

MAPS (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization. Founded in 1986, **MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax deductible donations.** Our mission is 1) to treat conditions for which conventional medicines provide limited relief—such as posttraumatic stress disorder (PTSD), pain, drug dependence, anxiety and depression associated with end-of-life issues—by developing psychedelics and marijuana into prescription medicines; 2) to cure many thousands of people by building a network of clinics where treatments can be provided; and 3) to educate the public honestly about the risks and benefits of psychedelics and marijuana. Interested parties wishing to copy any portion of this publication are encouraged to do so and are kindly requested to credit MAPS and include our address. The MAPS Bulletin is produced by a small group of dedicated staff and volunteers. **Your participation, financial or otherwise, is welcome.**

©2010 Multidisciplinary Association
for Psychedelic Studies, Inc.
MAPS
309 Cedar Street, #2323,
Santa Cruz, CA 95060
Phone: 831-429-6362
Fax: 831-429-6370
E-mail: askmaps@maps.org
Web: www.maps.org



Editor: David Jay Brown, M.A.
Design/Build: Noah Juan Juneau
ISSN 1080-8981

Visit maps.org/catalog for information
about donations and purchases

MAPS Bulletin is printed on
40% post-consumer recycled paper.

Free Cultural Work - A Creative Commons Attribution

You are free: to share, to copy, distribute and transmit
this information under the following conditions:

- Attribution. You must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work).

What does "Attribute this work" mean?

- For any reuse or distribution, you must make clear to others the license terms of this work. The best way to do this is with a link to our web page: www.maps.org
- Any of the above conditions can be waived if you get permission from the copyright holder.
- Nothing in this license impairs or restricts the author's moral rights.

Your fair dealing and other rights are in no way
affected by the above.

-
- 2** Annual Financial Report from Rick Doblin, Ph.D., MAPS President
-
- 14** MAPS Clinical Studies Summary
-
- 16** Update on MDMA/PTSD Research in Charleston: A New Protocol with Veterans,
Michael Mithoefer, M.D.
-
- 18** MAPS Attends American Psychological Association Conference,
Valerie Mojeiko
-
- 19** New Ibogaine Outcome Study Begins Enrollment,
Thomas Kingsley Brown, Ph.D., and Valerie Mojeiko
-
- 20** The Saga of MAPS' Lawsuit to Gain Approval to Sponsor a Marijuana Farm,
Rick Doblin, Ph.D., and Stephen Morseman
-
- 21** Investigating Marijuana as a Treatment for PTSD Symptoms,
Rick Doblin, Ph.D.
-
- 22** The Wizardry of Psychedelic Science in the 21st Century,
Kynthia Brunette, M.A.
-
- 23** The Variety of Ayahuasca Research:
Psychedelic Science in the 21st Century Conference Report,
Lily Ross, Ph.D. Student
-
- 24** Praise for Psychedelic Science in the 21st Century
-
- 26** Drinking the Sacred Jungle Juice: Three Ayahuasca Book Reviews,
David Jay Brown, M.A.
-
- 28** Book Review: Holotropic Breathwork:
A New Approach to Self-Exploration and Therapy,
Karey Pohn, J.D., Ph.D.
-
- 29** Obituary for Ronald Sandison, M.D., 1916-2010,
Ben Sessa, M.D.
-
- 31** In Appreciation for Dr. Ronald Sandison and His Pioneering Practice,
Scott J. Hill, Ph.D.
-
- 32** Interview with Larry Thomas, March 2008: Deceased 2010,
Randolph Hencken, M.A.
-
- 35** Conscious Parenting in this Time of Psychoactive Substance use,
Phil Wolfson, M.D.
-
- 39** MAPS New Continuing (Medical) Education Program
-
- 40** MAPS Staff
-

Cover: "Inside Clover Grove," digital & mixed media painting by Simon Haiduk. Limited Edition Gicleés on Canvas, Edition of 50: 16x26" @ \$350, 22x36" @ \$450

Artist Statement: "Empowering my creative force is the love, respect, and understanding that all life comes from the same source, and can be shared in many ways. In my dedication to the creative process, I strive to find ways of producing work and living life that maintain harmony between the Earth and its shared inhabitants. Each creation reflects an aspect of this journey, thinning the veil between physical and non-physical realities in an unfolding awareness of that which connects us all."

Inside cover: "The Shulgin's and Their Alchemical Angels" by Alex Grey. Limited Edition of 50 Gicleés, 15x22." \$1500 to \$3500, depending on print number. Proceeds are split between MAPS and the Chapel of Sacred Mirrors. **Purchase online at www.maps.org.** Alex Grey portrays Sasha Shulgin holding an MDMA molecule that has a fiery warm glow and angels wings. His wife Anne touches the molecule and gazes into the light. Around them radiate molecular symbols, Sasha's "dirty pictures." Above them two flaming wings with eyes, bare the words "PIHKAL" on one and "TIHKAL" on the other. An alchemical flask hovers above Sasha's head with a symbolic "eye of the heart" angel inside the lab vessel.



Rick Doblin, Ph.D.
MAPS Executive Director

MAPS' policy of transparency applies especially to financial matters, so donors can clearly see how we have allocated the charitable contributions with which we have been entrusted. What follows is a comprehensive discussion of MAPS' income and expenses in FY 09-10 (June 1, 2009-May 31, 2010). If any members would like further information about specific expenditures, feel free to inquire at: askmaps@maps.org

\$895,907. There were 10 donors over \$10,000 who collectively donated \$791,163, including \$200,000 from Ashawna Hailey, \$200,000 from John Gilmore, \$100,000 from Joby Pritzker, \$100,000 from David Bronner, \$65,000 from Robert Barnhart, \$50,000 from Peter Lewis, \$25,000 from the Riverstyx Foundation, \$25,000 from the Libra Foundation, \$15,000 from Rene and Susan Ruiz, and \$11,163 from Kevin Herbert. Support from these 10 donors was essential to MAPS' ability to work towards our mission.

Income from donors of less than \$1000 totaled \$150,000, from about 2,200 donors. These smaller donations are more important than they may seem when compared with the donations of \$1000 or more. These smaller donations are from a larger number of people who form the primary part of the MAPS community. Our smaller donations create the base of support from which MAPS covers a substantial portion of our operating costs. Many of our larger donors started out as smaller donors and, over time, obtained a better understand-

From the desk of Rick Doblin, Ph.D.

Overview FY 09-10

In the midst of an economic recession of historic proportions, MAPS FY 09-10 was remarkably successful. Income substantially increased by about 30% as compared to FY 08-09, approaching our record year of FY 07-08. When subtracting income from FY 07-08 for groups for which MAPS was the fiscal sponsor, income in FY 09-10 was our best year ever. Income was more than \$1.57 million, expenses were more than \$1.42 million, and our assets (mostly for upcoming study expenses) totaled \$1 million. Total income exceeded the high end of our projected income (\$1.45 million), permitting us to exceed our projected expenses (\$1.27 million).

There are four primary reasons for this success: 1) the promising results from our U.S. and Swiss MDMA/PTSD pilot studies (and resulting publication of our U.S. study), which justify expanding our research agenda; 2) our outstanding and historic Psychedelic Science in the 21st Century conference; 3) our growing presence in the media which leverages scientific research into public education; and 4) the increasingly skilled and experienced MAPS staff who work efficiently and strategically to conduct research and educate the public honestly about the results of our studies.

As in previous years, we've divided MAPS' income into two categories, donations of \$1000 or more, and donations of less than \$1000. Income from donors of \$1000 or more totaled

of MAPS' work sufficient to motivate them to become larger donors. It's often through the word of mouth of smaller donors that larger donors hear about MAPS, our most effective form of advertising. Our smaller donors also help educate MAPS staff about all sorts of matters related to our mission that we would otherwise have missed. I've long felt that if everybody who supports MAPS just gives what they can, regardless of the amount, we'll end up having all the funds we need, and we'll also benefit from volunteer help through donated time and services.

In addition to direct donations, MAPS brought in event income of \$302,256, from our Psychedelic Science conference and other related events. Net income from the conference exceeded our expectations and amounted to \$70,206, enabling us to spend about half of that on the post-conference seminar for researchers and on videotaping the conference and placing the videos on our website for free viewing. (The rest is being spent on other educational projects such as this Bulletin.) Income from books, Bulletins, art, and auction sales was \$94,972 (including sales from the conference).

Expenses for FY 09-10 amounted to \$1,423,347, divided between research, education, operational expenses and capital investments. While MAPS' goal is to advance our mission, rather than to make a profit, we did manage to bring in \$155,172 more than

we spent, with this amount primarily funding our MDMA/PTSD research projects that had not yet been fully approved by the end of FY 09-10, such as our U.S. study with veterans and our Canadian, Jordanian, and new Israeli studies.

RESEARCH PROJECTS

MDMA/PTSD U.S. - \$110,000

Ongoing expenses for this completed study were mostly for data verification and auditing and preparation of a final report for the FDA. The FDA requires data to be 99.5% accurate. Our internal audit produced a 99.575% accuracy rate. Preparing for this audit took a considerable amount of staff time, since this was our first study and the data collection process needed more refinement. Now that we have completed one full study from start to finish, we are able to apply lessons learned from this audit to tighten up our data collection procedures for future studies. The promising results of this study, published July 19, 2010, in the *Journal of Psychopharmacology*, have been widely reported around the world.

MDMA/PTSD U.S. Long-Term Follow-Up - \$3,952

One of the least expensive and highest impact studies that we are conducting is a long-term follow-up of subjects who were in our flagship MDMA study in Charleston. This study has completed data collection, and results are currently being prepared for publication. We have found that the results were sustained over the study period (average of about 3.5 years with a range of 15-35 months), and that many subjects still do not meet the criteria for having PTSD. These results are even more important than the results of the initial study, with outcome measures taken two months after the last MDMA treatment session. Now that we have evidence showing that therapeutic gains can last over time, it is all the more important to continue our research efforts.

MDMA/PTSD U.S. Veterans of War - \$51,055

These expenses are for protocol development and approval for our newest U.S. MDMA/PTSD study, which is enrolling veterans of war who have chronic, treatment-resistant PTSD. There is a growing public concern over veterans returning from Iraq and Afghanistan with serious and untreated PTSD. In this study, we will attempt to heal some of the trauma of war with MDMA-assisted psychotherapy. We will also seek to enroll several veterans with PTSD from Vietnam, to investigate whether we can help people with extremely long-lasting PTSD.

MDMA/PTSD Switzerland - \$33,460

Our Swiss MDMA/PTSD pilot study in 12 subjects completed the final subject's last treatment visit in January 2010. MAPS' research team has now begun the data collection and verification process, using a database that was built by a highly-skilled volunteer. This study is being conducted under MAPS' investigational new drug (IND) application for MDMA with the FDA. The final one-year follow-up data will be gathered in

January 2011, after which we will work to complete a scientific paper to be submitted for publication to a peer-reviewed journal. The paper will report on both the initial data and the one-year follow-up data. Preliminary results show a clinically relevant treatment effect and provide further justification for expansion of our international series of MDMA/PTSD pilot studies.

MDMA/PTSD Israel - \$27,308

This item is for ongoing costs associated with MAPS-sponsored MDMA/PTSD study conducted by Moshe Kotler, M.D., at Beer Yaakov Mental Health Center, the largest mental hospital in Israel. The Israeli study continued to enroll patients during this fiscal year before the study was concluded in the summer of 2010 after five subjects had been enrolled. We found MDMA-assisted psychotherapy did not cause any Serious Adverse Events. Cardiovascular effects and side effects were similar to those reported in the literature and did not require intervention. The data suggest MDMA-assisted psychotherapy does not cause harm in this subject population. Some subjects reported benefits, but the CAPS scores did not reflect these benefits. This research study was ended when MAPS' study monitors determined that the quality of data collected at the study site was found to be inconsistent due to study staff turnover. In addition, we realized we needed to provide more training to our co-therapists. MAPS is now attempting to start a new study with Dr. Kotler, and the Israeli Defense Forces have indicated interest in referring subjects to the study.

MDMA/PTSD Canada - \$9,814

This item is for protocol development and approval for a not-yet-begun MAPS-sponsored MDMA/PTSD study in Vancouver, Canada, to enroll 12 subjects. Psychiatrist Ingrid Pacey, M.D., and psychologist Andrew Feldmar, M.A., will act as co-therapists on this study. A Canadian Institutional Review Board has approved the study, as has Health Canada. During this fiscal year we worked to obtain permits for importing the MDMA from Switzerland into Canada, which has proven to be a frustrating process with much delay. Since Canada and the U.S. share a common culture, this study will allow us the opportunity to determine whether therapeutic outcomes will replicate our outstanding results from our flagship U.S. study in a similar cultural context, or whether the results will be more similar to the good results we obtained in our Swiss study, in a different cultural context.

MDMA/PTSD Spain - \$364

Together with former MAPS-sponsored investigator Jose Carlos Bouso, Ph.D., and Jordi Riba, Ph.D., MAPS developed a protocol for an MDMA/PTSD study in Spain, which was to be our first completed study in the European Union. In 2000, MAPS and Jose Carlos Bouso started the world's first controlled study of MDMA-assisted psychotherapy. However, in 2002, after positive media attention to the study, the Madrid Anti-Drug Authority was able to shut the study down for political reasons. A paper reporting on the preliminary results was published by Jose Carlos Bouso, et. al. Now, after the successful completion of our U.S. and

Swiss pilot studies, it would be possible to obtain permission for a new Spanish study, especially since Jose Carlos has moved to Barcelona to work with Jordi Riba, who has conducted several Phase 1 psychedelic studies. However, after much discussion after the protocol was completed, MAPS and the investigators decided that due to other research obligations and interests of the potential investigators, we will not go forward with this protocol in Spain. The MDMA/PTSD protocol design, which is unique among our Phase 2 pilot study designs in that it uses d-amphetamine as an active comparator instead of lower doses of MDMA, may still be used at an alternate site at some point in the future.

MDMA PTSD-Jordan - \$31,455

MAPS is working to start MDMA/PTSD research in Amman, Jordan, and we have received a restricted grant of \$85,000 for this study. We reported last year that this would cover the entire budget for the study, but now we have enlarged the study and expect it to cost a total of \$135,000. The protocol has been approved by the Institutional Review Board at Al-Rashid Hospital in Amman, and has been submitted to the Jordanian FDA. As part of this study, MAPS is creating the first Arabic translation of our primary outcome variable, the Clinician Administered PTSD Scale (CAPS). In this way, we will help facilitate other PTSD research in the Arabic speaking world.

MDMA Therapy Training Protocol - \$15,038

This therapist training/Phase 1 psychological effects protocol is a placebo-controlled, double-blind, randomized, cross-over study. It allows MAPS to administer a single MDMA-assisted psychotherapy session to therapists as part of their training to conduct MAPS' MDMA/PTSD studies, while also conducting a series of evaluations of the psychological effects of MDMA administered to healthy volunteers in a therapeutic context. MAPS therapy training protocol is fully approved and ready to be implemented once we have a need to train additional therapists. These expenses were for protocol development and approval.

Michael Mithoefer Supervisory Time/Public Relations - \$42,076

Now that they have completed and published a study of MDMA-assisted psychotherapy, Michael and Annie Mithoefer are key representatives on behalf of MAPS' MDMA/PTSD research. After completing the first study, the Mithoefers took a break from conducting research to write up their results for publication, develop our treatment manual, consult with our other research teams in Switzerland and Israel, speak to the press, and present their work at academic conferences. They also trained a group of therapists from our Jordanian study in April 2010, and then offered a daylong pre-conference workshop on therapeutic techniques to over 150 people who came a day early to Psychedelic Science. Since the demands on the Mithoefers' time are high both in a supervisory/PR capacity as well as in a research capacity, MAPS is now working to develop additional credentialed research staff who can also present our collective accomplishments and teach workshops, so that the Mithoefers' time can be used most strategically. Marcela Ojalora-Gomez, M.F.T., who worked as a co-therapist on our Spain study, taught a recent workshop in Boulder on our MDMA/PTSD treatment manual.

MDMA Research General - \$11,405

These are general expenditures in support of our MDMA research efforts that benefit multiple projects, such as training, reports to the U.S. FDA, and so forth.

MDMA Treatment Manual - \$8,752

We revised our treatment manual in this fiscal year, following our MDMA/PTSD therapist-training seminar in Austria the prior year. After the seminar, we improved the adherence measures and other content. We then released a new edition of the manual at Psychedelic Science in the 21st Century in April 2010 and have continued to revise it. The treatment manual is a working document that we are revising as new information becomes available and we learn from our successes and mistakes. Refining and defining our treatment method will be key to our success in starting Phase 3 multi-site studies.

MDMA Literature Review - \$3,256

MAPS research specialist Ilsa Jerome, Ph.D., is responsible for keeping current on the state of the world's scientific, peer-reviewed literature on MDMA. She continued this ongoing review throughout FY 09-10. When applying to the FDA and Institutional Review Boards with a new protocol, it is necessary to have a comprehensive review of all factors related to risk. This literature review is becoming less expensive each year due to the relatively settled state of MDMA research, with the research generating relatively few changes in the risk-benefit estimates. Over the years, MAPS has spent about \$150,000 on our MDMA literature review and have "captured" an estimated \$300 million worth of research, all of which was in the public domain. The enormity of the published literature on the risks and mechanisms of action of MDMA and Ecstasy, over 3500 papers indexed in Medline, is the primary reason that MAPS can develop MDMA into a prescription medicine for around \$10 million.

PTSD Conference (Israel/Switzerland) - \$1,897

From October 18-23, 2009, Rick Doblin and Michael Mithoefer attended an international conference on posttraumatic stress disorder, Future Directions in PTSD: Prevention, Diagnosis and Treatment, organized by The Hebrew University of Jerusalem's Institute for Advanced Studies. The conference was an extraordinary opportunity to meet with and learn from the world's leading experts in PTSD, including representatives of the U.S. Department of Defense and the Veterans Administration.

