

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Department of Psychiatry
and
Behavioral Sciences
Matthew W. Johnson, Ph.D.

Behavioral Biology Research Center
5510 Nathan Shock Drive, Suite 3000
Baltimore, MD 21224-6823
(410) 550-0056
FAX: (410) 550-0030
E-Mail: mwj@jhu.edu

November 17, 2009

Dr. Rick Doblin
Multidisciplinary Association for Psychedelic Studies
309 Cedar Street # 2323
Santa Cruz, CA 95060

Dear Dr. Doblin,

We are pleased to provide this letter to address a concern expressed by your Institutional Review Board in their ongoing review of your MDMA therapist training protocol. Specifically, we write regarding the appropriateness of administering a hallucinogen such as MDMA to therapists in a safe and legal clinical context for the purposes of therapist training.

Our group has been conducting human hallucinogen-administration research at the Johns Hopkins University School of Medicine for approximately 9 years. In 2008 we published a peer-reviewed manuscript in a respected scientific journal outlining procedures for safely administering hallucinogens to human participants in clinical research contexts (Johnson, M.W., Richards, W.A., Griffiths, R.R., 2008, Human hallucinogen research: Guidelines for safety. *Journal of Psychopharmacology*. 22, 603-620). In this publication we wrote: "... monitors should have significant human relation skills and be familiar with descriptions of altered states of consciousness induced by hallucinogens. Personal experience with techniques such as meditation, yoga or breathing exercises may also prove to be helpful in facilitating empathy for volunteers who experience altered states of consciousness during hallucinogen action" (page 610). By "monitor" we refer to the therapist or other study personnel who are present with the research volunteers or patient during the time of hallucinogen action.

Although not specifically stated in the above quote or elsewhere in our manuscript, we believe that, if conducted in a safe and legal clinical context as proposed in your protocol, administering the hallucinogenic compound (e.g., MDMA in your study) to the therapists/monitors as part of their training is likely an optimal approach for helping therapists/monitors understand the subjective effects of the compound and therefore to facilitate empathy for volunteer/patient experiences.

Due to the reported similarity of hallucinogen-occasioned altered states of consciousness with altered states of consciousness occasioned by non-pharmacological methods (e.g., meditation, yoga, breathing exercises), such non-pharmacological methods are judged to likely be helpful in generating understanding and empathy. However, these non-pharmacological techniques do not

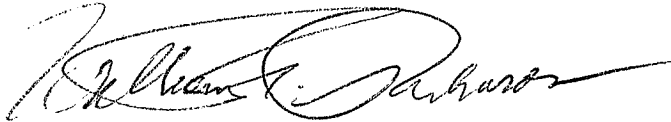
appear to be completely identical with hallucinogen effects, and therefore it is reasonable to suppose that subjective experience with the hallucinogen itself in a safe and legal clinical context is likely to be an even more effective means for generating such understanding and empathy.

We would be happy to provide further clarifications or answer specific questions for your Institutional Review Board in the approval process for your protocol.

Sincerely,



Matthew W. Johnson, Ph.D.
Assistant Professor
Department of Psychiatry and Behavioral Sciences
Johns Hopkins University School of Medicine



William A. Richards, Ph.D.
Clinical Psychologist
Johns Hopkins Bayview Medical Center



Roland R. Griffiths, Ph.D.
Professor
Departments of Psychiatry and Neuroscience
Johns Hopkins University School of Medicine