people, especially of college age. Unlike other news and information sources, this one depends on its open nature and participation of people who can provide reliable information. Net users who have new or better information on these topics can do a great favor by making the effort to post this information for the rest of us. •

Individuals post information on a topic, such as growing cannabis, and others will respond to the posting. Often with popular topics dozens of replies will be made.

Book Review

pursuit of ecstasy by jerome beck and marsha rosenbaum

REVIEWED BY NICHOLAS SAUNDERS

Autographed copies available from MAPS for $18. See page 30 for ordering information.

FIRST, I MUST DECLARE my interest: last April I wrote and published a similar book, *E for Ecstasy*. And although mine appeared some 10 months earlier, there was no cribbing as the two were completed at the same time.

Pursuit of Ecstasy kicks off with three lively descriptions of the drug by very different people, exemplifying the three main types of user: The Dancer, The Seeker and The Hedonist.

From then on, the book takes on the stance of an objective, sociological enquiry, but nevertheless is easy to read. The Plan of the Book, they announce, is first to set the stage with the drug's history; then to explore the diverse social worlds where it is used; the reasons people use the drug; why they give it up; and negative aspects. Finally they attempt to answer the question 'What should be done about Ecstasy?'

The authors explore various 'scenes' where Ecstasy is used, and went to Dallas less than two years after prohibition where they "conducted seven formal interviews" with people who were involved in the renowned scene that caused its own downfall:

'[It was] '85, and I moved into a small apartment by myself. That's when I found some good X. It started becoming so much more available. All you had to do was get out in the street life – the night life. That's when it was all over the street life. I mean, suddenly it was like within one weekend, boom! It was everywhere and you could get it anywhere on the streets, in the bars, for 20 bucks a hit from anybody.'

Pursuit of Ecstasy
by Jerome Beck and Marsha Rosenbaum
240 pages paperback.
State University of New York Press
(Autographed copies available from MAPS for $18.00 postpaid priority mail)

Points that particularly interested me include:

Attitudes

One is that the drug 'does things to you', so that the effects noticed are those of the drug itself. The other is that the drug allows the user free expression, so the effects reflect aspects of the user's personality that are normally suppressed.

Group experience

Some New Agers relate the MDMA experience to 'morphic resonance', a term coined by Rupert Sheldrake, as though the MDMA allows them to tap into a field of cumulative collective experience. The forerunners of Raves were Grateful Dead concerts that have been going ever since 1965, and where a large number of people take drugs and feel a group-mind experience.

Acceptability

Ecstasy was used and accepted by straight people who saw it as 'safe' or 'not a drug', particularly before it was prohibited. Several examples of this are given, from the Dallas hedonists (who were well-off young professionals) to New Agers who see the MDMA state as real, not as a stoned state.

Truth serum

"I believe it lowers your sense of fear and you fall in love with yourself. When you do that, you're more willing to take risks, and one of the risks is telling the truth". It enables one to speak the truth, but does not prevent one from lying.

Sex

Prostitutes found MDMA helpful in creating a better atmosphere with clients, and a topless dancer was able to accept and feel less abused by gross behaviour, and to earn more tips as a result. Some people became open to new kinds of sexual experiences.

Creativity

One person described MDMA as an artistic 'flavour enhancer' and would use frequent small amounts to help study. A writer described how Ecstasy allowed him to engross himself more in the content, and to allow his description to flow more spontaneously.

Lasting effects

It was easy to integrate experience into everyday life. The most frequently reported spiritual effect was a profound feeling of connectedness with all of nature and mankind. It made marriage break ups easier. A psychotherapist believed MDMA helped him to know himself better, and therefore be more open with clients.

Bad effects

Recreational users seem to have hangovers, while therapeutic users would value the 'afterglow'. Users who tried more than 200 mg reported less good effects.

Addiction

Does not occur in long term. Although many users have binged, the after effects put people off and frequent users find they need a break to regain effects.

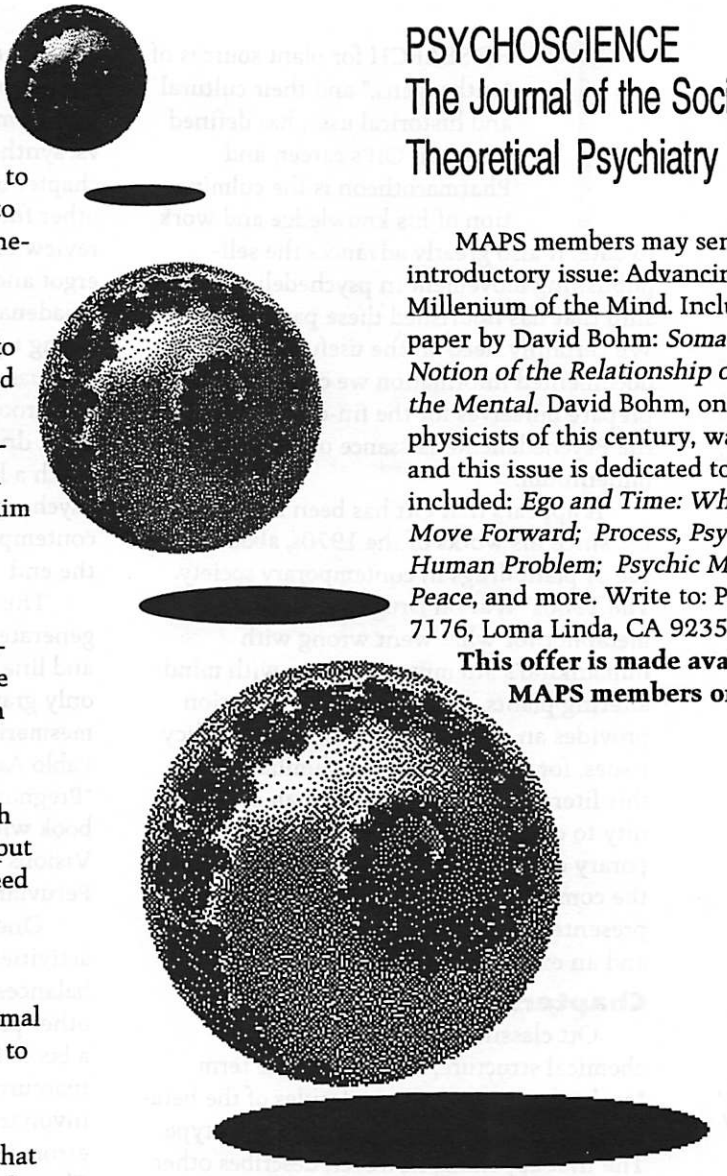
Toxicity

Fenfluramine has been approved for daily use although, at only 1.25 times normal dose, it produces a similar type of damage to MDMA overdoses.