From June 16-19, 2010, the International Federation of Psychotherapy convened a Congress in Lucerne, Switzerland. As a sign of the growing acceptance of psychedelic psychotherapy research, this mainstream psychotherapy conference had a seminar devoted to the topic. MAPS sent researchers Michael Mithoefer M.D., Annie Mithoefer, B.S.N., Peter Oehen, M.D., Verena Widmer, R.N., and Peter Gasser, M.D., to present results from MAPS-sponsored studies. Also on the panel was renowned German psychedelic researcher Torsten Passie, M.D. This was the first presentation about new data from psychedelic psychotherapy research at a mainstream psychotherapy conference in Europe in over 35 years.

MAPS Research Retreat '09 - \$27,067

In June 2009, MAPS held a weeklong retreat in the Austrian mountains for therapists who are using, or plan to be using, MDMA in association with psychotherapy to treat PTSD. Attendees at the conference came from seven different countries! Our research teams had previously been in communication via email and occasional phone calls, but had not yet had an opportunity to spend an extended period of time together to discuss how they were conducting the therapy. At this retreat, we watched and commented on videotapes from each research team and also discussed a range of topics relevant to the research. We also learned that different teams had a lot in common, but also had some significant differences in their treatment approach. The location was chosen for centrality, since our teams were convening from Europe, the Middle East, and the U.S. Since the town of Flachau is a winter sport destination, we were able to rent out a ski lodge at a reduced summertime rate.

MAPS Research Retreat '10 - \$10,128

The Psychedelic Science Researchers' Seminar was held in San Jose, California, on April 20-21, 2010, after the completion of the Psychedelic Science conference, where most of the researchers had presented. This seminar offered opportunities for collaboration and sharing between MAPS and our allied organizations: the Heffter Research Institute, the Council on Spiritual Practices, and the Beckley Foundation, as well as a number of allied individuals. A multidisciplinary group of anthropologists, neuroscientists, nurses, psychiatrists, psychologists, a biologist, and a social worker were in attendance. This seminar built upon the previous year's retreat in that researchers from other organizations were invited, and the focus was expanded from MDMA/PTSD research to all research with psychedelics. MAPS hired a professional facilitator to lead the meeting and paid all the expenses of the researcher's retreat.

Salvia Research (ITP) - \$4,000

MAPS received a donation that was restricted to a salvia divinorum study being conducted at the Institute of Transpersonal Psychology (ITP). Salvinorin A, the active ingredient in salvia divinorum, was administered to 30 participants in a double-blind, placebo-controlled, randomized study. The purpose of this study was to observe how salvinorin A affects general well-being. Although this study does not fit into our primary research mission of studying psychedelics' potential for treating specific medical conditions, we were pleased to act as the fiscal sponsor, since many of our members have expressed interest in learning more about salvia.

Iboga Therapy House (Canada) - \$484

These costs were for completing and submitting a final report to the Institutional Review Board for MAPS's ibogaine outcome study in Canada. The study ended prematurely due to the closure of the clinic where subjects were to be recruited.

Ibogaine Outcome Study (Mexico) - \$6,425

These expenses were for an observational study of patients treated at Pangea Biomedics, an ibogaine clinic in Mexico. This study, led by John Harrison, PsyD candidate, enrolled a total of 16 subjects and followed them for up to one year after treatment at the clinic.

Swiss LSD End-of-Life Study - \$7,824

MAPS continued its sponsorship responsibilities, including monitoring, data collection, and ongoing regulatory communications for our Swiss study of patients who are experiencing anxiety associated with end-of-life issues. This study tests whether LSD-assisted psychotherapy can reduce anxiety and pain in these patients. The study treated its seventh subject in this fiscal year. At the time of this writing, 11 of the 12 subjects have been enrolled in the study. When completed it will become the first study of the therapeutic use of LSD in over 35 years.

LSD/Psilocybin Cluster Headache - \$10,023

These funds were used to support Clusterbusters in their efforts to develop an approach to using LSD to treat cluster headaches. Cluster headaches are a particularly debilitating type of headache; sufferers have found that LSD and psilocybin can reduce the occurrence and severity of their headaches.

Israel Marijuana Farm - \$5,339

Through the generous, restricted donations of David Bronner, MAPS has been able to help support the development of medical marijuana in Israel in the initial stages, before producers were able to charge for their medicine. These expenses were for bringing U.S. medical marijuana experts Valerie and Mike Corral and Mimi Peleg, to Israel for meetings with several of the Israeli producers and patient advocates.

Marijuana PTSD - \$929

On November 11, 2010, MAPS submitted to the FDA a protocol to study the use of marijuana in treating symptoms of PTSD. These expenses are for early protocol design of a controlled, randomized, dose-response, triple-blind investigation of five different doses of marijuana, smoked or vaporized, in 50 veterans with chronic, treatment-resistant PTSD. The subjects will receive marijuana for four weeks, then go through a two-week period of cessation, then randomly receive another batch of marijuana for four more weeks of medication, then two weeks of cessation. Currently, numerous anecdotal reports of PTSD sufferers self-medicating with marijuana suggest that marijuana as a medicine treats symptoms (especially nightmares) but requires chronic, daily administration. In contrast, MDMA-assisted psychotherapy addresses the core problem and is only used a few times, yet is more expensive and time-consuming. As a key part of our study design, we are requesting that NIDA provide us with a strain of marijuana that contains significant amounts (6%) of cannabidiol (CBD) in addition to significant amounts of THC (6%). CBD has been found to reduce anxiety but has yet to be explored in PTSD subjects. Currently, NIDA does not produce marijuana with CBD, highlighting another reason why NIDA's monopoly obstructs or delays research and should be ended.

Clinical Research General - \$34,341

These are expenses for our clinical research that are for all studies. We've chosen not to allocate a share of these expenses across all of our research projects, but instead to create this special category.

TOTAL RESEARCH PROJECTS - \$456,392

CORE EDUCATIONAL PROJECTS

MAPS Bulletin - \$40,402

The *Bulletin*, published three times a year, focuses mostly on articles about MAPS' various projects with occasional themed issues. Our themed issue in early 2010 was about psychedelics, death and dying. In order to save funds, we have switched to sending out one themed issue, one shorter summer issue, and one medium-sized year-end issue. Although we have expanded our communications with members through our website and email updates, the *Bulletin* remains a key educational tool both for current and prospective members.

MAPS Monthly Email Updates - \$3,506

Each month we send out an electronic newsletter to update our readers about our research projects and other matters of interest to MAPS members and friends. This year we implemented a new email sending program that is reducing the amount of time that it takes to send the newsletter, and has allowed us to send out more frequent action-oriented newsletters.

Book - The Ultimate Journey - \$11,255

After successfully distributing the first print run of *The Ultimate Journey*, we printed a second edition of 5000 copies. Stanislav Grof, M.D., Ph.D., co-founder of Holotropic Breathwork and the field of Transpersonal Psychology, is the author of this popular title, which delves into the mystery of death, a topic that is central to our research with LSD and end-of-life anxiety.

Information/Printing & Copies - \$5676

This is the cost of MAPS staff requesting or disseminating information in digital or printed form.

Content Management System Upgrade - \$6,621

Our website is our primary educational tool, and it has achieved this status through daily informational updates. In order to allow us to make these updates more efficiently, we installed a new content management system. This content management system allows multiple staff members to add and edit content for the website, while only requiring them to learn a minimal amount of HTML.

Web Forum (online discussion group) - \$60

The MAPS forum allows members to sign up for an email list to discuss topics pertaining to MAPS' mission. We are able to maintain a low cost since it is operated by volunteer moderators.

Web Administration - \$4,076

This is the cost for keeping our servers running for our website, webstore, and email.

Web Hosting - \$7,634

This is the cost for renting our server, which hosts our website, webstore, and email. Also included under this line item are the charges for Internet in our offices (Santa Cruz headquarters and two home offices in the Boston area).

Web Content - \$5,244

This is the cost associated with adding content to our website.

TOTAL CORE EDUCATIONAL PROJECTS - \$84,473

OTHER EDUCATIONAL PROJECTS

Conference - DPA - \$7,517

MAPS Executive Director Rick Doblin, Ph.D., along with five staff members, attended the Drug Policy Alliance national conference in Albuquerque, New Mexico. At this conference, MAPS hosted a panel on MDMA-assisted psychotherapy and MAPS clinical drug development plan. MAPS staff and volunteers also set up an exhibit booth to recruit members and sell merchandise.

Conference - Symbiosis - \$1,099

MAPS staffed an exhibit and hosted a panel at the Symbiosis art and music conference in California in summer 2009.

Conference - Horizons - \$2,457

MAPS Deputy Director Valerie Mojeiko gave a talk at the Horizons psychedelic conference in fall 2009. MAPS also staffed a table at this event, which sold books and memberships. This was the most financially successful table that MAPS has ever had at an event other than events that were organized by MAPS.

Conference - Summer Festivals - \$3,191

MAPS has educated and recruited members, particularly members from the younger generation, at various summer festivals on the west coast for the past several years. This program was made possible through a matching grant sponsored by Rene and Susan Ruiz, donors who give \$25 each time a new member gives \$10.

Vancouver Fundraiser - \$7,076

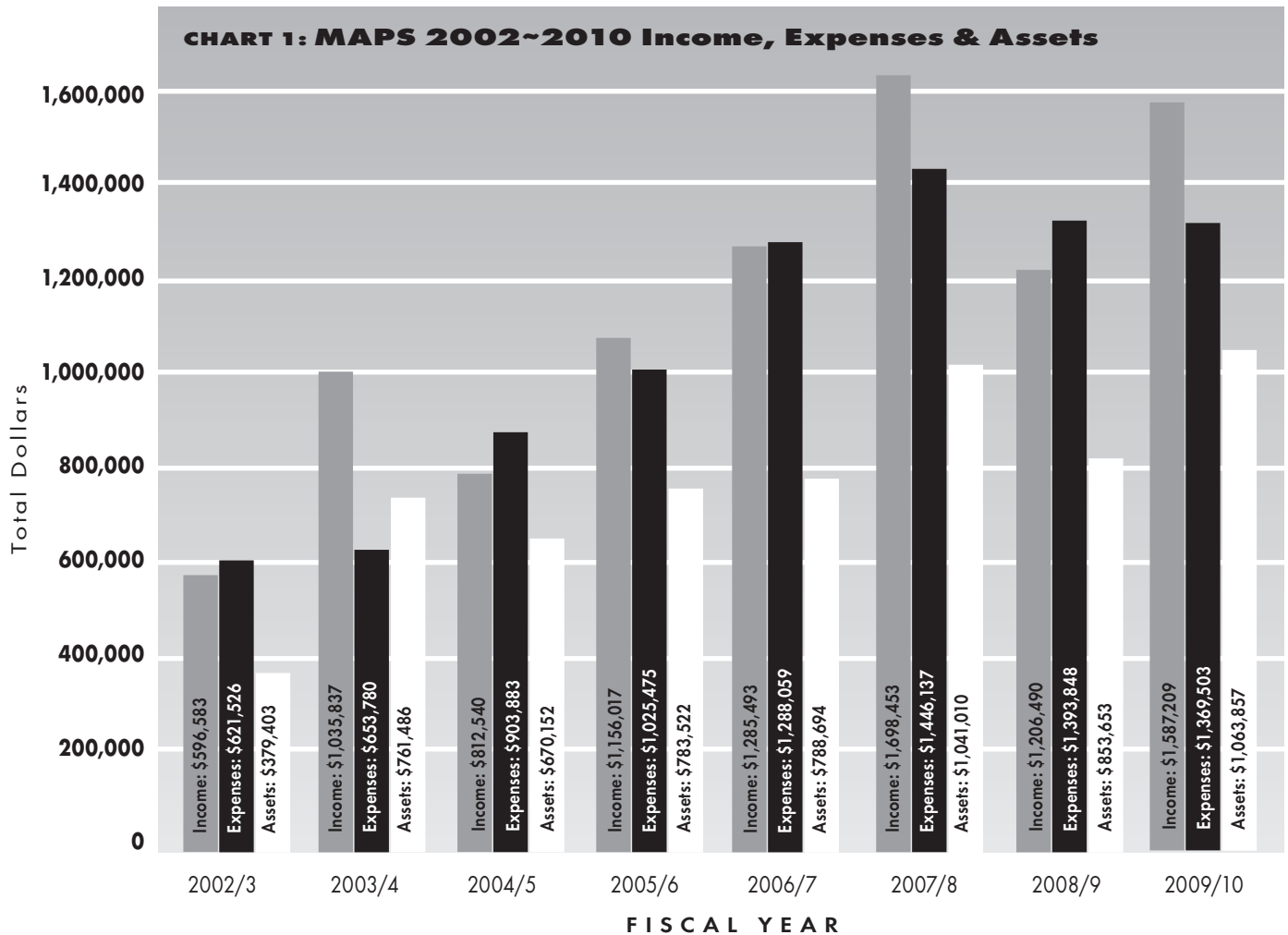
On October 24, 2009, MAPS hosted a fundraiser for our MDMA/PTSD study in Vancouver, from which we brought in over \$10,000 from a total of around 80 attendees. Key members of the local community interested in psychedelics, and current and former officials from the local government, were present at this event. The feeling of community was so strong that the event generated interest in forming MAPS Canada, which was done with incorporation papers filed with the Canadian government in October 2010.

Santa Cruz Brunch - \$2,806

On August 8, 2010, shortly after MAPS relocated our office to Santa Cruz (next to an urgent care doctor's office on a main road), we planned a meet-and-greet brunch in town. Fortunately, a week before our event, MAPS was featured in the local weekly newspaper as the cover story. This event paid for itself in ticket sales, and allowed us to meet our supporters from the local community and gain new members.

Conference Moscow - \$11,984

MAPS sent a group of presenters to Moscow in June 2010 for the International Transpersonal Association conference, including Michael Mithoefer, M.D., Ann Mithoefer, B.S.N., Rick Doblin, Ph.D., and Bill Richards, Ph.D. These costs include flight and lodging for these presenters. The International Transpersonal Association is one of our key allies, and it was meaningful for us to be allowed to present about psychedelic research in Russia, where for many years MAPS sponsored the research of Dr. Evgeny Krupitsky in St. Petersburg. Dr. Krupitsky investigated ketamine-assisted psychotherapy for alcoholism and opiate addiction. Unfortunately, ketamine research has not been permitted in Russia now for about a decade, after ketamine became a recreational drug in Russia and all research was forbidden. We have not been allowed to distribute our books in Russia due to government restrictions on promoting illegal drugs. While the conference and our presentations were well received, we



learned that the prohibition on psychedelic research in Russia is still in place and not likely to be reversed any time soon.

Online Video Education Project - \$1,250

Our online video education project started with videos from Psychedelic Science in the 21st Century. Anyone can watch the presentations for free on the MAPS website now. For a nominal fee, medical professionals can earn CE and CME credits from watching the videos. This is one of our key education projects of this year, and one of the main ways that our conference will have a lasting impact. Our CME/CE accreditation also lends significant credibility to the field of psychedelic research.

Video - Difficult Trip Guidance - \$1,030

These funds were for creation of a shorter version of this video suitable for YouTube. This video was originally created for a Unitarian church program to educate teens about how to help a friend who is having a difficult psychedelic experience. We have continued to edit and revise it over the years.

TOTAL OTHER EDUCATIONAL PROJECTS - \$38,410

TOTAL CORE AND OTHER EDUCATIONAL PROJECTS - \$122,883

EDUCATIONAL PROJECTS

FISCAL SPONSORSHIP

MAPS acts as a fiscal sponsor for outside projects. As a fiscal sponsor we assist these projects by handling their accounting for them. All of these expenses are balances by income from each project. The projects that follow belong in this category.

Erowid - \$14,725

MAPS has served as fiscal sponsor for Erowid since 1999. Erowid is a popular website offering information about a wide range of drugs; it is visited by about 50,000 unique visitors per day. Erowid has now obtained its own non-profit status and MAPS is no longer needed as a fiscal sponsor. However, some donors still send funds to MAPS out of habit or as part of employer matching programs that take time to change. As a result, we still receive some donations for Erowid.

Burning Man 2008 - \$1,775

These are late expenses for Entheon Village 2008, for which MAPS handled the finances. As in years before and after, registration fees covered expenses.

Burning Man 2009 - \$120,769

These are expenses for Entheon Village 2009, for which MAPS handled the finances. As in years before and after, registration fees covered expenses.

Burning Man 2010 - \$485

MAPS has handled funds for Entheon Village since 2006,

when we helped to create the village for our 20th anniversary. Expenses of Enttheon Village were covered by registration fees, for which people did not receive tax receipts since their fees were for services provided and were not donations. MAPS organized a lecture series about psychedelic research and culture as part of our educational mission. Participation in Enttheon Village helped MAPS fulfill our educational goals.

Bluelight Forum - \$1,030

The Bluelight forum is an online community where participants can discuss news and information related to drugs that are not yet legal. The forum also hosts an online community of MAPS members.

Women's Alliance for Medical Marijuana (WAMM) - \$5,000

WAMM is a collective of patients (and their caregivers) who use medical marijuana, many of whom have cancer or other serious ailments. WAMM was founded by Valerie and Mike Corral and is a model medical marijuana collective.

WAMM Movie - \$2,532

Wammovie is feature length documentary film that will show the human drama of facing disease, the end of life and a person's right to choose how they deal with both. This film is based on footage and interviews collected from WAMM.

TOTAL EDUCATIONAL PROJECTS FISCAL SPONSORSHIP - \$144,316

EDUCATIONAL EVENTS

Psychedelic Science in the 21st Century Conference - \$232,050

MAPS hosted Psychedelic Science in the 21st Century, the largest conference on psychedelic research in North America in over 40 years. Psychedelic Science brought together attendees and presenters from around the globe and offered three concurrent tracks of presentations. One track was fully accredited to offer Continuing Medical Education credits for medical doctors, and the other two tracks offered Continuing Education (CE) credits to other medical professionals. After all expenses were accounted for, MAPS made a profit of \$70,206 from this event. Half of the profits have been used to pay for the Psychedelic Researchers' Seminar which took place immediately following the conference and the online video education project which contains videos from all of the conference presentations on our website. The remaining profits will be used to fund our educational mission, including this Bulletin.

TOTAL EDUCATIONAL EVENTS - \$232,050

TOTAL ALL EDUCATIONAL PROJECTS - \$501,249

ART, PRODUCTS, ROYALTIES

Royalties - \$4,891

These were paid out to Dr. Grof for the sales of the first edition of *The Ultimate Journey* that MAPS published.

Products - \$25,206

This is the cost of products for resale in our online store and at events.

Art for Resale - \$21,135

During the past fiscal year, we began offering moderately priced artwork for sale. Although many pieces we offer for sale are donated, we also purchase some artwork on consignment or pay the production costs outright.

TOTAL ART, PRODUCTS, ROYALTIES - \$51,232

Compensation of officers, directors, etc and other salaries and wages

The gross salary for MAPS Executive Director Rick Doblin, Ph.D. was \$60,000. Aside from Rick, MAPS employed seven full-time staff positions and five part-time positions. Two of the full-time positions and two part-time positions were allocated fully to research. The other three-part time positions were primarily allocated to education projects. The other five full-time positions are allocated to a mixture of research projects, educational projects, and operations. MAPS' strives to attract and retain high-performing staff, and in doing so offers a competitive salary package. The gross salary for these thirteen positions was \$371,585 total (\$317,148 full time, \$54,436 part time). These numbers differ from what is seen in Chart 5, because staff salaries are allocated across various projects. In addition to these salaries, MAPS paid out \$27,656 in company payroll taxes and \$23,723 in employee benefits (including healthcare and education).

PROJECT RELATED STAFF AND OFFICE EXPENSES

Accounting fees - \$5,852

The preparation cost for the Certified Public Accountant for MAPS 990 tax return for FY 2008-2009.

Telephone - \$18,558

The cost of MAPS conferencing, cell phones, and office phones in both Boston and Santa Cruz.

Postage and Shipping - \$15,419

The total amount spent for shipping of all products, art, and information.

Occupancy - \$24,486

Our primary office rent in Santa Cruz.

Moving Expenses - \$1,883

Expenses related to moving the office from Ben Lomond to Santa Cruz.

Equipment Rental and Maintenance - \$1,927

Travel - \$6,738

The total cost for all operations related to travel.

Other Conferences and Events - \$6,390

Tickets and vending costs for non-MAPS events.

Extraordinary Back Payroll Taxes (from 2007) - \$4,203

Due to an accounting oversight in 2007, MAPS was liable this year for back payroll taxes owed from tax year 2007.

Bank Fees, Credit Card Fees, Licenses - \$20,543

We spent slightly more this year than previous years on credit card fees from the expenses of selling tickets to the Psychedelic Science conference in San Jose through our online store.

TOTAL PROJECT RELATED STAFF AND OFFICE EXPENSES - \$105,999

Chart 2 - Big Picture**MAPS Fiscal Year 2009-2010 As of 5/31/2010**

Income	\$1,587,209
Expenses	\$1,369,503
Change in Assets	\$217,706

Income Categories As of 5/31/2010

Donations from Individuals & Foundations >= \$1000	\$908,870
Donations from Individuals < \$1000	\$185,733
Fiscal Sponsorship Income (BM 2009)	\$94,278
Product Sales (Books, Art, Clothes)	\$94,972
Other Income: Conferences, Events, Interest	\$303,356
Total Income	\$1,587,209

Asset Categories As of 5/31/2010

Net Assets at beginning of Fiscal Year	\$846,151
Plus: Net Change	\$217,706
Net Assets at end of Fiscal Year	\$1,063,857
Assets: Restricted Funds	\$211,822
Assets: Unrestricted Funds	\$602,035
Assets: Operational Reserve	\$250,000

Total Assets **\$1,063,857**

IRS 990 Expense Categories As of 5/31/2010

Research Projects	\$456,392
Core and Other Educational Projects	\$122,883
Educational Projects Fiscal Sponsorship	\$146,316
Educational Events (Psychedelic Science in the 21st Century Conference)	\$232,050
Total All Educational Projects	\$501,249
Project Related Staff/Office Expenses	\$105,999
Management and General Operations Salary/Taxes/Benefits	\$220,794
Fundraising	\$37,058
Art, Products, Royalties	\$51,233
Capital Expenditures	\$16,576
Refunds/Adjustments	\$13,402
Mortgage Asset Adjustment	(\$33,200)

Total Expenses **\$1,369,503**

Concluding comments

The promising outcomes and resulting publication from MAPS' U.S. MDMA/PTSD study, our long-term follow-up to our U.S. MDMA/PTSD study, and our Swiss MDMA/PTSD study provide powerful and compelling justification for expanding our international series of MDMA/PTSD studies. Our Swiss LSD/end-of-life study is still in process, as is our ibogaine outcome study, and both of these studies are likely to generate data that will suggest further research is in order. Unfortunately, our efforts to conduct research with medical marijuana are still fundamentally obstructed by the federal monopoly on the supply of marijuana available for FDA-regulated research projects.

When evaluated comprehensively and realistically, MAPS needs to continue to grow in order to fulfill our mission of developing psychedelics and marijuana into FDA-approved prescription medicines. Our growth will require finding new donors and retaining current ones. The pace of my travel has accelerated in conjunction with the expansion of our opportu-

**Chart 3 - Balance Sheet Restricted
MAPS Net Assets As of 5/31/2010**

Total Portfolio (actual value, not cost)	\$1,063,857
Restricted	\$211,822
Unrestricted	\$602,035
Operational Reserve	\$250,000

Restricted Funds As of 5/31/2010

Jordanian MDMA/PTSD	\$50,273
Mexican Ibogaine Outcome Study	\$14,916
Vaporizer Study	\$10,364
LSD/Psilocybin Research (Miami)	\$32,912
LSD Research (Swiss LSD)	\$79,319
Ketamine Research	\$1,000
Start Up Fund/UMass Amherst	\$21,973
Creativity Study	\$1,000
Summer Festivals	\$66

Restricted Assets **\$211,823**



Rick Doblin addresses the Shulgins in front of the new painting by Alex Grey.

nities, and I'll travel almost anywhere to meet potential large donors. Should anyone reading this financial report be able and willing to introduce me to potential large donors, please contact me at rdoblin@maps.org and we will make arrangements.

MAPS has also benefited greatly from bequests, such as from Larry Thomas, whose bequest of about \$400,000 will be received by MAPS in FY 10-11. For an insight into what motivated Larry to leave such a large bequest to MAPS, you can read an interview with him on page 32 of this Bulletin. Should anyone want to make a bequest to MAPS, please let us know so we can discuss whether you would prefer for your bequest to be restricted to any specific area or to be unrestricted. Of course, we'll also encourage you to make smaller donations to MAPS while you can still see and be proud of the outcomes of your donations and we can thank you directly. For more information about making a bequest, please visit our website at: www.maps.org/bequests.

A major positive shift in the way Western culture sees psychedelic and medical marijuana research is in process. Part

Chart 4 - Expenses Summary 2009-2010**Core Educational Projects**

MAPS Bulletin	\$40,402
MAPS Monthly Email Updates	\$3,506
Book-Ultimate Journey Information	\$11,255
Printing and Copies	\$610
	\$5,066

Content Management System Upgrade	\$6,621
Web Forum (Online Discussion Group)	\$60
Web Administration	\$4,076
Web Hosting	\$7,634
Web Content	\$5,244
TOTAL WEB	\$23,634

Total Core Educational Projects \$84,474**Other Educational Projects**

Conference-DPA	\$7,517
Conference-Symbiosis	\$1,099
Conference-Horizons	\$2,457
Conference-Summer Festivals	\$3,191
Vancouver Fundraiser	\$7,076
Santa Cruz Brunch	\$2,806
Conference-Moscow	\$11,984
Online Video Education Project	\$1,250
Video-Difficult Trip Guidance	\$1,030
Total Other Educational Projects	\$38,410

Total Core and Other Educational Projects \$122,884**Education Projects Fiscal Sponsorship**

Erowid	\$14,725
Burning Man 2008	\$1,775
Burning Man 2009	\$120,769
Burning Man 2010	\$485
Bluelight Forum	\$1,030
Women's Alliance for Medical Marijuana (WAMM)	\$5,000
WAMM Movie	\$2,532
Total Education Projects Fiscal Sponsorship	\$146,316

Educational Events

Psychedelic Science in the 21st Century Conference	\$232,050
Total Educational Events	\$232,050

Total All Education Projects \$501,250**Art, Products and Royalties**

Royalties	\$4,891
Art for Resale	\$21,135
Products for Resale	\$25,206
Total Art, Products, and Royalties	\$51,232

Research Projects

MDMA PTSD-US	\$110,000
MDMA PTSD US Long-Term Followup	\$3,952
MDMA PTSD-US Veterans of War	\$51,055
MDMA PTSD-Swiss	\$33,460
MDMA PTSD-Israel	\$27,308
MDMA PTSD-Canada	\$9,814
MDMA PTSD-Spain	\$364
MDMA PTSD-Jordan	\$31,455
MDMA Therapy Training Protocol	\$15,038
Mithoefer Supervisory/PR	\$42,076
MDMA Research General	\$11,405
MDMA Treatment Manual	\$8,752
MDMA Lit Review	\$3,256
Conference-PTSD (Israel/Switzerland)	\$1,897
MAPS Research Retreat '09	\$27,067
MAPS Research Retreat '10	\$10,128
Salvia Research (ITP)	\$4,000
Ibogaine Outcome Study (Canada)	\$484
Ibogaine Outcome Study (Mexico)	\$6,425
LSD Swiss End of Life Study	\$7,824
LSD/Psilocybin Cluster Headache	\$10,023
Israel Marijuana Farm	\$5,339
MJP-1 Cannabis PTSD	\$929
Clinical Research General	\$34,341
Total Research Projects	\$456,392

Project-Related Staff and Office Expenses

Accounting Fees	\$5,852
Telephone	\$18,558
Postage and Shipping	\$15,419
Occupancy	\$24,486
Moving Expenses	\$1,883
Equipment Rental and Maintenance	\$1,927
Travel	\$6,738
Other Conferences and Events	\$6,390
Extraordinary Back Payroll Taxes (from 2007)	\$4,203
Bank Fees, Credit Card Fees, Licenses	\$20,543
Total-Project Related Staff and Office Expenses	\$105,999

Chart 5 - Staff Salary and Benefits

STAFF SALARY (Operational) As of 5/31/2009

Gross Salary for Employees	\$109,415
Employee Benefits (Healthcare/Education)	\$23,723
Rick Doblin Salary/Benefits	\$60,000
Payroll Taxes	\$27,656
TOTAL SALARY	\$220,794

Note: A portion of staff salaries have been allocated to specific education and research projects when appropriate with the exception of Rick's time which is all recorded here as operational.



Communication Director Randolph Hencken at the Psychedelic Science in the 21st Century conference, April 18, 2010

**Chart 6
MAPS Actual/Estimated Expenses FY10-11**

	Actual	Estimated
Research Projects		
Ayahuasca/Addition Lucas/Mate (Canada)	\$10,040	\$10,040
IOA-1 Ibogaine Outcome Study (Mexico)	\$0	\$500
IOA-3 Ibogaine Outcome Study (Mexico)	\$3,253	\$15,000
LSD Swiss End-of-Life Study	\$5,099	\$50,000
Psilocybin/BOLDfMRI Carhart-Harris/Nutt	\$10,000	\$10,040
MDMA/PTSD University of Zurich (Vollenweider)	\$5,040	\$5,040
MDMA Lit Review	\$4,763	\$6,000
MDMA Treatment Manual	\$2,575	\$5,000
MDMA Treatment Manual / NIMH Grant	\$0	\$5,000
MDMA PTSD-US	\$22,912	\$23,000
MDMA PTSD-US Long-term Followup	\$1,101	\$10,000
MDMA PTSD-Swiss	\$1,109	\$20,000
MDMA PTSD-Israel	\$2,603	\$50,000
MDMA PTSD-Canada	\$3,878	\$75,000
MDMA PTSD-Spain	\$1,945	\$2,000
MDMA PTSD-Jordan	\$6,306	\$50,000
MDMA PTSD-US Vets	\$59,598	\$193,900
MDMA Therapy Training Protocol	\$184	\$15,000
MDMA Research General	\$3,369	\$15,000
Mithoefer Supervisory/PR Time	\$0	\$62,300
Clinical Research PHP Program	\$1,800	\$2,300
MAPS Research Retreat '10	\$2,092	\$2,092
MJ Production Facility/UMass Amherst	\$15,218	\$21,000
MJP-1 Cannabis PTSD	\$6,296	\$8,000
Clinical Research General	\$16,199	\$40,000
Research Subtotal	\$185,380	\$696,212

Education Projects		
Book-Ultimate Journey	\$0	\$500
Book-Honor Thy Daughter	\$823	\$5,000
Book-Mavericks of the Mind	\$2,262	\$2,500
Book-The Pot Book	\$6,272	\$6,272
Book-TIHKAL/PIHKAL	\$2,822	\$2,822
Book-Healing With Entactogens	\$0	\$4,000
Burning Man 2010	\$1,913	\$2,000
Conference-APA (Am. Psychological Assoc.)	\$7,102	\$7,102
Education Projects General	\$2,998	\$3,000
Conference-Ibogaine	\$3,176	\$3,176
Conference-Symbiosis	\$0	\$1,100
Conference-Australia	\$1,459	\$1,500
Telluride Shroom Fest	\$2,983	\$3,000
Vancouver Fundraiser	\$0	\$5,000
MAPS/DogStar Psychedelicatesen	\$0	\$1,500
Twilight Fundraiser (Horizons)	\$11,046	\$11,050
Boulder/Denver Fundraiser	\$5,697	\$5,697
Moscow ITA Conference	\$3,427	\$3,500
Bulletin	\$8,464	\$37,250
Internet/Webhosting	\$4,876	\$8,000
Web Administration/CMS Upgrade	\$7,427	\$8,000
Email Updates	\$1,178	\$4,000
Web Content	\$3,371	\$8,000
Psychedelic Science Conference Video Editing	\$0	\$15,000
Psychedelic Science in the 21st Century	\$36,109	\$36,500
25th Anniversary Party	\$0	\$10,000
Education Subtotal	\$113,405	\$195,470

	Actual	Estimated
Operations		
Products	\$4,500	\$5,000
Printing/Copies	\$2,932	\$6,000
Information (Subscriptions/Reference)	\$146	\$700
Management	\$57,809	\$120,000
Accounting	\$10,754	\$30,000
Development	\$23,717	\$30,000
Marketing/Advertising	\$14,437	\$30,000
Phones	\$10,255	\$18,000
Postal	\$8,490	\$20,000
Refunds & Reimbursements	\$1,311	\$2,500
Conference Fees/Special Events	\$4,021	\$7,500
Tax Preparation	\$532	\$7,500
Staff Travel	\$1,383	\$10,000
Salary & Taxes	\$54,750	\$70,000
Education Benefits	\$6,371	\$6,500
Healthcare Benefits	\$10,326	\$45,000
Corporate Fees (Bank, credit card, etc)	\$4,996	\$10,000
Sales Tax	\$2,260	\$2,300
Equipment Rental/Postage	\$1,108	\$2,000
Office Rent Santa Cruz	\$17,335	\$36,000
Office Supplies	\$4,457	\$5,000
Operational Subtotal	\$241,890	\$464,000
Pass Thru		
Erowid Website	\$0	\$7,500
Bluelight	\$2,970	\$2,970
WAMM Movie	\$100	\$100
WAMM	\$2,712	\$2,700
Pass Thru Subtotal	\$5,782	\$13,270
Cost of Goods Sold	\$778	\$3,500
Resale/Royalties	\$3,800	\$7,500
Capital Purchases	\$2,338	\$6,500
Totals	\$553,372	\$1,386,451

Sasha and Ann Shulgin sign copies of *TIHKAL* and *PIHKAL* at the Shulgin Tribute Banquet during the Psychedelic Science in the 21st Century conference, April 17, 2010



Chart 7
MAPS' Phase 2 MDMA/PTSD Studies Expenses 2008-2013 in Preparation for FDA/EMA End-of-Phase 2 Meeting

Study	Actual 2008-09	Actual 2009-10	2010-11	2011-12	2012-13
US MDMA/PTSD	\$194,600	\$110,000	\$23,000	\$0	\$0
US MDMA/PTSD Long-Term	\$0	\$3,939	\$10,000	\$0	\$0
US MDMA/PTSD Veterans	\$1,570	\$35,806	\$219,400	\$225,000	\$25,390
US MDMA/PTSD Veterans Long-Term	\$0	\$0	\$0	\$10,000	\$25,000
Swiss MDMA/PTSD	\$48,000	\$33,500	\$15,000	\$0	\$0
Swiss MDMA/PTSD Long-Term	\$0	\$0	\$5,000	\$0	\$0
Israel MDMA/PTSD	\$13,250	\$27,308	\$50,000	\$75,000	\$0
Israel MDMA/PTSD Long-Term	\$0	\$0	\$0	\$0	\$10,000
Canadian MDMA/PTSD	\$21,600	\$9,814	\$100,000	\$140,000	\$19,626
Canadian MDMA/PTSD Long-Term	\$0	\$0	\$0	\$5,000	\$5,000
Jordanian MDMA/PTSD	\$3,470	\$31,456	\$50,000	\$50,000	\$21,116
Jordanian MDMA/PTSD Long-Term	\$0	\$0	\$0	\$2,500	\$2,500
New US MDMA/PTSD	\$0	\$0	\$0	\$125,000	\$100,500
New US MDMA/PTSD Long-Term	\$0	\$0	\$0	\$0	\$10,000
Spain MDMA/PTSD	\$3,640	\$365	\$2,000	\$0	\$0
Associated Projects	2008-09	2009-10	2010-11	2011-12	2012-13
End-of-Phase-2 Meeting w/ FDA	\$0	\$0	\$0	\$20,000	\$50,000
MDMA Literature Review	\$3,340	\$3,256	\$3,500	\$3,500	\$3,500
MDMA Treatment Manual/NIMH grant	\$640	\$8,752	\$12,000	\$5,000	\$0
MDMA Therapist Training-Protocol	\$9,600	\$15,038	\$15,000	\$20,000	\$25,000
MDMA Research Retreats	\$7,236	\$27,067	\$0	\$25,000	\$0
Mithoefer Supervisory/PR Time	\$0	\$27,951	\$62,300	\$47,000	\$47,000
MDMA Research General	\$1,830	\$11,404	\$15,000	\$15,000	\$15,000
Clinical Research General	\$13,360	\$38,036	\$40,000	\$35,000	\$35,000
Total MDMA-Related Expenses	\$322,136	\$383,692	\$622,200	\$803,000	\$394,632

Multi-Year Projected Costs \$705,828 over past two years

of this shift is due to the magnitude of the need for new treatments for PTSD and for new ways to help people navigate the profound challenge of facing death. Part of this shift is also due to the rather astonishing amount of favorable media coverage focusing on ongoing scientific studies with psychedelics and the increase in research showing beneficial results with patients from marijuana extracts and occasionally from marijuana itself, smoked or vaporized.