Conclusion

The book concludes by commenting that the benefits experienced from Ecstasy can be seen as a measure of how stressful and isolating our society is.

I believe that this book will be more influential in crediting MDMA as a tool with valuable potential than previous books such as my own. It does not patronize nor preach to the converted, and its academic style does not allow it to be dismissed lightly. •



Book Review

PHARMACOTHEON: Entheogenic drugs, their plant sources and history. by Jonathan Ott

REVIEWED BY
MICHAEL MONTAGNE

PHARMACOTHEON: Entheogenic drugs, their plant sources and history. By Jonathan Ott, Kennewick, WA. 639 pp., index, appendices, bibliography, 1993. Sales: Natural Products Co., P.O. Box 1251, Occidental CA, 95465, $40.00 (paperback), $70.00 (clothbound), include $3.00 for postage, $5.00 for foreign post, and CA residents add 7.5% sales tax.

THE SEARCH for plant sources of "entheogens," and their cultural and historical uses, has defined Jonathan Ott's career, and Pharmacotheon is the culmination of his knowledge and work to date. It also greatly advances the self-publishing movement in psychedelic scholarship that has flourished these past few years. We certainly need all the useful and well-documented information we can get to prepare ourselves for the fin-de-siecle and the Psychedelic Renaissance of the coming millennium.

It appears that Ott has been thinking a lot, since his works of the 1970s, about the use of plant drugs in contemporary society. The 1980s' War on Drugs is the dominant metaphor for what went wrong with humankind's attempt to coalesce with mind-altering plants. Ott's lengthy introduction provides an overview of current drug policy issues, for those readers not familiar with this literature, and it gives him an opportunity to comment on many aspects of contemporary drug use. It is basically a preamble to the compilation of drug research that follows, presented in four parts with five appendices and an extensive bibliography.

Chapters

Ott classifies his drug chapters by chemical structure, and he uses the term "entheogen" to refer to molecules of the beta-phenethylamine, indole, and isoxazole type. The first appendix, however, describes other plants and their associated substances, including atropine and scopolamine (Datura and others), ibogaine (Tabarnanthe), nicotine (Nicotiana), and the thujones (Artemesia) and tetrahydrocannabinols (Cannabis).

Michael Montagne, Ph.D., Associate Professor, Massachusetts College of Pharmacy Practice, 179 Longwood Avenue, Boston, MA, 02115.

The chapter on beta-phenethylamines focuses primarily on peyote and other cacti, with comments on the debate over natural vs. synthetic sources of drug products. The chapter on isoxazoles covers fly agaric and other fungi. The four chapters on indoles review ergoline-containing plants such as ergot and ololiuhqui (morning glory), Anadenanthera snuffs with their short-acting tryptamines, the beta-carbolines of ayahuasca potions, and the Teonanacatl mushrooms and other psilocybin fungi. Each plant drug chapter provides chemical data (with a listing of plant species that contain psychoactive substances) and information on contemporary use with extensive footnotes at the end.

This is a self-published effort. Computer-generated drawings of chemical structures and line drawings by Martin Vinaver are the only graphic illustrations. The cover is mesmerizing, however, portraying a part of Pablo Amaringo's 1989 tempera painting "Pregnant by an Anaconda" (which is in his book with Luis Eduardo Luna, Ayahuasca Visions: The Religious Iconography of a Peruvian Shaman, 1991).

One problem with self-publishing activities is the lack of certain checks and balances that prevent or reduce errors and other problems in the technical production of a book. Pharmacotheon is troubled with inaccurate citations in its bibliography, involving mostly minor errors. There are also errors in some of the chemical structures. These errors were found in my perusal of specific sections covering those compounds with which I am most familiar. I have not checked the whole book, and I am not expert enough on all categories of drugs to make a complete assessment of the book's accuracy on a line-by-line basis.

Ott's approach to cooperative financing of the book does present an advantage. Individuals placed orders in advance of publication for hardcover copies, and this

revenue-generating process helped Ott publish his book. It removed financial limitations for him, and it allowed him to maintain his political freedom in what he wanted to present and discuss.

Many self-publishing activities are heralding the coming Renaissance. Information-exchange journals, such as Elvin Smith's The Psychozoic Press, Tom Lyttle's Psychedelic Monographs & Essays, Jim DeKorne's The Entheogen Review, the folks in Germany who are publishing Integration, other publications, and of course the MAPS newsletter, need to be encouraged and supported. Books such as Pharmacotheon, Alexander Shulgin's early version of The Controlled Substances Act, Nicholas Saunders' E For Ecstasy, and many other books make great additions to a personal library for those interested in psychedelic literature.

A great deal of relevant and important information exists as personal experience, oral history and folklore of various social groups, collective consciousness of drug consumers, and unpublished individual and organized investigated work that must be saved and shared. There is a common theme in all of this cultural knowledge; it clearly portrays elements of healing and spiritual growth in humankind's evolution that have been influenced through the use of certain plants. There is as yet no single definitive source on the various plant substances that are psychoactive in nature. Pharmacotheon joins Richard Schultes and Albert Hofmann's The Botany and Chemistry of Hallucinogens and Peter Stafford's Psychedelics Encyclopedia as another useful compendium of psychedelic information. Each has its strengths, but none of them give full coverage to the subject, because they never intended such a massive undertaking. Each work approaches this complex subject from its own perspective. Richard Schultes and Robert Raffauf's "Psychoactive Plants of the World" series (published by Yale University Press) is providing a number of monographs that are individually focused on the more famous plant species and categories of drugs. These works as a whole provide depth of perspective, while singular works like Pharmacotheon embody the importance of individual exploration.

works like Pharmacotheon embody the importance of individual exploration

It is important to possess a copy of Pharmacotheon and other works of psychedelic literature. Personal experiences need to be complemented with a library of drug literature, for it is distressing to go wanted for information. True contributors to the Psychedelic Renaissance must know the ideas and the literature that came before them in order to learn the lessons of history. That student of plant drug knowledge then can assist in bringing about changes in our conception and use of plants that produce entheogenic effects for the betterment of every society. •

telluride mushroom festival, 1994

Jonathan Ott will be the featured speaker for the 14th Annual Telluride Mushroom Festival Aug. 25-28 this year. Ott is the author of the recently released Pharmacotheon — Entheogenic Drugs, Their Plant Sources and History, and is at work on a sequel, Ayahuasca Analogues — Pangaean Entheogens. Regular faculty includes Dr. Andrew Weil, who recently founded the Center for Integrative Medicine in Tucson, noted mycologist Gary Lincoff, and Paul Stamets, president of Fungi Perfecti and the nation's leading cultivator of unusual fungi. Cost for the workshops and meals is $185 per registrant (with an extra $10 for a copy of the Telluride Mushroom Field Guide). Campsites and lodging are available through the Telluride Chamber Resort Association at 1-800-525-3455. A limited number of tickets for workshops are usually available at the door, and run $10-$12 per workshop (cash only, no checks).

Jonathan Ott will be the featured speaker

To register, write Dr. Emanuel Salzman at Fungophile, Inc., P.O. Box 480503, Denver, CO 80248-0503. For more information, call Art Goodtimes at 303-327-4767. •

Book Review

Psychedelics By Tom Lyttle (editor)

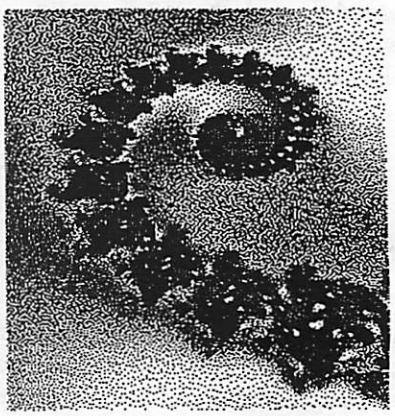
REPORTED BY MICHAEL MONTAGNE

A COMPILATION OF ARTICLES published over the years in the six volumes of Psychedelic Monographs and Essays (PM&E) has just been released under the title Psychedelics. Tom Lyttle, the editor and publisher of PM&E, has done a great job as usual in putting together a "collection of the most exciting new material on psychedelic drugs" (as the cover blurb states). This brief report describes this important book, but it is not an actual review since I am also a contributor.

Since its inception, PM&E has shared with the world a variety of interesting reports, studies, reviews, and commentaries on psychedelic drugs and their appropriate use in society. It has represented an alternative to both the hard-core scientific literature and the subculture press (High Times and related magazines and newsletters) when it comes to discussing psychedelic agents. Open to a variety of approaches and investigative methods, nonetheless, it has also been rigorous and scholarly in its editorial policies and publication style.

Information and Ideas in "Psychedelics"

Most of the contributions in Psychedelics come from Volumes #4 through #6 of PM&E, which are still available in print, but some of them come from earlier volumes, especially Volume #3 which was a special theme issue that is now out-of-print. Psychedelics opens with a foreword by Howard Lotsof of ibogaine fame and an introduction by Rick Doblin. While very different in style, these two leaders in the medical psychedelic movement present the reader with much to think about if psychedelics drugs are to become valuable therapeutic agents. Other contributions include the Riedlinger's "Seven Deadly Sins of Media Hype Considered in Light of the MDMA Controversy," Tom Robert's Grofian interpretation of Disney's Snow White and the Seven Dwarfs, and very interesting articles on lucid dreaming, Amazonian shamanism and the Ayahuasca experience, Castaneda, the synthetic drug U4Euh (also known as Euphoria, Intellex and by other names) and my contribution at the end which provides an extensive bibliography to the psychedelic literature. If you have not been in touch with PM&E, then this compilation is a great introduction. Copies are available from MAPS and the proceeds of their sales help to benefit psychedelic research. •



Psychedelics
Tom Lyttle (editor), New York: Barricade Books, 254 pages. 1994.

the use of drugs to treat childhood abuse: letters

AT THE SAN FRANCISCO meeting in April, commemorating the 50th anniversary of the discovery of LSD, I was disappointed that no one spoke of the use of drugs to help us deal with the abuse we all suffer when we are children, abuse that twists our original self-love into the self-hatred that becomes the source not only of our personal anguish but the cause of violence in the world.

I am aware that when LSD and MDMA were legal that therapists used them to explore our hidden pain, pain that always has its roots in childhood. Nowadays, though, MDMA is used chiefly to experience ecstasy. At least among the people I know, all but three use MDMA (and other drugs) just to "feel good," which is understandable. God knows, we all need some release from the suffering we live with. The use of drugs to get high is also a benefit because it often makes us aware of another reality so much more powerful than the narrow confines of the I-think-therefore-I-Am self. Nevertheless, since the self is largely created to protect us from awareness of what we suffered in childhood, the only permanent way out of the self and into a wider reality is not by going around the pain but straight through it.

It is not surprising that most people use drugs (legal or illegal ones) as an escape. I know from my own experience how hard it is to approach the memories, and the fear, anger and grief that accompany them. But I, fortunately, had no other choice. My first MDMA trip, which shoots most people into ecstasy, shot me straight into the hell of my childhood, a hell I had not been consciously aware of.

I think that the use of drugs for this purpose is so important that I am now writing an account of my journey into the abuse I endured in childhood, abuse I could not have faced without the help of "illegal substances." After my first eye-opening trip, MDMA was not of much use, perhaps because what I had to remember was so terrible. Not until I took Euphoria (4-methylaminorex) alone, lying down, with eyeshades on and playing a continuous tape of a chorus singing Om, did I get the flood of memories I needed to get in order to heal. Euphoria let me get the memories calmly, but my heart had already been opened by MDMA, which enabled me for the first time in my adult life to cry, and I had much to cry about. Euphoria and later LSD also opened my consciousness to a compassionate and wise force within me that I soon called my inner guide, an experience that for me was totally authentic because at that time I had never heard of inner guides. I could not have made this journey without the help of this guide, a guide that I did not encounter only under drugs but who was soon with me every step of the way.

Euphoria let me get the memories calmly, but my heart had already been opened by MDMA

This mysterious and terror-filled journey is, because of my use of drugs, such a "hot potato," I'll have trouble finding a regular publisher, but somehow I'll get the story into the world. The use of drugs to open us up to our inner pain needs to become widely known. The public nowadays is learning that almost all the men and women in prison, especially the murderers and rapists, were severely abused in childhood. The public also knows that when let out of jail, most rapists, for example, will be compelled to continue to rape. What the public does not know is that people who commit violent crimes can rarely be helped until they remember the often forgotten traumatic events of their childhood and open up to their feelings. Without going

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through that process, there is little hope of a cure. I feel that drugs, used in the proper setting and for this serious purpose, are the surest way to bring about a cure.

I believe that these "illegal" drugs are the most beneficial aids mankind has invented to help us change the world for the better. The only way to stop the hatred and violence within us is to discover the source in our own self-hatred, self-hatred generated in childhood that seeps into the world and makes it ourselves writ large, a place of hatred and violence.