One example of this shift in the media is a thoughtful and favorable article about MDMA/PTSD research that will be published in *O Magazine* (Oprah Winfrey's magazine) in early 2011, an outlet that is about as mainstream as there is. What makes this article such a good example of the shift in the media is that a decade ago, in 2001, Oprah devoted an entire television show to the risks of Ecstasy, featuring a brain scan that had first been shown on MTV that was digitally manipulated to display a series of major holes in the brain supposedly from MDMA, an image that was fraudulent yet powerful.

At the time, Oprah asked a young woman in the audience who had used Ecstasy at parties whether she would stop using if her brain had holes in it like the image broadcast during the show. When the young woman agreed that holes in her brain

would persuade her not to use Ecstasy, Oprah offered her a brain scan and said the results would be broadcast on another show. This young woman contacted MAPS the day after the show and I encouraged her to accept the offer of a brain scan, but not from the people who created the holes in the brain image. The young woman went ahead with the scan and—as we knew would be the case—there were no holes. Unfortunately, there was also no second show on Oprah. Since this is now Oprah's last year for her TV show, we're trying to see if she would be willing to follow the article in *O Magazine* with the long-promised second show.

With your continued support of MAPS, we'll continue to work toward developing psychedelics and marijuana into FDA-approved prescription medicines, for the benefit of many individuals and our entire society.

Gratefully,



Rick Doblin, Ph.D.
 MAPS Executive Director

Chart 8
Projected One Page Fiscal Summary FY 2010-11
Twelve Months Ending May 31, 2010

Revenue	Low	Medium	High
Event Income	\$12,500	\$15,000	\$20,000
Major Donors (> \$1000)	\$1,158,940	\$1,354,940	\$1,580,940
Donors (< \$1000)	\$145,000	\$150,000	\$160,000
Art Sales	\$10,000	\$20,000	\$35,000
Product Sales	\$35,000	\$45,000	\$50,000
Investments	\$500	\$3,000	\$5,000
Total Revenue	\$1,361,940	\$1,587,940	\$1,850,940
Cost of Goods Sold	Total	Total	Total
COGS	\$2,500	\$3,250	\$5,000
Total Cost of Goods Sold	\$2,500	\$3,250	\$5,000
Gross Profit	\$1,359,440	\$1,584,690	\$1,845,940
Expenses	Total	Total	Total
Research Expenses	\$696,212	\$696,212	\$696,212
Education Expenses	\$195,470	\$195,470	\$195,470
Operations (includes royalties)	\$471,500	\$471,500	\$471,500
Capital Purchases	\$6,500	\$7,500	\$7,500
Total Expenses	\$1,369,682	\$1,370,682	\$1,370,682
Net Profit (Income - COGS - Expenses)	-\$10,242	\$214,008	\$475,258
Other Income and Expense	Total	Total	Total
Pass Through Income	\$4,000	\$4,000	\$4,000
Pass Through Payments* includes prior year assets	\$13,270	\$13,270	\$13,270
Total Other Income and Expenses	-\$9,270	-\$9,270	-\$9,270
Total Income	Low -\$19,512	Medium \$204,738	High \$465,988
Projected Summary FY 2009-10	Low	Medium	High
Total Income for FY	\$1,365,940	\$1,591,940	\$1,854,940
Total Expenses for FY	\$1,385,452	\$1,387,202	\$1,388,952
Total Income	-\$19,512	\$204,738	\$465,988



The hall was often full at the Psychedelic Science in the 21st Century conference

Summary

MAPS Clinical Studies Summary

Multidisciplinary Association for Psychedelic Studies • www.maps.org

MDMA-Assisted Psychotherapy Study with War Veterans with PTSD, Charleston, South Carolina

Total cost: \$500,000, \$431,000 Needed

Clinical Investigators Michael Mithoefer, M.D., and Anne Mithoefer, B.S.N.

On Sept. 27, 2010, MAPS began a study of MDMA-assisted psychotherapy to treat U.S. veterans with chronic, treatment-resistant PTSD. The clinical investigators will treat 16 subjects with PTSD from the Iraq, Afghanistan, and Vietnam wars. We aim to enroll equal numbers of men and women. This study uses a sophisticated randomized, triple-blind, placebo-controlled protocol. During a three-month course of psychotherapy, all subjects will receive weekly non-drug psychotherapy and three daylong MDMA-assisted psychotherapy sessions, scheduled three to five weeks apart. MAPS will test three different doses of MDMA to determine whether this design will result in a successful blind. It is hoped that the subjects, therapists, and the independent raters will be uncertain as to which subject received which dose.

MDMA-Assisted Psychotherapy PTSD Study, Charleston, South Carolina

Total cost: \$1,200,000, All Funded

Clinical Investigators Michael Mithoefer, M.D., and Anne Mithoefer, B.S.N.

MAPS' flagship Phase 2 pilot study was completed in Sept. 2008 with remarkably promising results. This was the first-ever study evaluating MDMA's therapeutic applications in clinical trials conducted under an FDA Investigational New Drug Application. Like all of MAPS' psychedelic-assisted psychotherapy studies, the protocol was randomized, double-blind, and placebo-controlled. All twenty subjects had treatment-resistant PTSD as a result of sexual abuse, crime, or war. On July 19, 2010, a paper about this study was published in the *Journal of Psychopharmacology*. On July 27, 2010, data collection was completed for the long-term follow-up. The average length of time between the final experimental treatment session and the follow-up data collection was 40 months, almost three and a half years.

MDMA-Assisted Psychotherapy PTSD Study, Solothurn, Switzerland

Total Cost: \$280,000, All Funded

Clinical Investigators Peter Oehen, M.D., and Verena Widmer, R.N.

On Jan. 8, 2010, researchers conducted the final MDMA session with the 12th and final subject in our Swiss MDMA/PTSD

study. The 12-month-plus follow-up will be completed in January 2011. In early 2011, the study results will be analyzed and a paper will be written for submission to a peer-reviewed journal. In this study, we used a threshold/low dose of MDMA as an active placebo instead of using an inactive placebo. This small amount of MDMA was enough to cause the researchers as well as some of the subjects to occasionally guess incorrectly whether the threshold dose or the full dose had been administered. There were no Serious Adverse Events (SAEs) and no evidence of harm to any subject. The efficacy results of this study are larger than the results in the Zolof and Paxil studies that were sufficient for their approval as prescription medicines for PTSD, though less dramatic than in our U.S. study.

MDMA-Assisted Psychotherapy PTSD Study, Vancouver, Canada

Total cost: \$290,000, \$279,000 Needed

Clinical Investigators Ingrid Pacey, M.D., Andrew Feldmár, M.A.

We are in the process of obtaining final permissions for an MDMA/PTSD pilot study in Canada. This study will be the first clinical psychedelic research in Canada in about 35 years. We have approval from Health Canada and an Institutional Review Board (IRB), and are working on the import/export permits to bring in MDMA from Switzerland for the study. This study will treat 12 subjects with chronic, treatment-resistant PTSD in a cultural context similar to the U.S. The purpose of this study is to gather more information about the size of the treatment effect.

MDMA-Assisted Psychotherapy PTSD Study, Tel Aviv, Israel

Total cost: \$300,000, \$175,000 Needed

Clinical Investigator Moshe Kotler, M.D.

MAPS began working in 1998 to start an MDMA/PTSD pilot study in Israel. It took until early 2007 for the first subject to be enrolled in the study, conducted under the direction of the former chief psychiatrist of the Israeli Defense Forces and director of the Beer Yaakov Mental Health Center, Israel's largest hospital for the treatment of mental illness. The study explored the safety and efficacy of two experimental sessions, and used a threshold/low-dose of MDMA as an active placebo. Five subjects with PTSD related to war and terrorism were enrolled in the study. We're currently writing up the results and are initiating a larger Israeli study with 10 subjects. This design uses two experimental sessions rather than three to help us evaluate our treatment method.

**MDMA-Assisted Psychotherapy PTSD Study,
Amman, Jordan**

Total cost: \$136,000, \$51,000 Needed

Clinical Investigator Nasser Shuriquie, M.D.

MAPS is preparing a 12-subject MDMA/PTSD pilot study in Jordan. The clinical investigator is the former chief military psychiatrist for the Jordanian Royal Medical Services. This study is part of our effort to explore MDMA-assisted psychotherapy conducted in a range of cultures. Cultural differences require us to think even more carefully about the core elements of our therapeutic approach and how we teach our therapist teams. This study is also using a slightly higher active placebo dose (40 mg MDMA) to help us gather more data on the effectiveness of the double-blind in a range of doses.

**Psychological Effects of MDMA (Therapist Training),
Charleston, South Carolina**

Total cost: \$100,000, \$100,000 Needed

**Clinical Investigators Michael Mithoefer, M.D.,
and Anne Mithoefer, B.S.N.**

This study is a Phase I, randomized, double-blind, placebo-controlled crossover design investigating the psychological effects of MDMA when administered in a therapeutic context to healthy subjects. In this study, we will administer a single MDMA-assisted psychotherapy session to each of 20 healthy subjects and will evaluate them with a variety of measures. Subjects will be limited to those in our MDMA/PTSD therapist-training program, as an optional part of their learning to conduct MAPS' MDMA/PTSD studies.

**LSD-Assisted Psychotherapy Life Threatening Illness
Study, Solothurn, Switzerland**

Total cost: \$200,000, All Funded

Clinical Investigator Peter Gasser, M.D.

MAPS is conducting research combining LSD with psychotherapy to treat anxiety associated with life-threatening illnesses. This study will evaluate 12 subjects suffering from clinical anxiety associated with advanced-stage cancer and other illnesses. MAPS is proud to sponsor the first study of the therapeutic use of LSD in humans in more than 35 years. The first subject was enrolled on April 23, 2008, and now eleven of twelve subjects have been enrolled.

**Ibogaine Detoxification for Opiate Dependence Study,
Playas De Tijuana, Mexico**

Total cost: \$30,000, All Funded

**Principal Investigators Valerie Mojeiko
and Thomas Brown, Ph.D.**

MAPS is collecting data from 30 opiate-dependent subjects for one year after ibogaine-assisted detoxification to evaluate the long-term outcomes of ibogaine treatment. Ibogaine is a psychedelic plant from Africa used for religious purposes that also has addiction interrupting properties. MAPS' research is taking place at Pangaea Biomedics, a treatment facility in Playas de Tijuana, Mexico.

**Investigating Marijuana as a Treatment for PTSD,
Phoenix, AZ**

Cost: TBD

Clinical Investigator Sue Sisley, M.D.

MAPS is finalizing the study design for a controlled, randomized, dose-response, triple-blind investigation of five different doses of marijuana, smoked or vaporized, in 50 veterans with chronic, treatment-resistant PTSD. The subjects will receive marijuana for four weeks, then go through a two-week period of cessation, then randomly receive another batch of marijuana for four more weeks of medication, then two weeks of cessation. Currently, numerous anecdotal reports of PTSD survivors self-medicating with marijuana suggest that marijuana as a medicine treats symptoms (especially nightmares) and requires regular administration. In contrast, MDMA-assisted psychotherapy addresses the core problem and is only used a few times, yet is more expensive and time-consuming. As a key part of our study design, we are requesting that NIDA provide us with a strain of marijuana that contains significant amounts (6%) of cannabidiol (CBD) in addition to significant amounts of THC (6%). CBD has been found to reduce anxiety but has yet to be explored in PTSD subjects. Currently, NIDA does not produce marijuana with CBD, highlighting another reason why NIDA's monopoly obstructs or delays research and should be ended.

Update on MDMA/PTSD Research in Charleston: **A New Protocol with Veterans**

By Michael Mithoefer, M.D., Clinical Investigator and Medical Monitor



TWO YEARS after completing our first study of MDMA-assisted psychotherapy for treatment-resistant PTSD (MP-1), we are now enrolling veterans with PTSD resulting from experiences during military service in a new study entitled, “A Randomized, Triple-Blind, Phase 2 Pilot Study Comparing 3 Different Doses of MDMA in Conjunction with Manualized Psychotherapy in 16 Veterans with Chronic Posttraumatic Stress Disorder (PTSD)” or MP-8.

In November 2008, I presented the results of MP-1 at the International Society for Traumatic Stress Studies (ISTSS) annual meeting in Chicago, and later to the Royal College of Psychiatrists in Liverpool. In July 2010, we published these results in the *Journal of Psychopharmacology*. We have also completed a long-term follow-up of participants in MPI, showing that the marked benefit at the end of the protocol was sustained for most participants one to five years later (average 40 months). I recently presented these long-term results at the American Psychological Association meeting in San Diego and at the ISTSS meeting in Montreal. We are very encouraged by the outcome of this study, including the fact that there were persistent benefits several years later for most people. We were deeply moved by the opportunity to participate in these volunteers' profound experiences, and of course we wish the benefit had lasted for everyone. Over time, we expect further research will yield information about how to optimize the treatment protocol to benefit as many people as possible. We are also aware that that this study is an early step in a long process. The next step is to demonstrate whether or not these results can be replicated in other similar studies, and then ultimately in much larger, multicenter trials. We're looking forward to seeing the results from other MAPS studies by our colleagues in Switzerland, Israel, Canada, and Jordan, as well as our own study in veterans.

There are several reasons we think it's important to put time and resources into the new study with veterans. Most compelling is the fact that there are so many veterans returning from Iraq and Afghanistan who need help with debilitating PTSD symptoms. There are a number of existing treatments for PTSD that are effective for many people, but having just returned from the annual ISTSS meeting, the largest organization in the world of experts in PTSD treatment and research, I am struck by the abiding consensus among these experts that better treatments are urgently needed for the large number of people who do not respond adequately to available treatments and for those who have a high rate of relapse after treatment. I also heard a moving plenary address at the meeting by Canadian Senator

and retired General Romeo Dallaire, who commanded the United Nations Assistance Mission for Rwanda. He referred to people with PTSD as “wounded not sick,” and emphasized the responsibility we all share to provide effective treatment for their wounds.

The other reasons for this study have to do with refining our design for future large-scale trials. One of the limitations of our first study was that, although we had an effectively blinded independent rater administering the symptom measures, both the investigators and subjects were usually able to guess who got MDMA and who got placebo. This is a weakness in the study design that is common to many drug trials in psychiatry, though one that is not usually measured and discussed openly as it was in our protocol and our paper. In the veteran study, instead of using an inactive placebo vs. a “full” dose of MDMA, we will attempt to strengthen the blind, and therefore the scientific validity, by using three different doses of MDMA: low, medium, and full dose. This design is intended to determine whether one of the lower doses will act as an effective “active placebo,” making the subjects and investigators less likely to guess correctly which dose is administered.

We will enroll 16 veterans, twelve with PTSD of less than ten years duration and four with PTSD of any duration, and we hope to recruit eight men and eight women. All must have proved resistant to previous therapy with either medication or psychotherapy. Before enrollment there will be careful medical and psychological screening to rule out contraindications to participation. The enrollment criteria have changed since MP-1, in that now we will be able to include people with histories of hypertension or hepatitis C if they have been adequately screened and treated. Half the participants will receive three sessions with full dose MDMA on three occasions, and the other half will receive either low dose or medium dose MDMA on three occasions. Both the participants and investigators will be blinded to which dose is being administered. At the end of this phase of the study the blind will be broken, and those who received low or medium dose MDMA will have the option to enroll in a second phase

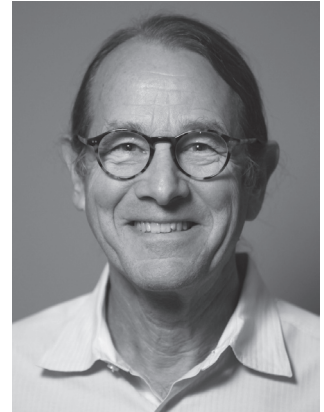
in which they will receive full dose MDMA three times. The MDMA will be administered under direct supervision of a male and female therapist (my wife Annie and I). After the all-day session, participants will spend the night in our office with an attendant on duty. There will be non-drug psychotherapy sessions to prepare the participants for the experience and help them integrate it afterwards. Independent raters (psychologists not involved in the treatment parts of the study) will administer the symptom measures before and after treatment. Our method of therapy will be the same as in MP-I, but we have now refined our treatment manual and have developed manual adherence measures. This will allow outside raters to watch videos of the study sessions and confirm whether or not we are adhering to the manual with each subject. Three highly qualified volunteers have helped us refine the measures and have offered to use them to rate our sessions in MP-8. By applying the measures to recordings from the previous study we are now in the process of establishing inter-rater reliability in their scoring.

Both MP-I and the Swiss study laid a foundation that allowed us to take these next important steps in MP-8: strengthening the blind, expanding the enrollment criteria, and verifying adherence to the treatment manual. When we began work on the treatment manual over eight years ago, I had doubts that this largely non-directive approach to therapy could be effectively manualized, but we knew a manual would be necessary for the research to move forward into larger trials. Based on what we had learned from the work of others and our own experience treating PTSD, we set out to describe our approach to MDMA-assisted psychotherapy. We did this by reviewing our session videos, with invaluable input from experienced therapists (and occasional cringing on our parts) as we watched. The video review helped us refine our understanding and descriptions of the therapeutic approach, as well as learn more about our own performance. Although we have not completed final editing of the manual, we think it conveys the essential elements of the therapy, while including enough flexibility to support each participant's unique healing process and each therapist's particular skills and intuition.