This culture sneers at and punishes those who use illegal drugs to feel good while the public floats away on rivers of alcohol. Alcohol can only help us escape from our painful feelings not get into them. Apparently, that is also true of Prozac, which more and more people are using. Prozac, which I have read is chemically close to speed, is, like alcohol, just another emotional pain-killing drug. Prozac is also expensive, has serious side effects and may need to be taken for life. A drug like LSD, on the other hand, is cheap and when taken sensibly has no side effects and when used to deal with childhood wounds is self-limiting. To speak from my own experience. At first I needed 200 mcg to be able to face what I had to, whereas recently only 20 mcg can get me into the remaining heavy pain I have to work through. Mostly, though, I am able to do it on my own. And although only 20 mcg can now also get me into my higher self, I often "get there" on my own, that is, I have eliminated so much of my pain that I can be what I was when I was first created, filled with the joy of being alive.

The public must become aware of the use of drugs for this higher purpose. It will not be easy because our culture has been created to keep us so distracted, so anesthetized that we don't have to face the abuse we suffered in childhood. But if the world is not to blow itself up or destroy itself in some other way, we have to stop running; we have to face what we are running from. The proper use of drugs can help.

Drug Freed

I AM A PATIENT who has been helped immensely by MDMA. I am a victim of child abuse who has been diagnosed as having major depression. I also have symptoms of post traumatic stress syndrome. I spent years in therapy and tried just about every type of treatment there was, including several different kinds of prescription drugs such as Prozac. Unfortunately, none of those treatments worked and my symptoms persisted.

I am a patient who has been helped immensely by MDMA.

Then a friend of mine in the mental health field got me some MDMA. It worked fabulously! Cut right through the wall of trauma that had been paralyzing me all my life! Now that it is illegal and I am not able to continue treatment with it, I am sick again. No words can fully communicate the rage I feel at not being allowed access to this medicine, the only thing that has ever worked for me.

I have no idea why anyone would consider MDMA harmful. People like myself who suffer from emotional trauma live their whole lives in an altered state, a fucked up state. A state of panic, fear, and distrust. Believe me, none of us are looking for something to get fucked up on. Exactly the opposite. We are wanting help to feel normal! People without mental or emotional dysfunction have no idea how lucky they are! Feeling normal and healthy is an ecstatic state for someone who has depression. And that is the beauty of MDMA and MDMA-assisted psychotherapy. It removes the emotional trauma and allows a sick person to feel and act lucid and confident. No more paralyzing fear.

I cannot allow myself to live my life in sickness when there are medications like MDMA that can help me to be healthy. I know there are thousands, millions of people world-wide that can benefit from the therapeutic application of this medicine. This is an extremely important issue. God bless you who are helping to get MDMA back as a prescription medicine.

R. Bloom,
263 Eigenmann Hall,
Bloomington, IN 47406

Families who value psychedelics

MDMA in the Relief of Pain

When Grandpa was 91, he may have had a mini-stroke. He fell in the cellar and couldn't get up. I ran for help, and neighbors assisted me in getting him up stairs and into his chair. He seemed all right.

But in the days that followed, he complained of a severe headache, and then a mild fever. He was put into the hospital, where he was given a soft neck collar. Although the nurses were concerned abut the intensity of the pain he seemed to suffer, the doctor in charge seemed quite cavalier. Tylenol was the only medication prescribed, and it didn't touch the pain.

Finally, I was so distressed at his suffering, I removed him to see a chiropractor. Even my uneducated eyes could see a misalignment. George experienced wonderful relief. Unfortunately, he stumbled and hurt his knee. It became so swollen and painful, he had surgery on it, to drain the infection. The surgery was a short-term success, but mentally, it looked like the end. The family flew in for final goodbyes. I hypnotized George and found out that he felt this was a dead end. He had given up. When I convinced him he was really going home, it was as though a light bulb went on. The nurses were astonished at his recovery.

Upon his return home, his spirits were high. He began working in his shop again. But the knee began to swell and get infected once more. I suspect George's walking in an off-balance way set up a secondary reaction, because he began to have neck spasms again. These were excruciatingly painful. By then he was in a nursing home, because I could no longer cope. Once again, the doctor in charge - as well as the nurses - felt the pain was "all in his head." Although his personal doctor had prescribed narcotic injections when indicated, none were given. Instead, George was given Tylenol and Valium. People were evidently afraid to make him a drug addict with anything stronger. At 92!

His original chiropractor was unwilling to do neck manipulations, because he feared - and with good reason - he might trigger a stroke and be liable.

I learned from nursing home roommates with wits that George was crying with pain at night. My efforts to secure him pain relief were met with stony indifference. I removed him to a private home, where he could get individual and loving care, but the intense pain continued, along with a great deal of fear and anxiety.

George was an excellent hypnosis subject, so I took him to my friend, who is a medical hypnotist. At the time, MDMA was legal, and he suggested that we use some to assist George in handling the pain and hopefully to discover what lay behind it.

It was not easy to let George "let go," but finally, he surrendered. His fall had been most traumatic for him, because again and again, it signaled lack of control. He had buried a great deal of sorrow, because he had lost his first wife after 49 faithful years. His second marriage at 88 had lasted only a year. His lovely bride - the sweetheart of his youth - had succumbed to tongue cancer.

To permit these feelings to emerge was very cathartic. He was lifted out of the body to experience complete pain relief and association with those he held dear. It was a glorious experience for him. With this experience to draw on, I found that I could hypnotize him and have him leave his body at will. This permitted him to leave any pain, but without narcotic stupor and/or separation.

One day he said to me, "Jane, this is the first day since I was born that I have no project for the day."

I responded, "Then, Dad, you should probably think about checking out". I was never one to gild the lily.

Eventually George had a powerful stroke. The doctor babbled about putting him into the hospital and this drug and that. I refused.

"What DO you want?" he asked testily.

I responded, "Demerol. To make him comfortable."

"And just how many milligrams?" he asked sarcastically.

I told him. His whole attitude changed. He said George could have as much as he wanted. While I could lift George out of pain with hypnosis, I couldn't always be there. I wanted a back-up.

One day, George had a stroke as he was being massaged. The facility phoned me, and I rushed over. He waited till I got into the room, and then he let go. Forever.

There is no easy I can say how grateful I am for MDMA for opening up a way to help George with his emotional and physical pain. It was the first time this stiff-necked, fearful old man had let go. Nobody had ever seen before that hidden, beautiful soul.

Jane

(Editors note: The following two letters reflect the views of a daughter and her mother regarding their experiences with MDMA.)

A daughter's report: A Path of Self-Awareness

Life is a circle of experiences happening at times in which you don't expect them to. My MDMA experience was definitely one of these times.

It was Easter Sunday, 1992. I was 15 years old and going through some problems in my life (peer pressure, rebellion, temper). I had a hard time getting along with my mother, which made it very hard to be at home. Therefore, I rarely was. At the time I was living with a girlfriend of mine who was in NA with me and had also spent time with me in Palms Hospital (an adolescent psychiatric hospital).

I had been drug-free for a good while and I was definitely getting tired of it, because there are some drugs (pot, X, mushrooms, and acid to a degree) that I felt were healing in the life process. So I started getting antsy and finally "relapsed" and smoked a "doob" with a friend. That led into smoking pot almost regularly, which was hard to do in hiding. Finally my friend who had started smoking also spilled her guts in an NA meeting and I was "busted" and pretty much was looked at as being the main influence in my friend's relapse, also. So things were stressful and I was at home again.

On Easter Sunday one of my best friends was visiting and we were planning (my whole family: three boys, three girls, myself the eldest; and my friend) to spend the night on the boat. It was thirty minutes before we were to leave when my mom called me to take my vitamins. I did, and continued back to my room to make my bed. As I was pulling the covers into place I felt a little dizzy spell come on that put me a little off balance. I stopped and contemplated whether or not I had gotten high. Deciding I hadn't, I stepped down from my bed and sat down at my desk.

In the next minute I was quite intensively admiring the beauty and quality of my room. A second later my friend walked in with this wonderful karma and I was overjoyed to see him and expressed that very clearly. Then I proceeded to float through the house. Around the block, I gracefully danced, taking in the beauty of the air and the power of the trees and how amazingly their shadows and mine danced together on the pavement. But there in the back of my mind, was the question, "what the hell is going on!!"

I walked in the house and immediately confronted my mother. She said she had given me some herbs and Sean and herself had taken them too, and I should calm down. I was a little upset because she had been so strict on the drug-free issue for so long. I didn't know what to think or do for a bit, so I started walking. My mom caught up with me and we walked towards the woods near our house. That's really when the trip began.

My mom and I had not talked happily in a long time, and we were expressing our deepest feeling to each other. We reached a ravine under the railroad trestle and went to sit by the creek. We meditated, chanted "Om", and did a trust walk of closing our eyes, clasping hands, and walking across the stone laden creek. It was truly a breakthrough in our trust for each other and a deep spiritual awakening for me. The most incredible part of this walk was that after we had completed it, right in the path we had just covered, was a broken beer bottle with the jagged edge pointing upward. It was definitely a sign of trusting your inner self to guide you on a safe path.

We continued walking deeper into the woods, showing our total emotions and really working through some deep-seated issues, especially mine. Issues that had caused me great confusion and had put me in a state of denial. Issues such as rape, early child molestation, feelings of neglect, and reasons for my rebellion.

I had never experienced such a state of bliss and self expression. I felt very close to my mother along with nature and life in general (besides the government). The passion I felt was immense.

The day continued on a total upward spiral from there, as I worked through issues that no therapist could touch. Everything seemed so much clearer and easier to follow. Choices upon which I had dwelled for months were so obvious. In essence this experiences changed my life. I came out of it a better person all around. I had never felt closer to my mom. A more expressive and closer relationship blossomed.

In my opinion, this drug never should have been made illegal. The therapeutic and psychological value are incredible. I was so happy I had the experience I did, and with my mother, at that. This drug (I HATE TO EVEN CALL IT A DRUG, IT'S LIKE NOTHING I'VE EVER EXPERIENCED) could be used to help many, many people and in my opinion would make this world a happier and easier place in which to live.

Beth

A mother's report: Rebirth of a Family

Two and a half years ago I left Sarasota with 13 people to attend a workshop in North Carolina. I returned home to find my honor roll, thespian, music major, star basketball player 15 year old daughter had run away from home. *What?!* I'd expect perhaps an overrun curfew or "little white lie" as to her whereabouts, but to run away? I felt catapulted into a Twilight Zone I knew nothing about. I had no friends with experience of run-away children. I was faced with a terrifying, confusing, exasperating situation.

All night pacing, wondering what I had done wrong, anger, hurt, all these swirled through my being. For the next several months I would chase her through yards and lure her home only to have her sprint off like a startled deer. I tried to make a semblance of sense out of what was happening. I went to therapists (I am a therapist!), run-away support groups, group therapy and finally to the woods. I'd heard about MDMA from therapy circles, and when I inquired about its availability, it was there. I bought it and took it with a trusted friend, later realizing that it was what I had needed. It was like TNT blasting through the shale to uncover the clear crystals.

I'd been a psychiatric nurse for a dozen years, lately specializing in women's issues of incest and sexual abuse. My daughter was showing those same symptoms. It was not just the ordinary teen rebellion, she had started into a downward spiral that no talking or logic could touch. The puzzle pieces started coming together for me. "Armed" with insight from the MDMA experience and a past-life recall, I began my strategy. Beth returned from an extended Christmas visit (we had hopes that the change of scenery could be healing.) She was immediately admitted to the adolescent unit of a psychiatric hospital where I worked. Apparently, it was not time for her to face her issues, because she reared back like a roped mustang and dug in deeper. Insurance forced an early discharge. It was not long before she was on the streets again.

Easter 1992

My husband (not her father, we had divorced) and I had planned to take our four other children (ages 13, 11, 8, and 3) out on our sailboat for the weekend. I got word to Beth to please join us. I invited a well-loved old boyfriend of hers for the trip, as well. She arrived a couple of hours before take-off, when we were all busy packing. My breath drew short as I reviewed my plans. A couple of weeks previously, my husband and I had taken a tab each of MDMA, rowed out to the boat, and talked all night on deck, in the moonlight. Ecstasy's effects on me were similar to a mellowed pot of coffee: sharp memories, connected thought patterns, erasure of extraneous pollution from mind and feelings. It felt to me that being on "X" is what life is supposed to feel like. In fact, I now can find my way to that same space most easily with a sunrise, a focusing on the present, or a loving exchange with friends. I guess I'd label MDMA a "chemically induced meditation." I trusted that the same calming, opening effects would translate for my daughter.

The difficult part of presenting the drug to her remained: we had been holding a firm stance on abstinence, primarily for her sake. How could I rationalize giving her an illegal street drug? The benefits that I saw outweighed the liabilities. I chose to give MDMA to her with herbs (peppermint for calming, vitamins and minerals for seasickness), right before we were to leave on the excursion. A short while later, Beth was running around the block. She returned panting, wide-eyed and said to me, "What's happened?! What's wrong with me?! Did you drug me?!" I put my arm over her shoulder and said, "Let's walk."