Using the manual, adherence measures, and video recordings from the first study, we have developed a training program for therapists for use in future clinical trials. We don't claim to have definitively established the best way to conduct MDMA-assisted psychotherapy, but we do have a promising method that grew from the experiences and studies of earlier psychedelic researchers, making it a good candidate for further testing. Meaningful further testing requires that we have a well-described method that can be replicated by other trained teams in different studies, especially in future multi-center trials. Early this year we conducted a training program in Charleston for therapist teams from Jordan, and in January 2011 we will go to Israel to conduct training for new teams who will be joining the MAPS MDMA/PTSD study there.

In addition to obtaining approval for the study with veterans, we have gained FDA, DEA, and IRB approval for a study entitled, "A Phase I Placebo-Controlled, Double-Blind Crossover Study to Assess Psychological Effects of MDMA when Administered to Healthy Volunteers." Enrollment will be limited to volunteers who have completed our training program for therapists and intend to work as therapists/investigators in MAPS-sponsored clinical trials. Information about psychological effects of MDMA in healthy volunteers has not previously been obtained in a therapeutic setting, so this study will add to our knowledge of MDMA effects in the same setting we use for clinical studies. It will also provide an option for therapists working in clinical trials of MDMA-assisted psychotherapy to have their own MDMA experience in that setting. We think this is likely to expand therapists' knowledge and skills and give them a more complete grasp of the study drug as experienced by research participants in MDMA-assisted psychotherapy.

So, there's a lot happening in MAPS research and a lot to be done. I'm delighted that more and more young people are expressing interest and becoming involved in research with MDMA and psychedelics early in their careers. These efforts have great potential to teach us about the human psyche and brain, and give us valuable tools for relieving suffering and facilitating healing and growth. •



Michael Mithoefer, M.D.
mmmit@bellsouth.net

We don't claim to have definitively established the best way to conduct MDMA-assisted psychotherapy, but we do have a promising method that grew from the experiences and studies of earlier psychedelic researchers, making it a good candidate for further testing.

MAPS Attends **American Psychological Association Conference**

By Valerie Mojeiko, MAPS Deputy Director

I DON'T WANT to have to get cancer to be able to receive psilocybin,” said Charles Schuster, M.D., former director of the National Institute on Drug Abuse (NIDA). Dr. Schuster was the discussant on a psychedelic research panel at the American Psychological Association annual conference in August 2010.



Valerie Mojeiko,
MAPS Deputy Director
valerie@maps.org

MAPS-sponsored researcher Michael Mithoefer, M.D., was one of four presenters whose work Dr. Schuster discussed, along with Johns Hopkins University School of Medicine's Roland Griffiths, Ph.D., and Matthew Johnson, Ph.D., and Harbor-UCLA Medical Center's Charles Grob, M.D. Mithoefer presented results of MAPS' recently published study of MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder, while the others presented findings on the potential medical and therapeutic uses of psilocybin. While Dr. Schuster was happy to see psychedelic research being conducted for specific psychiatric disorders, he also actively advocated for exploration into the potential application of psychedelics for spiritual and personal growth and development—quite a refreshing perspective from a former NIDA Director!

The annual four-day conference presents the state-of-the-art of American psychology with research findings from scientists, practitioners, and academics across the nation. This year's conference was held at the San Diego Convention Center and surrounding hotels. Trauma and PTSD were heavily represented subjects at the event this year, as were other topics related to MAPS' work, such as military and veterans concerns, and issues related to international and cross-cultural research. Over 10,000 people were in attendance.

While we at MAPS are happy to have the enthusiastic support of Dr. Schuster, current NIDA Director Nora Volkow, M.D., showed a less progressive perspective in her plenary address, “Psychotherapeutic Drug Abuse: It's Not What the Doctor Ordered.” According to MAPS staff member Brian Wallace, Dr. Volkow “equilibrated non-prescription use with abuse

by freely exchanging these terms during certain points in her presentation. Since we know that all substances have a use and abuse profile, a clear differentiation between the two patterns is more appropriate than just lumping them together.” This presentation was made to a majority audience of therapists and care providers, who work with users and abusers of all types of drugs—from MDMA to crystal meth to modafinil.

At MAPS' exhibit booth, the majority of discussions with passersby ranged from extremely positive to neutral. According to MAPS staffer Berra Yazar-Klosinski, Ph.D., “...a [medical]



Berra Yazar-Klosinski, Ph.D., and Tom Kingsley Brown, Ph.D., at the MAPS booth at the APA conference.

doctor who walked by said the MAPS booth was, ‘a breath of fresh air.’”

“Many people I've spoken with at the booth are making statements like, ‘Well, it was made for therapy originally, right?’ or, ‘It used to be used for therapy at one point, didn't it?’”, said Wallace, who organized the exhibit. “There were, however, a small number of people who seemed to come by simply to argue. Hopefully, as they engaged the table staff, the controversy began to wash away as they learned a new perspective. The science and understanding of these medicines has far surpassed the fear-based political rhetoric at this point, and it is great that MAPS can be at events like this to educate the public to reflect this trend.”

We would like to thank our volunteers who worked the MAPS exhibit at this event: Lynn, Tom, Jenny, and Patricia.

New **Ibogaine Outcome Study** Begins Enrollment

By Thomas Kingsley Brown, Ph.D., and Valerie Mojeiko

MAPS' newest ibogaine outcome study, headed by MAPS Deputy Director Valerie Mojeiko, has been underway for about three months. On September 27, Co-Investigator Tom Kingsley Brown, Ph.D., went to the Pangea Biomedics clinic in Playas de Tijuana, Mexico to enroll the first two subjects into the study. The study will ultimately enroll 30 subjects whose opiate usage will be tracked for one year. Anecdotal evidence for ibogaine's efficacy for interrupting addiction has been mounting steadily over the past few decades. Over this time, a number of people have died during or as a result of ibogaine administration, often due to improper screening or medical monitoring. Patients need more information on long term outcomes so they can accurately weigh risk against benefit.

This is the third ibogaine outcome protocol on which MAPS has collaborated, and it builds upon our prior study designs. John Harrison, Psy.D. candidate, has ended the data collection phase from the last study. We realize now that it is time to conduct this study more like our clinical studies with rigorous data collection procedures, even though it is an observational study which is not under review by the FDA. For this reason, we have restarted a new phase of the study with a new team, a new protocol, and a new oversight structure.

Treatment at Pangea Biomedics is residential and takes ten days or more. The clinic offers several guest rooms with ocean views. A medical doctor screens patients to assess fitness for ibogaine prior to ibogaine administration. Patients who are not eligible for treatment will be asked to enroll in the study as pseudo-controls, an improvement on our prior study design which did not include a control group. At this clinic, ibogaine is typically administered to patients multiple times over the course of several days. After treatment, some clients will stay for an additional period at an aftercare house run by Sandi Hartman,

who was inspired to start the facility after her own successful treatment at Pangea Biomedics in 2009. Sandi's treatment ended a 12-year addiction to opiate analgesics that were first prescribed after she was severely injured in an automobile accident.

The outcome study had enrolled four subjects as of the end of October. To be eligible for the study, patients at Pangea Biomedics must be naïve to ibogaine and must seek ibogaine-assisted treatment primarily for opiate addiction. On the day of enrollment, Brown meets with the patients and administers the Subjective Opiate Withdrawal Scale (SOWS) and the study's primary outcomes measure, the Addiction Severity Index (ASI). Within a few days after treatment, subjects again complete the SOWS and also a 100-item States of Consciousness Questionnaire. The results of the latter survey will be used to determine whether the intensity of the ibogaine experience correlates with positive outcomes as measured by the ASI scores. Subjects are called for a follow-up ASI one month after the completion of treatment and then monthly for a full year after treatment for comparison with the baseline scores.

IRB approval for the study was conferred this past summer by the California Institute of Integral Studies. The proposal was submitted by CIIS student Rishi Karim Gargour under the supervision of Meg Jordan, Ph.D, R.N. Brown, who is on staff at UC San Diego, travels to the clinic to enroll patients and will conduct the follow-up calls. He earned his doctorate in Anthropology at UC San Diego with an emphasis on the study of religious conversion and altered states of consciousness.



Thomas Kingsley Brown, Ph.D.
Co-Investigator

The Saga of MAPS' Lawsuit to Gain Approval to Sponsor a **Marijuana** Farm

By Rick Doblin, Ph.D., and Stephen Morseman

IN RECENT MONTHS, MAPS has increased our efforts to secure a DEA permit for Professor Lyle Craker, Ph.D., to cultivate marijuana under contract to MAPS, in order to break the government monopoly over the marijuana supply for FDA-approved studies. This campaign is of the utmost importance, because without breaking the monopoly over the marijuana supply, sponsors of research will never be able to secure the marijuana needed to justify the investment of millions of dollars into research. Without further research on this subject it will become increasingly difficult to provide the necessary body of clinical studies to justify developing marijuana into an FDA-approved prescription medicine.

At present, privately funded FDA-approved research with marijuana is fundamentally obstructed by the National Institute on Drug Abuse (NIDA), who is the sole provider of marijuana for FDA-approved studies. Even after researchers obtain FDA approval for their protocols, they must still contend with the NIDA review process in order to obtain their research materials. NIDA is not an objective judge as to who should receive marijuana for FDA-approved research because their mission is to study the harmful effects of illicit drugs. This has resulted in attempts to study the therapeutic potential of marijuana being met with delay or rejection. Thus, in order to facilitate research and give sponsors control over the marijuana being used in their studies, there needs to be an additional source of marijuana. Otherwise, sponsors will end up doing research with a drug controlled by NIDA that may not be available for prescription use or available only at outrageous monopoly prices.

Fortunately, we have the recommendation of DEA Administrative Law Judge Mary Ellen Bittner on our side. On February 12th, 2007, after extensive hearings and testimony, Bittner stated that it would be in the public interest to grant a DEA license to Prof. Craker at UMASS Amherst to cultivate marijuana under contract to MAPS. After a delay of almost two years, acting DEA Administrator Michelle Leonhart rejected this recommendation six days before President Obama was inaugurated. MAPS is working to influence Leonhart to reverse her decision and accept the ruling of Judge Bittner in order to finally break the federal monopoly over the marijuana supply. If this proves to be unsuccessful, we will continue our efforts in court to try to sue the DEA for unreasonable delay should they continue to ignore our pending motion to reconsider their rejection. Should our motion be rejected, we plan to sue the DEA in the U.S. Court of Appeals.

In an attempt to give this campaign wider recognition outside of the drug policy movement, we have reached out to over 200 different organizations throughout the medical community. Despite private support from these organizations, the current political environment has made them apprehensive about taking a formal position on this issue. We have had more luck with our public education campaign and have successfully gotten over a dozen letters to the editor published throughout the country, which has brought greater awareness to this issue. In order to try to influence all the different levers of power, we hired the Raben Group, a lobbying firm that helped persuade the Department of Justice to order the DEA to back off from prosecuting patient providers in medical marijuana states.

On November 17, 2010, the Senate Judiciary Committee held a confirmation hearing for Michelle Leonhart, who had been nominated by President Obama for Administrator of DEA. Leonhart has been in a leadership position at DEA since 2004 and was elevated under President Bush. She has been aggressively opposed to medical marijuana and led the DEA efforts to arrest providers and patients in states with medical marijuana laws. Shortly after President Obama took office, Attorney General Holder ordered the DEA to cease its enforcement activities in medical marijuana states of providers and patients acting in compliance with state laws. At the hearing, we'd hoped that some senators would urge Leonhart to respect medical marijuana laws and would support ending DEA obstruction of medical marijuana research. Unfortunately, that didn't happen. Instead, Senator Sessions (R-AL) obtained a commitment from Leonhart to actively oppose medical marijuana in non-medical marijuana states. Our only hope now is that the Obama Administration will find the courage to support resolving the controversy over the medical use of marijuana through scientific research and will order the DEA to accept Bittner's recommendation. Unfortunately, based on the lack of active support for medical marijuana from any senators at Leonhart's confirmation hearing, it's more likely that Prof. Craker will focus on legal challenges in court rather than on horticultural challenges in the greenhouse. •



Stephen Morseman

Investigating **Marijuana** as a Treatment for PTSD Symptoms

By Rick Doblin, Ph.D., MAPS Executive Director

MAPS is venturing into new territory with a study that will see whether marijuana can reduce symptoms of posttraumatic stress disorder (PTSD), especially symptoms related to disturbed sleep or being overly wary (hyper-vigilance). Marijuana is known to have anxiety-reducing effects, and this study will consider its therapeutic potential as an alternative to existing drugs for PTSD.

This study will look at whether smoking or vaporizing marijuana can help reduce PTSD symptoms in fifty veterans with posttraumatic stress disorder (PTSD). Participants can be men or women aged 18 or older with a diagnosis of PTSD that has not improved after they have tried either medication or psychotherapy.

Marijuana potencies will include 0%, 2%, 6%, or 12% delta-9-tetrahydrocannabinol (THC), one of several active ingredients in the plant, and marijuana with 6% THC and 6% cannabidiol (CBD), another active ingredient that may provide anxiolytic effects.

At the start of the study, participants will be randomly assigned to receive marijuana of a particular potency during the first half of the study, or “Stage 1.” During the second half of the study, or “Stage 2,” they will be randomized to receive one of the three higher potencies. The study subjects will not know how much THC or CBD is in the marijuana they will receive, and neither will the researcher introducing them to the plant, nor the researcher measuring their PTSD symptoms. A researcher will measure PTSD symptoms at the start of the study, at four weeks of marijuana use, and at two weeks without using marijuana, and then at the same points during Stage 2.

Whether or not participants have previous experience with marijuana, another researcher will introduce them to the substance. Half of all participants will be assigned to smoke and half will be assigned to vaporize. This researcher will not be the one measuring PTSD symptoms, ensuring that the person measuring symptoms cannot guess the marijuana potency a subject received. During these introductory sessions, participants will learn standard techniques for smoking or vaporizing the materials. After these introductory sessions, participants will smoke or vaporize one type of marijuana for four weeks. The marijuana will come in two packages containing two weeks’ supply, prepared as rolled cigarettes. Participants are allowed to use up to two rolled cigarettes per day, at any time of day, according to when they believe it will best treat their symptoms. Participants assigned to the vaporizing group will be instructed to unroll the cigarettes and use the material in the vaporizer.

Participants will complete daily diaries of their marijuana use and brief measures of their experiences with smoking or vaporizing marijuana. Two weeks after they start using study marijuana, the participant will meet with the researchers again to measure symptoms of depression, check how the participant is doing, and to receive the next portion of marijuana after returning any unused material. PTSD symptoms will be assessed again at four weeks. The researchers will also take a blood sample at four weeks of use to measure cannabinoid levels, and the participant will bring in any remaining marijuana. The researchers will weigh it to determine how much was used. Participants must then stop using marijuana for a period of two weeks. They will contact the researchers by telephone after the first week, and symptoms of depression will be measured. After two weeks of not using marijuana, participants will meet with the researchers, and their PTSD symptoms and blood cannabinoid levels will be measured again. At this point, participants will go on to the next stage of the study. They will continue to smoke or vaporize the substance, but they will receive a different potency of marijuana. As before, no one will know which type of marijuana is assigned in Stage 2.

The second half of the study, or Stage 2, will be just like the first half except that participants will receive marijuana with a different potency from the material they received during Stage 1. They will be re-introduced to smoking or vaporizing marijuana, and they will receive two packages of marijuana for use during the next four weeks. They will stop using marijuana for two weeks after the four-week period; thus, PTSD symptoms will be measured at four weeks of marijuana use and at two weeks without any use. Participants will contact the researchers via telephone for measuring other symptoms, such as depression.

We hope to compare the effects of the two “placebo” potencies of marijuana against the higher potencies, and to see whether CBD can provide additional contributions to the effects of marijuana in treating PTSD. We also want to see how symptoms fare after participants go without marijuana for a while.

We hope this study provides us with insights on the effects of THC and CBD on PTSD symptoms, and it should also allow us to see if smoking and vaporizing are equally good methods of using marijuana for treating PTSD symptoms. •

The Wizardry of **Psychedelic Science in the 21st Century**

By Kynthia Brunette, M.A.



Kynthia Brunette, M.A.
kynthia@maps.org

Editor's note: Kynthia applied to be an intern through our website in the fall of 2009. She served several essential roles organizing and coordinating Psychedelic Science in the 21st Century, and she continues to be an extraordinary volunteer. Beyond what she reports below, Kynthia assisted with our conference marketing efforts, document management, writing and editing, scholarship selection and distribution, supply gathering, and a plethora of other important tasks. In the final weeks leading up to the conference, we paid her for her time. Kynthia played a key role in the conference's success and fluid operations. MAPS is incredibly grateful for Kynthia's assistance.

THREE YEARS AGO, the idea that psychedelics might come to be a part of my career path felt about as likely as the idea that I might someday become a wizard.

Anything's possible, but some things don't really seem worth planning around, you know? You either get the owl from Hogwarts, or you don't. Everything else is vanity.

Six months ago, after following MAPS closely for a couple of years, I coordinated the volunteers for the Psychedelic Science in the 21st Century conference in San Jose. Over the course of this work, I met hundreds of people who were actively involved in psychedelic research, and hundreds more who were curious about the option. The community was no longer invisible, but figuring out where to start still felt like magic, and the conference performed the handy trick of gathering most of the major players in one place.

Today, when I talk to people about what they gained from the conference, the sense of community is usually the first topic of discussion. After years of working in isolation, unable to discuss ideas and experiences without risking judgment, or at least puzzled looks, the ability to discuss psychedelics openly was like the first breath of spring after a long and lonely winter. During his talk on the importance of entheogenic guides, James Fadiman paused at one point to smile and say, "It's so nice to talk to people who know what I'm talking about!" This sentiment was echoed by almost everyone at some point.