Beyond my wildest dreams

What happened next went beyond my wildest dreams. For the first time, it seems in years, my daughter had eye contact with me. She said she thought at first that I was drugging her to "put her in the psych unit." She was acting emotionally unlocked and empathic. Since she demanded to know what I'd given her, and she was having such an exaggerated reaction, I felt it was time to be honest. When I told her what I had done, there was a sigh of relief (later I found out that she thought she was "going nut.") After the sigh came tears. We walked arms entwined as she cried, stamped her feet and yelled out anger and betrayal at two men who had molested her at ages seven and ten. This was hard news for me to take. She cried, thinking of the daughter one of the men had and of the other girls perhaps similarly abused. I held her and consoled her. Step after step, sob after sob, she told me of her pent up embarrassment, guilt, anger; of feelings of betrayal and abandonment. Spirit gave me the strength to connect with her heart to guide her through self-forgiveness. To be emotionally intimate with my daughter and still remain objective, I had taken a pill and the handful of herbs, too. The walk was like a bottle of poison being slowly poured out, to be replaced by sparkling water ready to refresh.

We headed back to the marina. After hearing and seeing the effects of the afternoon on Beth, and →

her connection with the family, her boyfriend said, "I'm going to write a book about this! I'll call it The Drug that Saved a Family! That night we all talked and laughed as a family of seven + 1 for the first time in a long time. The next day in the rain we played games below deck, sharing, laughing and crying. It was indeed a rebirth for our family, an Easter to always remember. To me, that's the story.

Aftermath

What subsequently happened was a lesson from ignorance and my own optimism. Because of the phenomenal breakthrough of Saturday and Sunday, I thought "all was healed." Beth felt like going back to high school on Monday and I thought "why not". Now I know that more processing and the involvement of an MDMA-accepting therapist would have completed the experience. Not having any protocol to follow, I rejoiced in my daughter's return to school. I did not realize she was still raw and too vulnerable. Her "friends" convinced her I was an abusive mother who'd tricked her with drugs and that she should call the state health authorities. I felt gashed upon the rocks. I realized all too late the route I'd chosen was an unmarked trail and my next lesson was in battling the powers that be. The following week was one of disintegration. Confusion plagued me. What had happened?! I'd gotten my daughter back only to have her stolen from me? Accusation came over the phone from friends, her father, and finally, the police.

Without follow-up therapy, and perhaps another MDMA unlocking, Beth was a sheep among wolves. She stole money, threatened suicide, and an eventual court order to Baker Act her ensued. It was a comedy, no, TRAGEDY of errors that landed her in lock-up. She spent less that 24 hours in crisis intervention but it was long enough to "slip" to the counselor that her mother had "slipped" her an illegal drug.

When the detective called me, I assumed it was regarding the rapes. I dutifully went to the courthouse. It was the same man who was overseeing her rape case, so I thought I'd have to answer a few more questions and be done.

Interrogation

The door closed, and the interrogation light came on...

"Mrs. Rose, is it true that you gave your own child the illegal drug know as Ecstasy?" My heart felt stabbed. I was in disbelief - an act of love to save one's child - was I being prosecuted for this? I stammered out "I believe I should have a lawyer." He stomped out of the room as I collapsed in anguish. My license, my career, my children! What had I risked to break through to my eldest? And what more could I say? I'm an honest person. I would tell the truth with or without an attorney. By the time the detective returned with another police witness, I felt resolved to "take my medicine." Signed and witnessed consent forms.... The recorder ready... The man across from me, poised for the kill...

"Do you realize that I can take your other children away from you?"

"Yes, Sir."

"Do you have anything to say for yourself?"

"Sir, do you have any children?"

"Yes, 3 daughters."

"If you walked in and saw a man raping your daughter, what would you do?"

"Why of course, I'd kill him!"

"Sir, isn't murder illegal?"

"Ah... well... yes... But I'd be saving my daughter..."

"Well, Sir, I was trying to save my daughter."

Once the tape recorder came on he never asked me another implicating question. Other lawyers later advised me not to tell the truth, but I've concluded "the truth shall set you free." Between the detective's recommendation and Rick Doblin's immediate response to my plea for help, I was acquitted. My nursing license is intact. I continue to deliver babies and counsel new mothers and I plan to pursue an advanced degree.

As far as my own baby, Beth, I just learned that she'll be a mother. I know she'll be a great one, too. She continued on her self-awareness path, was initiated into my Moon Lodge and took her vision quest in the mountains of North Carolina with some friendly mushrooms, always open to life's teachings.

Sarah

A son's report: 2CB

Recently, I had my first experiences with a psychedelic drug known as 2CB. What makes this unusual compared to most peoples' experiences is that I tried it with my mother. I'll admit this is certainly not a typical parent-child bonding; however my mother and I are not a typical family. We have a rapport far more like that of friends. She has always supported me in whatever decision I made in my life whether it was to backpack across Europe or go to college and earn a degree in Engineering (the latter is my current pursuit). She has done her best to help me follow my dreams.

I recently visited my mother in her home in California for two weeks. On one of those evenings her friends invited us to join them - they had several doses of 2CB and they were offering my mother and I each a hit. As I said, this was my first experience with 2CB and I was a bit nervous about the idea of trying something new. Having my mother there was a big help in my decision; not so much for maternal security, but because she is like an old friend, someone whom I've known forever and for whom I have a great deal of trust.

My description of the experience can only be worded as having a very strange animated film in my mind. When I closed my eyes, the ghost images left from lights and white objects would fade into strange but identifiable characters which would become animated, changing shape and color until eventually they would form a repetitive screen like a cloth pattern or an Escher print. I could start the process anew by opening my eyes briefly and closing them again. It is a mild hallucinogen, although very long lasting and without the bad effects that some people get from LSD. I'm glad I had the opportunity to discuss the effects with my mother and to compare them to her own. I'm sure that the majority of the people in the world don't have such a relaxed relationship with their parents, which is unfortunate, because it was a very strong bonding in our relationship. I will always remember this experience with 2CB and that my mother was there to share it with me.

Tracy

A mother's report: 2CB

It had been some months since my 19 year old son and I had been together; he is establishing a life for himself in Washington state, and his visit was a gift. We talked and visited in the usual ways, catching up on news and projects, and meeting friends.

A woman friend of mine was also visiting for a few days, and invited us to share in a treasured evening with some 2CB she had had for some time. I invited my son along for the experience - we had never shared any hallucinogens, though he had taken LSD with friends during his final year of high school, and had told me later of the experience.