It was incredibly exciting to be in such close proximity to so many living legends and to have the chance to hear them speak. Stan Grof, Ralph Metzner, Ram Dass, Andrew Weil, John Perry Barlow, Mountain Girl, Earth and Fire Erwid—the list was long and dazzling, even before the tribute dinner to Sasha and Ann Shulgin, where Alex Grey unveiled his newest painting, and special guests included legendary chemist Nick Sand.

The energy level was intense, and the audience was more diverse and colorful than the average scientific conference, which was a strength. In addition to the Continuing Medical Education track, which spotlighted cutting-edge research and allowed MAPS to reach out to a large slice of the professional medical community, two other cultural tracks included social scientists, political activists, and artists. The well-rounded programming reminded everyone

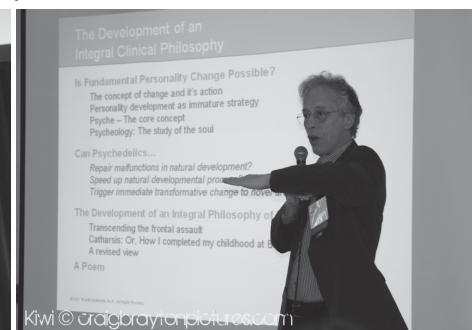
The well-rounded programming reminded everyone of the importance of remaining connected to the larger whole, which is perhaps the most valuable lesson that the psychedelic worldview has to offer.

of the importance of remaining connected to the larger whole, which is perhaps the most valuable lesson that the psychedelic worldview has to offer.

During his talk on the implications of psychedelic research, Stan Grof compared the shift that is currently underway in psychology to the shift from Newtonian to relativistic physics. Psychologists are not merely absorbing a new class of drugs that fits neatly within the existing system; psychedelics require us to reconceptualize the system itself.

Science and wizardry are cousins, after all, and only ego resists the association. •

Photos from Psychedelic Science in the 21st Century. Left to right, Rick Doblin, Ph.D., gives his opening talk; Michael Mithoefer, M.D., presents findings from his MDMA/PTSD research; Neil Goldsmith, Ph.D.,



The Variety of **Ayahuasca** Research: Psychedelic Science in the 21st Century Conference Report

By Lily Ross, Ph.D. Student

FOR THOSE OF US involved and invested in the promising future use of psychedelic medicines in psychological and spiritual healing, MAPS' Psychedelic Science in the 21st Century conference in April 2010 was as inspiring as it was informative. To those who are most familiar with these medicines as underground recreational drugs, it may have been surprising to see such a professional atmosphere brimming with dedicated, focused, and articulate researchers, scientists, and supporters. Such surprise may have been quickly reoriented to awe, for the work represented within the conference was substantiated by thorough scientific methods and methodologies, indicative of the expanding potential for various psychedelics to be of lasting benefit to persons suffering from a multitude of illnesses and diseases, from PTSD to depression, fear of death, and to an increasingly common hunger for spiritual connection.

After eagerly awaiting the schedule of events, I'll never forget my joy in learning of the abundance of researchers presenting on ayahuasca, the South American brew of *Banisteriopsis caapi* (a vine containing MAO-inhibiting harmala alkaloids) and *Psychotria viridis* (containing DMT). There was an entire track consisting of three days of back-to-back presentations and discussions by researchers from across the globe. The track was born in the wake of an overwhelming number of proposals with relevant and exciting findings in ayahuasca research. When MAPS put out the call to presenters, they had no idea just how powerful the response would be.

Throughout the course of the weekend, many dimensions of ayahuasca work and research were discussed reflecting a diverse range of foci, suggesting the profound healing capacity of this medicine. While each presentation was fascinating, here I'll mention a few which exemplify the wide range of research. In Dr. Silvia Polivoy's talk, "Ayahuasca: Handle with Utmost Care," she delved into some of the key lessons based upon her experience facilitat-

ing psycho-spiritual ayahuasca retreats in Bahia, Brazil, including the risk of ego-inflation and how to address this issue in participants to ease the integration process. David Coyote addressed the many parallels between ayahuasca and Buddhism, their overlapping insights as well as the mutual application of ayahuasca experience and Buddhist practice.



Lily Ross, Ph.D. Student, Harvard Divinity School, DharmaBum21@gmail.com

Sensory and sensual components of ayahuasca journeys were also addressed. Dr. Susana Bustos spoke of the important role of medicine songs, called *icaros*, in ayahuasca ceremonies. She addressed their role in miraculous healing occurrences, and brought awareness to this important element of ayahuasca work. Yalila Espinoza, Ph.D. candidate, discussed her research in "Erotic Healing Experiences with Ayahuasca," touching on the sensual and sexual nature of ayahuasca experiences in the cosmic embodied psychedelic healing experience.

The community of researchers was extremely diverse, working across the world in a number of languages and investigating many areas of the ayahuasca experience. I was struck by the heartfelt respect for the medicine held by each researcher, and a tangible sense of commitment not just to the science, but to the spiritual work of the medicine path—a permeating sense of passion for the work.

The entire conference seemed to buzz with a grounded ecstasy, unanimous excitement, and welcome familiarity. It tightly wove the web of global community, anchoring psychedelic scientific research in an inspiring atmosphere. I know many of us in attendance will long be nurtured by the inspiration gained from the weekend, drawn in part from the hope that a deeper healing will continue and will be made accessible to more and more people across the globe. •

gives the opening talk for tracks 2 and 3; the rising researchers panel; Mark Kleiman, Ph.D., flanked by MAPS staff, introduces Rick Doblin.



Hi Randy,
I just wanted to tell you again that I think you and the crew did a great job with the conference and can feel extremely proud of what you've accomplished.

Keep up the good work.
Blessings and protection, Namaste,
Leo

I attended the conference - what a great occasion! ...The work you do means a lot to me personally. Thanks so much :).
Alice

Praise for Psychedelic Science in the 21st Century



Kiwi © craigbrethertonpictures.com
Caroline "Mountain Girl" Garcia reflects on her time with Albert Hofmann during her address.

*Randy,
In my 30 years of attending conferences, I have never been to one I enjoyed more than "Psychedelic Science in the 21st Century". The diversity of presenters and their levels of expertise were outstanding, the level of interaction among all participants, and the absence of big egos was extremely refreshing and a tribute to MAPS and its mission/philosophy.*

The staff were near impeccable in their demeanor and service to the attendees. You guys made me very proud to be a MAPS member, and your first try at a major conference will be remembered as a significant historical event in the history of alternative health care/human-centered medicine.

*You worked your ass off, man...
THANK YOU SO MUCH!!*

*Sincerely,
Andy R.*

Wow, the conference was amazing! Congratulations for putting together the most important conference on psychedelic science in human history. It really feels like a cultural threshold has been reached and the world is really changing. Thanks for all the fantastic work that you're doing!
David Jay Brown

Thank you Rick for your sincere dedication to this cause for soooooo many years!! You are such an inspiration to me and the conference was absolutely amazing!! So much hard work done by you and the entire MAPS staff, I'm forever changed and humbled by you all!!! Blessings, thanks and praise!!!
BZ

Dear Rick,
Just a short note to thank you, your staff and everyone else involved for an amazing conference. I'm sure you've already heard this but I really got the feeling the conference could be the official "start" of the Psychedelic Renaissance. Let's hope so anyway.

Many thanks again for a wonderful history-making event.

Best wishes,
Sahajia S.

I filled out the survey BUT I just wanted to say again personally what a great conference it was. The location was perfect and if you do it again I would have no hesitation registering AND staying at this hotel. I loved the fact that there was so much nature around and the spring plant-people were out and lovin' us, too. Congrats to you and the rest of the MAPS top-notch staff!

Best,
Jay

The ever-widening ripples from the conference are just plain wonderful and I am so grateful to you and the rest of the team for giving so many of us a new lease of life - and a hell of a lot more to do.

Jim F.

*Hi Rick,
Just wanted to say thank you for an amazing conference. It was pivotal for me in ways I can't begin to explain. Thank you for having the will and the courage to lead us through the thick maze of red tape. We're on our way!*

Taylor

Thank you for all you do, Rick! The conference was incredible!

Sal

Thank you so much for what you do. I really enjoyed the MAPS conference, and never waste an opportunity to tell people of your important work.

Thanks,
MJ

Dear Randolph,

I wrote a (paper!) letter to Rick and the team to say thank you all so much for the great conference. I was really impressed by the whole set-up. Thank you for all your hard work and expertise in bringing this subject into the 21st century. It really felt like a there is a new groundswell of support from the mainstream media and medical profession - and that is largely due to MAPS.

Best Wishes,
Ben



Allyson and Alex Grey unveil "The Shulgins and their Alchemical Angels" at the Shulgin Tribute Banquet.

Thanks Randy. Once again, you and the MAPS crew did an outstanding job with this conference. Hope you are now able to relax a bit. You've earned it.

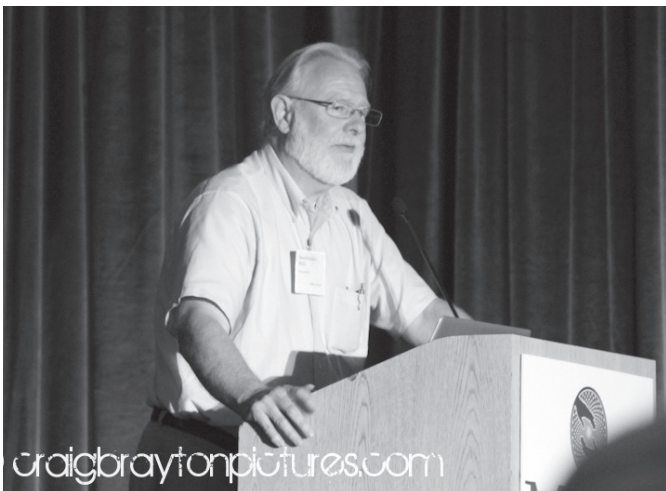
Roland G.

The MAPS conference was awesome. Thank you for putting that together!

Jeremiah H.

Thanks again to you and the amazing MAPS crew for San Jose. It was hopeful and inspiring. (And hopefully the "first annual"!)

Cheers,
Michael



David Nichols, President of the Heffter Research Institute, presents his research findings.

Drinking the Sacred Jungle Juice: **Three Ayahuasca Book Reviews**

By: David Jay Brown, M.A.

Singing to the Plants: A Guide to Mestizo Shamanism in the Upper Amazon

By Stephan V. Beyer

University of New Mexico Press, 2009

532 pages, paperback, illustrated, \$29.95

www.singingtotheplants.com

Ayahuasca in My Blood: 25 Years of Medicine Dreaming

By Peter Gorman

Gorman Bench Press, 2010

252 pages, illustrated, softbound, \$25

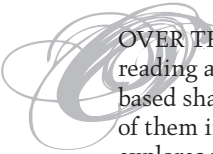
www.pgorman.com

Fishers of Men: The Gospel of an Ayahuasca Vision Quest

By Adam Elenbaas

Jeremy P. Tarcher/Penguin, New York, 2010

288 pages, hardbound, \$24.96



OVER THE PAST FEW MONTHS, I've been reading a series of books about ayahuasca-based shamanism and will be reviewing three of them in this Bulletin. Each of these books explores this fascinating phenomenon from a different angle, and each of them offers a unique perspective on the magical landscape associated with ayahuasca, a powerful psychoactive brew made from several plants found in the Amazon. The brew is prepared from the *Banisteriopsis caapi* vine, which contain harmala alkaloids, and is usually mixed with the leaves of a dimethyltryptamine (DMT)-containing species of shrubs from the *Psychotria* genus. The resulting brew contains the alkaloid DMT, which is a strong psychedelic, and MAO-inhibiting harmala alkaloids, which are essential for making the DMT orally active.

Stephan Beyer's *Singing to the Plants* is the most thoroughly and systematically researched of the books I recently read on this subject, and although it's the most scientifically objective of the three books, like the other two, it also captures some of the author's personal impressions, experiences, and insights. However, unlike the other two books, which are more personal stories, Beyer's thoroughly explored analysis of ayahuasca-based shamanism is encyclopedic in scope, and it serves as an academic reference book that carefully catalogs the important anthropological aspects of the traditional and culturally-blended ayahuasca-based healing ceremonies in the Upper Amazon. According to Bonnie Glass-Coffin, Ph.D., *Singing to the Plants* will "be recognized as the definitive work on this topic."

In Beyer's comprehensive volume he sees the ayahuasca healing ceremonies as primarily

being a theatrical art form, a type of performance that combines costumes, props, music, conjuring, poetry, movement, plots, suspense, stagecraft, dialogue, and sleight-of-hand stage magic. "The ceremony," Beyer writes, "like other compositions in art, dance, and music, does not contribute a single message sent intact to receivers; it relies instead on the spectators to make meaning of the performance."

Like all psychedelics, ayahuasca has a tendency to increase both suggestibility, as well as a sense of enhanced meaning, and when this experience is combined with the proper type of ceremony, or guidance by an experienced shaman, it is often reported to help the body heal itself from a variety of difficult-to-treat illnesses. The body's innate ability to heal itself from illness is often brushed aside in medical research trials as "merely" the placebo effect. However, with ayahuasca-based shamanism the body's innate healing ability takes center stage, where it seems to become magnified, and there are numerous stories of people who have had both long-standing medical illnesses suddenly and miraculously vanish, or vastly improve, after an ayahuasca healing ceremony.

Peter Gorman's 25-year personal journey with ayahuasca, which is chronicled in his book, *Ayahuasca in My Blood*, reads like a page-turning, action-adventure story, and his exquisitely described experiences with the sacred jungle juice certainly stretched the boundaries of what I thought was possible into paranormal realms. It's hard for someone raised in the West, with a materialistic mindset, to read Gorman's book and not shake one's head in disbelief, wondering, "how could this really happen?" He describes absolutely incredible



encounters with nonhuman spirit entities and transcorporeal shamans, psychic experiences with remote viewing and telepathy, contact with the dead, and striking synchronicities that confirm his ayahuasca visions.

The wise and generous shamans that Gorman worked with, the spiritual allies that he gained, and the plant teachers that challenged and educated him are all described in fascinating detail, intimately woven into his personal story about the many years that he's spent living in the Amazon. Gorman, who was my editor at *High Times* magazine years ago, was one of the first Westerners to start spending time in the Amazon. As Dennis McKenna said, "Long before ayahuasca tourism became a pastime for rich gringos, Peter Gorman was knocking around Iquitos and the Amazon... This is the intensely personal story of an old-school jungle rat for whom ayahuasca is not just a hobby, but a lifelong quest."

Like Gorman's book, Adam Elenbaas' *Fishers of Men* is also a personal journey and a spiritual quest. This inspiring book—which engages the heart and challenges the mind—alternates perspectives between Elenbaas' childhood in Minnesota, where he grew up as the rebellious and hedonistic son of a Methodist minister, and the jungles of Peru, where he purges the "toxic waste" from his troubled youth during shaman-guided ayahuasca sessions. Elenbaas' eloquently-crafted passages that describe his ayahuasca journeys, and his emotionally-gripping and unusually honest testimony, makes for a very unique coming-of-age story. Along with Beyer and Gorman's books, I highly recommend Elenbaas' work to anyone interested in learning more about ayahuasca.

All three authors discuss the important role that *icaros* (the songs that are sung by the shamans during an ayahuasca healing ceremony to invoke particular plant spirits) play, and I read repeatedly about the vital roles of purging, blowing tobacco smoke, and sucking transcorporeal phlegm and evil "magic darts" out of ill patients. I also came across a lot about of discussion about *brujos*, people who learn a little about ayahuasca-based shamanism, and then use that powerful knowledge for selfish reasons or personal gain. Apparently, there are long-standing rivalries in the Upper Amazon between these brujos and the more healing-focused shamans, where ferocious dark energies and nefarious magic darts" are reportedly exchanged in a kind of psychic warfare, which almost sounds like the witches battling it out in *Bed Knobs and Broomsticks*.

Thus the three books explore both the light and dark sides of ayahuasca-based shamanism. Like any form of power or technology, ayahuasca, it appears, can be used to both heal and harm. Whether it opens up a portal into other dimensions, where interspecies or spirit communication become possible, or whether it merely amplifies the body's own ability to heal or harm itself through mysterious means, almost everyone who tries it agrees – ayahuasca is pretty powerful stuff. So when ayahuasca-based sessions are motivated by jealousy, revenge, or less than noble human emotions, the result, it seems, can be quite dangerous. But with the proper mental set, and the right ceremonial setting, it appears that an ayahuasca experience can also be a doorway into amazing new worlds that offers profound life-changing insights, miraculous healings, and lasting spiritual fulfillment. •



David Jay Brown, M.A.
dajabr@well.com

Book Review:

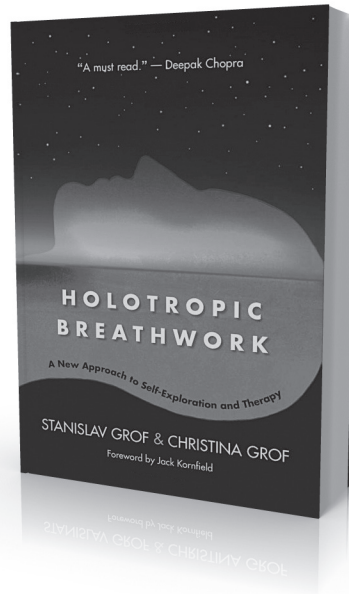
Holotropic Breathwork: A New Approach to Self-Exploration and Therapy

By Karey Pohn, J.D., Ph.D.



Stanislav Grof, M.D., and Christina Grof bring their decades of research on, and lived experience of, holotropic [moving towards wholeness] states of consciousness to light in their latest collaboration, *Holotropic Breathwork: A New Approach to Self-Exploration and Therapy*. Scholars and seekers alike will enjoy this essential text that provides a comprehensive discussion of Holotropic Breathwork, a healing modality the couple pioneered. Although written in a conversational style, its scholarship is evident. The book is richly referenced and provides many resources for deepening understanding. The book and the practice of Holotropic Breathwork reflects and synthesizes Dr. Grof's decades of knowledge, prior wisdom gleaned in his psychedelic research, and his gift to psychology of an expanded cartography of the psyche. Christina's contributions from her hands-on experience and personal research provide a perfect complement to Dr. Grof's heuristic and scholarly discussion. The integrated approach and understanding of science, spirituality, and psyche outlines the experience and practice of Holotropic Breathwork. This book is a rich resource for anyone interested in inner exploration as it gives a guide for orienting oneself on sometimes disorienting journeys.

The book, like the practice of Holotropic Breathwork, begins with set and setting. The authors discuss the historical routes of Holotropic Breathwork in the depth psychological and transpersonal psychological traditions. The genesis of Holotropic Breathwork is drawn from Dr. Grof's former psychedelic research along with its place among experiential therapies. The Grofs explicate the theoretical foundations upon which the practice is grounded, tracing the history and importance of holotropic states and outlining dimensions of



the human psyche. In addition, they describe the essential components for Holotropic Breathwork and give insight into how they came to be part of the practice. The work includes discussion of the healing power of the breath, the therapeutic potential of music, the use of releasing bodywork, and supportive and nourishing physical contact.

Among the many gems in the book is an entire chapter containing a detailed outline of the practice, including examples of the variety of experiences that practitioners encounter in Holotropic Breathwork sessions. Other chapters discuss the beneficial effects of

the practice, the importance of integrating one's experience post-session, facilitator concerns, and how different therapeutic and physical mechanisms operate in Holotropic Breathwork sessions. The book ends with a discussion of the past, present, and future of Holotropic Breathwork, highlighting the benefits of the holotropic perspective and the importance of holotropic states of consciousness in the modern era.

A detailed bibliography provides resources for future study and appendices provide guidance regarding scenarios encountered in Holotropic Breathwork. This book is an important contribution to the fields of psychology and self-exploration and a must-have addition to the library of anyone interested in consciousness. •

Karey Pohn is an adjunct faculty member in the Clinical Psychology Program at Pacifica Graduate Institute. She serves on the board of the Association for Holotropic Breathwork International. Her dissertation, www.cosmicplay.net, uses Grof's work to explore the death/rebirth archetype as it plays out in popular culture.

Obituary for **Ronald Sandison, M.D.**, 1916 – 2010

Ben Sessa, M.D., MRCPsych Child and Adolescent Psychiatrist, U.K.



ON JUNE 18, 2010, Ronald Arthur Sandison, M.D., 'Ronnie', died peacefully at home attended by his wife Beth. He will be remembered fondly by both the mainstream medical community and by the small but growing psychedelic research community as a doctor whose pioneering work bridges these two seemingly disparate fields.

He was born in the Shetlands, a tiny outcrop of weather-beaten islands 200 miles north of Scotland. He started his pre-clinical studies in 1934, and during World War II served with the Royal Air Force as a physiologist studying the effects of high altitude in Spitfire bomber pilots. In 1945 he became a trainee psychiatrist at Warlingham Park Hospital, Surrey, where he developed what was to become a life-long interest in Jungian psychology. The fantasies and dreams patients experienced during insulin coma therapy, which with ECT and lobotomy were then popular treatments for psychiatric patients, fascinated him.

In 1951, he applied for his first consultant post and moved to Powick Hospital in Worcestershire, then a bleak and dilapidated 19th century psychiatric hospital with over 1,000 patients. He introduced a broader range of psychotherapeutic methods to the treatment program.

In 1952, whilst on a tour in Switzerland, he visited the Sandoz laboratories in Basel. Dr. Sandison had no prior knowledge of the work being done by Albert Hofmann and his colleagues on the then-experimental compound LSD, but was fascinated by what he saw. After a second visit a few months later, he returned to the U.K. with 100 vials of Delysid (the pharmaceutical name for LSD-25) given to him by Hofmann, making Dr. Sandison the first person to bring LSD into Britain.

At that time, LSD had only been used by a handful of people, but there was already a theoretical basis for using the drug as an adjunct for psychotherapy. Impressed by the reports of LSD's effects in altering human consciousness, Dr. Sandison felt it could be of use in unblocking his patients who were unable to progress in various stages of psychoanalysis. It was certainly a remarkable drug, being virtually inert physiologically, with no addictive or physically toxic qualities, yet immensely powerful as a psychotropic agent at minute doses.

He began giving LSD to his patients before their psychotherapy sessions, initially at a dose of 20 micrograms, building up the dose depending upon their response. Some patients required only a few sessions with the drug; others had weekly doses for longer periods of time. He noticed immediate positive results, even with the most unremitting cases who had failed to respond to previous treatments. Dr. Sandison recognized three core features of the LSD state that aided psychotherapy:

1. The patient had hallucinations of a dream-like

quality, which far from being chaotic, directly reflected their personal unconscious mind.

2. The patient was able to relive forgotten memories.

3. The patient experienced impersonal or collective unconscious images.

In 1954, the same year that Aldous Huxley published *The Doors of Perception*, a popular account of his mescaline experience,

Dr. Sandison published a paper with colleagues Spencer and Whitelaw describing the use of LSD-assisted psychotherapy on 36 patients with severe neurotic disorders, in which the treatment was overwhelmingly helpful and no serious or enduring adverse effects were observed.

In 1955, Dr. Sandison developed the world's first purpose-built LSD unit on the grounds of Powick hospital. The new building allowed for up to five patients to receive LSD therapy simultaneously, each in their own room equipped with a couch, a chair, a blackboard for recording images, and a record player. Dr. Sandison and his team would oversee the sessions and at the end of the day patients would come together for a group session to discuss their experiences.

LSD therapy quickly became a much talked-about treatment and the Powick model became the blueprint used in many clinics springing up in Britain and across the world. In 1955, Dr. Sandison travelled by ocean liner to speak at the American Psychiatric Association about his work. And in 1961, he was invited to edit the minutes of the quarterly meeting of the Royal Medico-Psychological Association which was devoted entirely to hallucinogen therapy. At this point LSD therapy was at its peak, considered to be "the next big thing" in modern psychiatry, possibly to supersede ECT, insulin therapy, and psychosurgery as an effective tool for psychiatrists.

But as the Sixties progressed the drug became increasingly abused. Countless people used LSD in non-medical circumstances without the safeguards practiced by clinicians. Like many psychiatrists at the time, Dr. Sandison reluctantly had to distance himself from LSD as the growing media attention and reports of unsafe usage appeared. The drug was made illegal in 1966 and although recreational use continued, the controlled clinical use ground to halt almost everywhere.

In 1964, after twelve tiring years dedicated to seeing thousands of patients through LSD-assisted psychotherapy, Dr. Sandison ended his work at Powick and took a job at Knowle Hospital near Southampton. Frustrated by the psychiatric profession's increasing dependence on daily-prescribed psychotropic drugs, he



Ben Sessa, M.D.,
BenSessa@googlemail.com



Dr. Sandison in conference with nursing staff at the Powick Hospital LSD unit in 1960.

found himself gravitating towards psychotherapy. He joined the Group Analytical Society and for the next ten years ran workshops offering group therapy. Other projects included developing a therapeutic community and a day hospital. He remained dedicated to keeping psychotherapy firmly embedded in psychiatric practice in the National Health Service and taught group dynamics at the University of Southampton, where he encouraged registrars to take diplomas in psychotherapy and recruited medical students to the newly formed Southampton Medical School.

Between 1975 and 1982, Dr. Sandison returned to his native Shetland to overhaul the threadbare psychiatric services there, visiting patients in their homes on remote islands. For the last ten years of his working life he returned to London, edited the journal of the Group Analytical Society, and used his psychotherapy skills in the field of psychosexual medicine and family planning at the Margaret Pyke Centre, before retiring in 1992. He spent his last eighteen years living in beautiful country surroundings of Ledbury in Gloucestershire with his wife Beth.

He described the 20th century as “a century of psychotherapy” and strove to explore many manifestations of it. Despite his broad career, he will be remembered by many for his pioneering work with LSD. He considered the contemporary use of medication to mask symptoms in stark contrast to LSD, which when used carefully in a controlled environment allowed psychic material to be worked through in a positive psychotherapeutic environment. In Albert Hofmann’s book, *LSD: My Problem Child*, he credits Dr. Sandison with coining the term “psycholytic,” to mean “mind loosening,” which Dr. Sandison always preferred to the heavily popularized word “psychedelic.”

I got to know Ronnie in the last five years of his life when we worked together on a couple of projects, including planning Royal College symposia about contemporary hallucinogen therapy and a BBC documentary on LSD. Like Hofmann, Dr. Sandison was thrilled to discover that in recent years his subject, which he had loved so dearly at the beginning of his career only to see it harshly demonized later, is now being re-explored with new research.

He was a deeply compassionate and caring doctor, not afraid to thoughtfully push the boundaries of tradition in order to explore potential new health benefits for his patients. A true pioneer in medicine, he will be missed. •

In Appreciation for **Dr. Ronald Sandison** and His Pioneering Practice

By Scott J. Hill, Ph.D.

WHILE WRITING my dissertation on a Jungian framework for understanding psychedelic experiences, I discovered Dr. Ronald Sandison's early articles on LSD therapy and realized that his Jungian orientation provided excellent clinical support for the theoretical framework I was developing. A few months later, I was delighted to find in the *MAPS Bulletin* (Winter 2008-2009) Ben Sessa's report on his visit with Dr. Sandison. And soon thereafter Dr. Sandison and I started to correspond and talk on the phone about his practice of LSD therapy. Despite his failing health at the age of 93, he graciously welcomed and thoughtfully answered my many questions regarding his pioneering practice and its relationship to Jung's psychology.

Reflecting his goal to ally the use of LSD with Jungian therapy, Dr. Sandison coined the term psycholytic therapy in the early 1960s to describe what became known as the "low- and medium-dose model" of psychedelic-assisted psychotherapy. *Lytic*, which is derived from the Greek *lysis* (meaning "loosening, breaking down"), indicated for Dr. Sandison the ability that these substances have to loosen unconscious mechanisms and thereby release unconscious content. He had found that LSD opened greater psychotherapeutic opportunities than were available to him through conventional means.

Dr. Sandison was the head psychiatrist

at Powick Mental Hospital at Worcester, England in 1952 when he joined a tour of mental hospitals in Switzerland. Besides visiting Burghölzli Hospital in Zurich, where Jung's career started, Sandison had the opportunity to visit Sandoz Pharmaceutical Laboratories in Basel. He was fascinated to learn of the work being done there with LSD, and he returned to Sandoz laboratories a few months later. This time he left with several psychedelic-related publications and a box with 100 ampoules of LSD, with which he began his groundbreaking and successful practice of LSD therapy at Powick Hospital. Between 1952 and 1963, Dr. Sandison and his colleagues treated approximately 500 patients with LSD and psychotherapy, and they observed that the quality of life for the majority of their patients had been enhanced. Dr. Sandison also saw that patients' symptoms were resolved more successfully with LSD-enhanced psychotherapy than with conventional therapies, especially for patients suffering from obsessional neuroses.

In addition to having visited Albert Hofmann, Dr. Sandison also visited the C. G. Jung Institute in Zürich in 1952 and several years later, hoping to meet Carl Jung, for whom he had the greatest respect. Jung was away both times, and on his second visit, Dr. Sandison was warned by the institute's director not to talk to Jung about LSD-enhanced therapy because Jung was greatly opposed to it. Despite Jung's limited knowledge of the responsible therapeutic use of psychedelic substances, Dr. Sandison understood that Jung's psychology paradoxically provides penetrating insights into the nature of psychedelic experiences and the practice of psychedelic psychotherapy. However, in his own clinical work, Dr. Sandison developed a reverence for LSD, which he likened to the regard held by shamans of old for their "magical" plants.

Working with patients who took between 20 and 100 micrograms of LSD, Dr. Sandison identified three distinct types of psychedelic experience: dream-like hallucinations, reliving of forgotten personal memories, and imagery from the collective unconscious. He described the



Scott J. Hill, Ph.D.

hill@sonic.net

third category of experience as "archaic, impersonal images... exactly similar in nature to those experiences of the collective unconscious which patients undergoing deep analysis experience in their dreams... Furthermore, these more primitive LSD experiences are accompanied by a sense of their agelessness and timeless quality which is the hallmark of the great archetypes of the collective unconscious" ("Psychological Aspects of the LSD Treatment of the Neuroses." *Journal of Mental Science*, 1954, p. 508).

When I visited Dr. Sandison in his home last year, he talked of the invaluable understanding that a Jungian approach to therapy had lent his practice. Although his deep respect for Jung continued (he delighted in reading Jung's *Red Book* during the last year of his life.), he regretted that the Jungian community had not been more supportive of the early therapeutic use of psychedelic substances. Support from the Jungians, he felt, would have significantly enhanced the precious understanding of the human psyche that the true therapeutic use of LSD can give.

Dr. Sandison was understandably heartened by the resurgence of sanctioned research into the therapeutic potential of psychedelic substances, and he hoped for the eventual renewal of psychedelic psychotherapy. I have found, looking back at his original and innovative work, that we have much to learn from him even today. •

Interview with Larry Thomas, March 2008: Deceased 2010

Randolph Hencken, M.A., MAPS Director of Communication and Marketing

IN THE SPRING of 2010, MAPS member Larry Thomas passed away from diabetic complications. Stricken with illness for the last few years of his life and having no children to consider, Larry willed nearly half of his estate to MAPS. I had the pleasure of conducting an interview with him as part of a graduate research project in the spring of 2008. We sat on his beachfront porch in La Jolla, California, while military helicopters from nearby Camp Pendleton conducted training exercises, and discussed the intrinsic value of psychedelic experiences and why people might feel compelled to donate to MAPS.

Larry's legacy gift of approximately \$400,000 is a substantial contribution that will likely have a profound impact on the future of psychedelic psychotherapy. I think we all owe Larry a debt of gratitude for planning his postmortem generosity.

What follows is the transcript of our conversation. We conducted the interview twice because my audio recorder failed the first time. The text below is from our second round and is presented in the conversational style we used. I've edited out speech disfluencies and modified some sentences to make the transcript more fluent.

Larry: I have to sit down and rest all the time, my legs easily cramp up as if I had just run ten miles. You know when your muscles burn and you can't even use them anymore because they're just going to be spastic? This happens to me now just from walking from here to the bedroom and back. Even chewing food, if I eat a regular meal I have to stop because my jaw muscles start burning like they're tired.

Randy: And it's all from diabetes?

Larry: Yeah, I have diabetes. Type I. So I inject insulin all day long, and then it goes fine and then all of the sudden it goes crazy. So it's just constant work. But I

basically have no energy. I can sit here, but if I go try to do something, I have to constantly stop and rest. My doctors say I'm fine and blah blah blah, but when it comes to medical procedures or operations, they get honest and they say, "No, you're not going to live through that. You're not strong enough."

Randy: What kind of operation could you get?

Larry: All I wanted...I was down in Brazil and I got mugged. It wrecked my shoulder, it broke off a piece of bone in my shoulder, dislocated it. And I wanted them to take that piece of bone out, because it hurts when I try to raise my arm up. And they said, "You're not strong enough for that operation."

Randy: Here is my first question for you: please share with me what brought you to become a donor to MAPS.

Larry: What brought me to MAPS? I originally took LSD at UCLA after having a really horrible childhood. I had a depressed yucky life—really terrible, yet I came from a wealthy family. I had all of the material stuff, so everybody in my life was going, "Oh, I wish my life was like yours." And I'm like, "I don't even want my life." Then I got suicidal and I went to a shrink at UCLA, and then LSD came out and I tried it. I did it with Tim Leary's *Tibetan Book of the Dead/The Psychedelic Experience*, and it just changed my life! It changed everything about my life! So in 12 hours a little pill changed my life. I was studying psychology at the time, and I was learning the different theories that we had about therapy and everything—before psychiatry took over years later and began medicating everybody with Prozac and who knows what else—back then they were trying to do talk therapy and different types of behavioral therapy and that kind of thing. And basically, after studying it all for a long time, I learned that statistically it's not valid. That people who get therapy or get treatment improve equally well as people who get no therapy or treatment. So it was like I had studied all this for nothing. And right about that time is when I took LSD with the *Tibetan Book of the Dead* and saw all of the possibilities that these entheogens can offer to people who have mental problems, or spiritual problems, or just live in today's world and are kind of lost.

The news is it works! [Larry laughs]. If you are having problems, you want to go meditate? Enjoy yourself. If you are frustrated and you want to find God, go ahead and seek. You probably will not find a hell of a lot. Do a heroic dose of entheogens and you can see God—you can literally see him. That's a pretty big deal.

So, now I'm older, I'm ill, and I've got money. MAPS is doing all this great work and promoting studies on entheogens and other types of things, and being responsible about how they do it, and really bringing these illegal miracle drugs out of the closet. So I'm for everything that they can do in that respect. I believe that this is the answer to mankind's 21st-century problems, which are that we have created governments, like the capitalistic United States, whose goal is just to keep producing, consuming, producing, consuming, and all it's doing is making a few people very rich. We've now found that, yeah, that produces the most successful culture, successful in the sense that everyone has more cars and other objects. But, what we have actually become is mass-consumers and now we're globalizing that, and the planet just can't sustain it! So what we're trying to promote is a system that doesn't work. We've got the military behind us—we've built up the biggest military force in the history of the world, bigger than everybody else in the world combined. And we're forcing our values on everybody.

Entheogens answer all those problems, very quickly. You know, with entheogens you can have whatever you want and realize that everything is really beautiful. If you take a good hit of acid in your crappy little apartment—your apartment is going to look like the Taj Mahal. You could probably fall in love with a piece of dog shit as a work of art. Really. It's amazing stuff.

Randy: You are choosing to give MAPS a good sum of money. Do you feel they represent you? Do you feel that there is some part of your identity that is represented in that organization?