My own history with psychedelics is varied - first sampling mescaline in college and trying LSD and MDMA in subsequent years. I had discontinued use of hallucinogens some years ago; feeling complete in some ways and disappointed in others. The LSD experiences I'd had led to more ego bashing than I felt comfortable with even though hallucinogens had opened up my inner eyes and helped create the perspective that I currently maintain on my world. I had shared trips with friends and a brother in my teens and 20's in the spirit of growth and exploration that as a decade passed became familiar and treacherous. When Ecstasy came into my circle of friends I tried it, recognizing the blissful state of MDMA from years earlier. I enjoyed the connection with friends and my internal world, but (unfounded) rumors of liver toxicity helped me downplay further recreational endeavors.

Encouraged by my friend's previous experiences, I went forward by intuition into the 2CB experience with my son. 2CB is a gentle friend – colorful internal journeys are possible with closed eyes. A delightful sensuality plays over the skin and the sense of body is heightened. We spent hours in a hot tub world floating and waking dreaming in a completely nurturing environment. The gentle clarity and loving acceptance that I felt was deeply satisfying. I surrendered into an essential embrace of unconditional love. I felt it for the friends with whom I shared the experiences and for my son. We had the stars for our ceiling and small need for words as barometers for our individual states.

At a midway point my son chose to leave the tub and go to another part of the property on his own. I profoundly entered into the letting go aspect of my parenting, allowing his choice of direction and environment. I experienced random visions of him estranged, alone, an incomplete form. I also felt a soothing acceptance of his growth, his direction, his individuation.

I so enjoyed my time with my son and with my friends that I can hardly imagine a more perfect experience. Most importantly, I feel more comfortable within myself over the natural process of my child's growing independence, which, while inevitable, leaves a tearing sense of loss without deep internal reflection.

Sharing a vision of the world from an altered perspective of touch, sound, and vision gave my son and I an opportunity for closeness and communion that I haven't felt within the normal day to day living we've shared for so many years. The ability to perceive him as unique in the moment helps me to honor his separateness and simultaneously revel in our commonality.

Susan

Greetings from the POW camps

Dear MAPS:

Hi and greetings from the POW camps. I thought you might by interested in an update on the federal laws.

The amendment to the US Sentencing Guidelines for LSD did become effective November1, 1993 as everyone expected it to. One dose of LSD on blotter paper now weighs 0.4 mg regardless of the actual strength of the LSD or the carrier weight.

The difficult part of this amendment remains that it is written so that it fails to override the law on mandatory minimums. The law still reads "a mixture or substance containing." If the court so chooses, it can use the 0.4 mg to determine the sentencing level but use the entire weight to determine the mandatory minimum sentence.

I was sentenced in the 8th District in Cedar Rapids, Iowa. The policy developing there seems to be that if you cooperated - put someone else in prison - 0.4 mg is used for all calculations. If you didn't, the mandatory minimum calculation will revert to the entire weight. Just another government blackmail tool.

I understand that many other districts are denying all sentences below the mandatories. Some of these cases have gone to appeal with hopes of getting a helpful Supreme Court decision.

So, the issue is still not resolved. In my case in particular, the prosecutor says that resentencing is optional and he doesn't believe that I deserve it. In fact, he would still like to depart upwards from my original 24 year sentence. I believe I will be successful in getting a sentence somewhere between 14 and 17 years but will have to wait and see.

As always, I appreciate the MAPS journal that you send to me. This is indeed a problem to be attacked in all ways. Valid research, legal victories, and convincing the public will all be necessary in order to free the magic. I appreciate the part you do and wish I could be of more help. But I guess my lot is to fight the courts. We all have our roles. Good luck with yours.

peace and love,

Nancy Martz, 85364-011, Unit C, 5701 8th Street,
Camp Parks, Dublin, CA 94568

The November amendment is helping to reduce some prisoners' excessive sentences. Sadly, too many still suffer from mandatory sentences, drug laws that Congress passed in 1986, '88, and '90 that prohibit a judge from considering anything except the type of drug and its weight when sentencing a drug offender. If you are interested in obtaining more information about minimum mandatories and the sentencing guidelines you may write to: Families Against Mandatory Minimums (FAMM), 1001 Pennsylvania Ave. NW, Ste. 200 South, Washington, DC 20004. Phone: (202) 457-5790.

Writing letters to Congresspeople is still essential to getting US laws to reflect our beliefs in freedom and appropriate sentencing.

SEND A GIFT SUBSCRIPTION TO MAPS TO A PSYCHEDELIC PRISONER FOR HALF PRICE. SEE PAGE 30.

Another warning about harmala alkaloids and other MAO inhibitors

J.C. CALLAWAY

In an earlier edition of the MAPS newsletter (Callaway 1993), I described the use of harmaline and the minimal amounts needed to inhibit monoamine oxidase (MAO). This was not to encourage people to do so, but rather to provide the minimal guidelines one should consider before dosing with this substance. The impetus for this information came from two directions:

1) MAO inhibitors, in general, are not safe drugs to play around with in the absence of such information.

2) There seems to be an increased interest in their use as analog components of the sacred beverage Ayahuasca.

Since then, another potential problem has come to my attention, and that is the inadvertent combination of MAO inhibitors, such as harmala alkaloids, with serotonin uptake inhibitors. Prozac, for example, is a specific serotonin (re)uptake inhibitor which is commonly used in the treatment of depression. It will soon be used in the US to treat obsessive-compulsive disorders. In short, anyone can qualify for a prescription.

Simultaneous inhibition of both systems can result in the 'serotonin syndrome' (Sternbach 1991), which has resulted in deaths (Neuvonen et al. 1993). The symptoms are typically initial euphoria, followed by tremors, convulsions, and loss of consciousness which can eventually result in death. Unfortunately, high doses of harmaline and other harmala alkaloids (as well as Ayahuasca and analogous mixtures) can also produce tremors and convulsions, so it may not be initially clear if the victim had inadvertently taken a serotonin uptake inhibitor or not.

To reduce the chances of such an incident, do not mix drugs like Prozac (or any other serotonin uptake inhibitior/antidepressant) with harmala alkaloids, Ayahuasca or analogous mixtures. Also, take it upon yourselves to ask those who might consume such preparations whether or not they are currently taking any medications for depression or other mood disorders.

Be aware!

References:

Callaway JC (1993). Tryptamines, b-carbolines and you. MAPS Summer 4(2) pp. 30-32.

Neuvonen PJ, Pohjola-Sintonen S, Tacke U, and Vuori E (1993). Five fatal cases of serotonin syndrome after moclobemide-citalopram or moclobemide-clomipramine overdoses. Lancet 342 p. 1419.

Spigset O and Mjvrndal T (1993). Serotonin syndrome caused by a moclobemide-clomipramine interaction. 306 p 248 British Medical Journal

Sternback H (1991). The serotonin syndrome. American Journal of Psychiatry 148 pp. 705-713.

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National Institute of Mental Health Study: Hallucinogens and Antidepressants

Request for volunteers

If you have taken LSD or similar hallucinogens while you were taking physician-prescribed antidepressant medication, Dr. Katherine Bonson at the National Institute of Mental Health would like to interview you about your experiences. All you have to do is answer a series of detailed questions about the antidepressant drug you were on (name, dose, length of time you had taken it), your drug history, which hallucinogen you had taken and what your response was to the hallucinogenic drug. We are particularly interested in any qualitative changes that you might have noticed in the hours after taking the hallucinogen as well as in the days following your hallucinogen use.

We want to emphasize that all contact with us is completely confidential. No one has to give a real name — a unique pseudonym is fine as long as we have a phone number or address of a friend we can contact you through. We can also give you the questionnaire directly over e-mail, too.

the response a person has to a hallucinogen can be greatly altered by antidepressants

This retrospective study is being conducted primarily to investigate the underlying biochemical interactions that occur when hallucinogens and antidepressants are taken concurrently. This will hopefully advance our understanding of the mechanisms of action of both kinds of drugs being studied. We have been finding that the response a person has to a hallucinogen can be greatly altered by antidepressants, dependent on the particular class of antidepressants that had been taken. Although we don't want to give out specifics of what we've been finding at this point to avoid influencing the responses of anyone who replies to our request for volunteers, everyone who completes the questionnaire will be given a full update of our results. For those of you who are interested, but have no personal experience to relate, we will give a brief report in the next MAPS newsletter of our findings. The initial data of our study is also in the process of being written up for publication and will be presented at the Serotonin Club conference this summer in Chicago.

Please contact:

Dr. Katherine Bonson, Laboratory of Clinical Science, National Institute of Mental Health, Building 10, Room 3D41, Bethesda, MD 20892. Phone: (301) 496-3421. FAX: (301) 402-0188. e-mail: kbonson@helix.nih.gov

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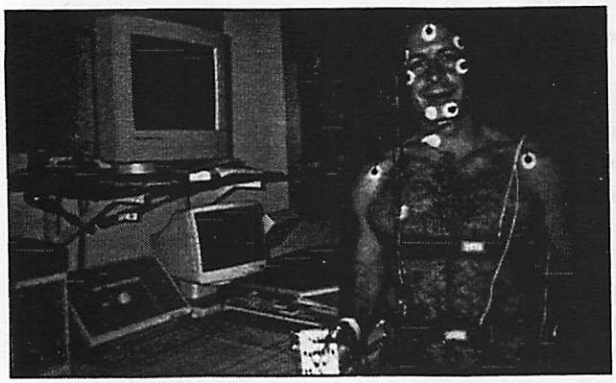
Of note...

The current issue of the Journal of Psychoactive Drugs (Jan-Mar 1994) includes a lengthy overview article by Tom and June Riedlinger, "Psychedelic and Entactogenic Drugs in the Treatment of Depression." The article is intended less for the "converted" than to capture the interest of "mainstream" psychotherapists, with emphasis on MDMA psychotherapy. The article also discusses Dr. Stanislav Grof's psychotherapeutic methods using both psychedelics and breathwork.

MDMA research: more than I bargained for...

RICK DOBLIN

Dr. Charles Grob and Dr. Russell Poland are conducting several MDMA research projects at Harbor-UCLA Medical Center. (see pg 2) One of their projects compares a group of people who have used MDMA in the past with a control group of people who have not been exposed to MDMA. The study uses sophisticated scientific methodologies such as high-tech brain scans, computer-analyzed brain wave patterns during sleep, blood monitoring after subjects are exposed to a serotonin-stimulating drug or placebo, and neuropsychological tests.

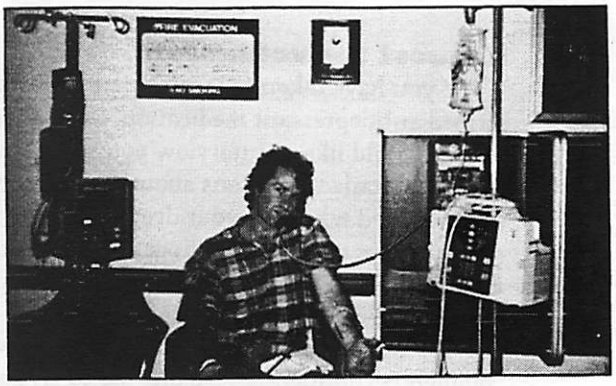


Wired to the computer for Sleep EEG Monitoring

To help get this study off the ground, MAPS donated $2,700. In addition, MAPS has helped the researchers find volunteers for their study. I decided to volunteer for this study myself because I feel it best to participate in a study before asking others to do so, and because I learn a great deal about research design (and my mind and body) by participating in research projects.

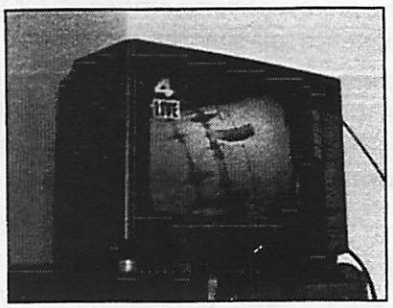
On the evening of January 16, I checked into the Clinical Studies Center at Harbor-UCLA Medical Center. The first study to be conducted was a sleep EEG experiment in which more than 20 electrodes are attached (some are glued!) to the body, face and scalp of the subject. At about 11:00 pm, the lights are turned out and the subject is expected to fall asleep with all the monitoring equipment attached.

To my utter surprise, I was woken out of a deep sleep by an incredible rocking motion. Within seconds, I recognized that an earthquake was in process. Then I realized that all the electrodes connecting my body to the computer prevented me from moving more than a few feet. The only thing to do was to ride out the earthquake, hoping the building could take the stress. Despite my predicament, I laughed when I thought that once again, MDMA research (with its spinal taps, radiation for brain scans, challenge drugs, and repeated blood tests) was more dangerous than MDMA itself.



Connected to IV blood draw, blood pressure machine, thermometer, and phone

Fortunately, the hospital is built on a bed of rollers in order to minimize earthquake damage. The rollers amplify the rocking motion but help prevent structural damage. As a result, there was virtually no damage to the hospital, and all the patients and staff escaped unscathed. Since the experiment had already begun, we decided to continue unless the bed was needed for emergencies.



TV News broadcasts real-time seismograph showing aftershocks

Hopefully, not all MDMA research experiments will contain such earthshattering surprises. For those of you still willing to offer your bodies to science, contact Carla Edwards at (310) 222-1663. Dr. Grob's story on page 2 describes the sort of volunteers he is looking for and what the studies will involve. •