Larry: Oh yeah! They are doing what I think is the most important thing that could be done! So, I've lived 60 years and I've done all this stuff, and now I look back on it all and I go, "Oh, this was the important part!" These entheogens that I was spending my life experimenting with, going to South America and Central America, and doing all these things, that's the most important thing. It wasn't important that I developed that business or made that money or that I did a lot of different business things. That's irrelevant, that's just off of the map. What I did with the entheogens is what was important. And MAPS is promoting that and trying to get it out in the open. So yeah, they represent me very well.

Randy: Do you believe that you represent MAPS? Or rather, how do you represent MAPS when you are just being you?

Larry: When I find other people who have discovered some of the things that I have, or are enthusiastic about them, I let them know that I think MAPS and Erowid are good places to give

money and I promote them. We need to do that. These things in this country are illegal. You know, they've been made illegal in the whole world, except for Brazil [Larry is referring to using ayhuasca in Brazil]. So I can go down and live in Brazil and live free like that, but the rest of the world doesn't know anything

about this. We've already got the answer! But it's in a box, and Erowid and MAPS are trying to take it out of the box, they represent exactly that idea. They don't represent everything, but they represent the part that will get it out of the box and make it legal.

Randy: How would you describe the mission of MAPS?

Larry: Well, I am sure it is on the Internet and they probably have a thing about it, a sentence or two, but I didn't read that. So I would just guess that the mission of MAPS is to professionally explore the possibilities of psychedelics, and do it in a way that we can reintroduce them into the mainstream culture legally. And, of course, just like medical marijuana, the way is to help people with posttraumatic stress disorder with MDMA. Excellent! There will be soldiers coming back from Iraq. The government says they want to help them. If we find out that MDMA really helps a lot, the government is going to have trouble keeping it under cover and keeping it illegal and not offering it to those poor soldiers. So MAPS is doing exactly the things that are smart and right, to bring this thing up, because so much can be done.

Randy: If I were somebody who didn't care one way or the other about psychedelics because they never happened to fall on my radar, how would you describe MAPS to me?

Larry: Well, I would just tell you that MAPS is investigating the possibilities of the use of certain new drugs, just like Prozac, and old drugs, old shamanic drugs maybe, to see what help they can be for people, medicinally and psychologically. And sure, some of these solutions may be illegal—but we can make them legal.

If you haven't done psychedelics and you're depressed and you want an answer, I could say, "Well, maybe the answer is Prozac," or maybe I could say, "MDMA" and you'd probably think that the MDMA is the same as the Prozac. But if I then told you that MDMA is a psychedelic, then you would go "whoa." Well, now it's got a different tone to it, doesn't it? You're told that you should be afraid of psychedelics, so that's how you're going to respond, with fear.

Randy: How do you perceive the communication between you and MAPS?

When I think about
what my money can do
when MAPS has it
compared to buying another
piece of art, this feeling
that I am actually
doing something is
a big payback for me.
To know that
somebody's child,
your child even,
may grow up and
need psychological help
or be suicidal and that
something that I am
helping to pay for now
may save
that kid's life.

Larry: Great. I was thrilled that I could just give away money to different places that I thought could use it after I die. And I've gotten responses from MAPS and different organizations. Of course, I'm giving them money, but the response has been great. I get to speak with people who are into the same things as me and who know even more than I know, and they keep me updated on all the things that I find so exciting! To me, this is like porno when I was a kid. Getting an e-mail from MAPS saying that this study has progressed to a certain point and it looks like the results are saying this, I mean that's like when I was 16 and reading porno. It interested the fuck out of me. It really is a big deal to me. You know, as you get older, your values change. I still love porno and everything, but for me this is so important, so thrilling, and so incredible, that sometimes I just want to cry. I see what they're doing and I say, "Damn! They're doing it! They're really doing it!" And because of my background in psychology and the disappointment of everything being shut down legally – the fact that someone is opening it back up again—for me it simply couldn't be better. It could not be better. So if we're talking about communication—MAPS is great in every way. I get as much information as I want, or as little as I want.

I was supposed to be in Basel this week but I'm not. I'm supposed to go there but if I can't walk very far, everything becomes drudgery. Just getting from the hotel to the convention center is life-threatening. What I did, I had some money set aside for that and I couldn't go, so I gave that money to MAPS so that they can use it.

Randy: That's very nice of you, thank you. Why do you think that you are willing to give money in the first place?

Larry: Because I have more money than I can spend. Every year I look at how much money my money is making for me and I make a note "you should spend more money," because my life is really sitting at the beach, walking on the beach. I don't even like restaurants because I have to prepare my own food that's perfect for diabetes. I've got all the art that I would ever want. I have collections of 4,000 year old shamanic art. I've just got all that. I have the best car that I ever wanted. There is nothing left worth buying. I've bought the stuff I wanted and I've learned that stuff wears out. Like I said earlier, shoes are great when you first buy them and then a month later, they're just shoes. And then they kind of lose their value. So why do I want to give money away? Because there are people like MAPS that are doing things that are really worthwhile, and, that's the place to put my money. And, it gives the best value for my money. When I think about what my money can do when MAPS has it compared to buying another piece of art, this feeling that I am actually doing something is a big payback for me. To know that somebody's child, your child even, may grow up and need psychological help or be suicidal and that something that I am helping to pay for now may save that kid's life.

So giving money away to people who need it is the most enjoyable way to spend my money. I get the biggest payback!

Randy: Is there anything that you think we've touched on that you would like to expand upon?

Larry: I would like to see a study done specifically on the Terma Cycles. There are a bunch of them. I worked with three of them. I want everyone to know that this is called *The Tibetan Book of the Dead*, what Tim Leary did with the book *The Psychedelic Experience*. Give people who have a terminal illness and who are nervous that they're going to die of cancer or whatever, give them a heroic dose of entheogens and guide them through that book and you can help them live an extra 10,000 years in a single day. If you're afraid of dying and someone has given you 10,000 extra years of conscious life, you're going to be pretty grateful. If you're going to die and you wonder what's going to happen after you die, you'll find out. The value of what is in those books combined with entheogens is incredible. It's not just going to help that cancer patient, it's going to allow Rick [Doblin] and others to compare the response of people using Buddhist literature combined with psychedelics to how they've seen people respond to just heroic doses of psychedelics.

What I want other people to know, what I just got lucky in finding out, is that those Buddhist cycles combined with the entheogens give a reaction that is a trillion times more intense than just the entheogen. It takes you directly into the world of the spirit teachers, and in a gigantic way. And just from talking to people, I realized that people just don't know that. They think you take a big dose of whatever entheogen, and that's all there is, they don't realize that there are written words that can magnify that experience a trillion times. •




Randolph Hencken, M.A.,
MAPS Director of Communication
and Marketing

Suggested Rules for the Road –

Conscious Parenting in this Time of Psychoactive Substance Use

By Phil Wolfson, M.D.



LIVING consciously while raising children thoughtfully, in a complex and constantly changing world, is a great challenge. In these times of increased possibility for marijuana legalization, yet still in the epoch of the doomed-to-fail War on Drugs, parents have new options and old concerns in making decisions regarding substance use in the family context.

This brief paper primarily addresses the adult end of things, creating a positive guideline for responsible substance use when raising kids. Internalization—introjection—is the core of self-control, and positive parenting leads to forming generally positive introjects in our children. These serve as references for assessing and judging potential actions. Punishment is a poor secondary response, often ineffective and employed when children's self-guidance—their introjects—are absent or fail. The issue of kids with substance trouble in their lives and constructive parental responses—the therapeutics—is not our subject per se. Presented here is a prevention strategy based on thoughtful, loving parenting. Success in this strategy is no guarantee against kids getting in trouble. Children are independent-minded folks. I am advocating for conscious parenting, creating a family structure that creates a long-term culture that enfolds the child, but yet is responsive and sets limits when difficulties arise.

Editors note: If you wish to correspond with the author of this article, please send an email to askmaps@maps.org and we will share it with him.

This piece is a longitudinal, historical, experiential analysis, anecdotal and selective as historical texts usually are constructed, but hopefully valuable nonetheless. The analysis presented is conditional and not definitive. It is open to amplification, change, and rearrangement, hence the word “suggested” in the title. It is an attempt to open the door for reflection, discussion and variation, so please respond with your own two cents. Hopefully, the coins of experience will pile up and we will have a burgeoning consensus as a workable guideline.

As parents, it seems we have to learn from scratch, almost as if we ourselves were never children. When we bring a child into this world as a conscious choice, we can't avoid fearing that we will ruin the kid, act like our parents (or for some of us, not as well as our parents), and that our previously free lives will be curtailed and limited. We fear our own impatience and worry at times about the possibility of breaking into violence. We search for guides and books, role models, and other parents with whom we can share and compare.

In the end, raising children is an empirical, adaptive process to be learned anew, although there are plenty of resources to assist us if we look for them, even inside ourselves. Certainly, there is no one right way. I have a fond memory of Ben Spock, the great anti-war activist who was always in his three-piece suit at demonstrations. He was pulling out a few hairs from his already sparse head as he related to me the vast changes he had to make in his new edition of *Dr. Spock's Baby and Child Care* in order to accommodate feminism and enlightened, nurturing father-care in 1969. He was pleased and chagrined, knowing he had missed the emerging consciousness. Greater social awareness and equalization were changing child-rearing views and practices. The methodology he had offered previously as a guideline for parenting was attitudinal and relative, and not a fixed approach for all times.

Child-rearing is an historically determined practice, varying from culture to culture. The positive influences that tend to motivate a child into becoming a loving, thoughtful, and

productive adult become more and more clear. They can be abstracted from the particular context, which is driven by situational, cultural, gender, political, class, and psychological factors. “Determinants” is too strong a word. Humans are more flexible than that, but we are more easily wounded and—traumatized—than we give ourselves credit for being, and trauma is formative and deforming. Our era is the first to even define trauma, and we are still elaborating an understanding of that which is traumatizing. If there is to be progress in terms of our capacity to live respectfully, peacefully and with compassion for each other and nature, it has to begin in the family with child rearing. This progress must extend to those institutions that support families, like schools, health care, and community/spiritual groups and institutions. Society/family is a reciprocal bidirectional informational exchange. Individual units, families and their members, are able to generate their own particular cultures, despite pressure to conform from dominator external structures. This gives the family both strength and vulnerability.

The principles that work for child rearing in general guide the use of substances in the family.

- Provide a secure, nurturing, affectionate, creative and friendly family environment.
- Provide safety from outside and inside-the-family negative forces.
- Embrace nonviolence. Practice one person/one vote, except for when a child’s economic health or safety demands parental guidance or protection.
- Use persuasion for control, except when safety requires a stronger protective and authoritative response.
- Use respectful, acknowledgement-based communication that recognizes differences in age and capacity, but seeks understanding in a language appropriate to conditions.
- Stress that friendship is the goal for now and all time.
- Be thoughtful, open-minded, and openhearted in developing growing children’s abilities, understandings, and independence.
- Encourage interdependence and inter-responsibility, from each according to ability and to each according to needs.

Overall, we can refer to these qualities for a child’s best possible environment as “love and respect.” Conscious and conscientious use of psychoactive substances in a family environment is contained and constrained by adherence to these principles.

I will offer a personal story about conscious use of Ecstasy in my own family. My oldest son, Noah, had been stricken with leukemia when he was about 13 years of age. He went into remission quickly, but the process was emotionally arduous. His psychological difficulties and their impact on our little family of four (and our larger extended community) were extremely harsh. Noah died four years later, near 17 years of age. The following is an excerpt from my forthcoming book, *Noe—A Father/Son Song of Love, Life, Sickness, and Death*:

We needed a novel form of family time, something so powerful it would sweep away the awful load, and give us a moment’s respite from carrying the overstuffed burlap bag of backbreaking woe. We needed a method for emotional time-outs, for being together tasklessly and purely in connection. Our MDMA experience called to us because of the power of its positive alteration of consciousness and the sensuous but non-sexual intimacy we had experienced. Thus, we hatched the Family MDMA Inter-

lude. No, our children did not imbibe. We took seriously their need for an uncompromised neurological unfolding of their minds. They had no need for chemicals, just the space in which to relax with us, play, say whatever was in their minds, and know that we would react without defense, in positive alignment with them. And, as is children’s nature, they were adept at instantly integrating with our altered mind state, enveloped by the warmth of the family snuggle—stillness in the midst of the storm. Yes, they knew what we were doing, and after the first successful session, would request of us to have that form of family time again. They enjoyed us being somewhat immobilized, out of parent role, soft, less worried, able to talk about our fears without the usual fearfulness. It was a hug-in. And, in fact, we could function and handle their needs. We were never prostrated and nodding out. It was not that kind of experience. We weren’t going for dose, but for connection. We wanted to be present, not spaced-out.

Not that this kind of togetherness couldn’t and didn’t happen on the natch. It did. What was different was deliberately taking the time together in a state without ends or action—just “being” for a more sustained period of time. And, yes, we integrated more of that kind of time into our lives without the use of MDMA or other substances. We learned from our experience “on” and could do much the same “off”—when we remembered to stop and breathe.

How did we deal with the outside world and the “say no to drugs,” “turn in your parents” campaigns at their schools? We taught them about family confidentiality, about our family and friends as an envelope in which unique and wonderful things could happen which differentiated it from societal norms that we could demonstrate were nonsensical and even harmful. We never threatened them about exposing us to others, but rather discussed the possibilities for misunderstanding, disapproval, and the potential consequences of illegality. Some things are private to the family—violence and abuse not being in that category. We distinguished between substances that were mind- and heart-expanding and those that provoked addiction, difficult, and even violent behavior, like too much alcohol, which was often being represented with its consequent mayhem on their television screen.

Openly discussing what we were doing, Noah and Eric were urged to comment on what they saw and to express their feelings, however different from ours. If they had a concern, we would listen, and we would not lie to them. There were times when we might have wished to lie, but we didn’t. In any event, their antennae had been honed for the nuances of obfuscation. They would confront us if they sensed hesitation or story-telling. We were careful and they never encountered us having difficulty while under the influence, observed no aftermath, no compulsive use. Family sessions occurred once every month to three months, depending on available time, desire, appropriateness, a sense of the need to have a prolonged interaction without jumping around and doing. And as there was no secrecy, they discerned that the negativity beaming in from the Authority Sphere was not their experience, not the ‘truth’. They had been part of the movement for progressive democracy for everybody—against racism and sexism, pro-choice, for world peace and Gaia holism since their earliest days of life. They knew that it was worth standing up for their beliefs—outside the home and in it. No, they never themselves asked to take MDMA. Compared to other kids in their high school realms who often lived with parental stealth—coking and smoking in

I will offer
a personal story about
conscious use of Ecstasy
in my own family.

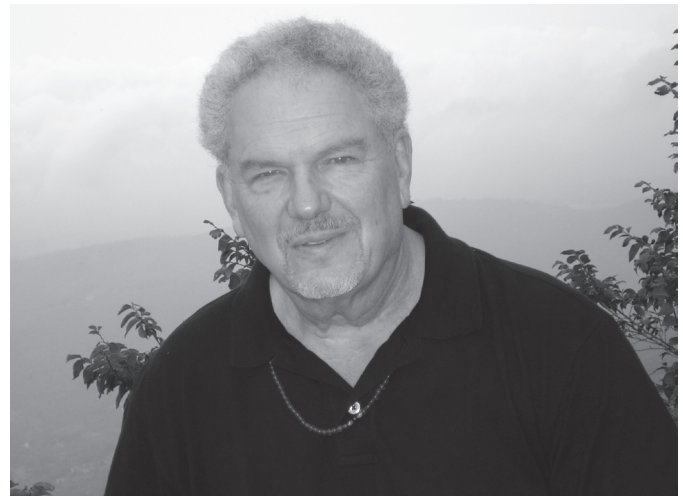
basements and closets in stigmatized secrecy—our kids were late bloomers. We explicitly took the position that we would not be hypocrites to our children, and that they had the capacity to come to clear understandings based on their own view—if given accurate information. If they were interested in using substances, they had an open door to us for discussion—and use—if we agreed. As parents, we consciously avoided splitting on crucial issues, attempting to come to a parental consensus before making decisions with our kids. Knowing the potential difficulties, we strove to protect them from the consequences of illegalization. “Better we give you what you want than buy some unknown, potentially harmful crap from someone who charges you outlandish prices, has something on you that can be used against you, and who could get you involved with the anti-drug and the drug worlds, the cops and school authorities.” In fact, they never asked until they were late teenagers, a far better outcome than the common illicit and often difficult use by thirteen- and fourteen-year olds.

This is not a tale to suggest emulation. Our circumstances were relatively unique as was the history and culture of our particular family. I offer it here to indicate that there can be a very positive, beneficial experience within family life with substances present—if you mostly know what you are doing, cover the possibilities for difficulty, have outside support at the ready, and if you practice honesty with those you love. Parents have and will use substances in their families. If you believe that what you are using is a potentially empathogenic substance indeed, and if you accept the feedback of those around you without quibble or quarrel, this terrain can be negotiated with consciousness and benefit.

Suggested Rule for the Road: If you are uncertain about the effect of a substance on your consciousness and behavior, leave your kids out of it, do your imbibing away from them, and make sure you can come home to your kids sanely and lovingly—or leave off—for, I believe, the best thing you can do in life is love and your kids are the best ones to love and from whom to receive love. Teach honestly that family values at times differ from the views expressed and imposed from outside—including laws—and that the family does have as one of its goals to selectively siphon the outside view in and selectively siphon inner practices out. Obviously there are difficult choices and complex mindsets.

If you act hypocritically in front of children, they will most likely detect this and come to not believe much that comes out of you. Don't have them cover for you or make excuses for you. Don't make them into liars on your behalf or have them cover up on the basis of a secret family life that no one outside will understand. They can understand that a family has some privacy needs and may have different values from those that are externally pressured.

Another Suggested Rule: Potently addictive drugs can and do cause havoc for families. Their use tends toward creation of a family culture of deception, and parental self-involvement and risks the integrity of the family. If you are raising a child, consider not using substances that may blow you and them away. There is no excuse for taking such chances with the lives you bring into the world. Let that restrain you from thinking you will get away with it. The cultivation of honesty with your own children has the greatest reward—friendship and trust.



Phil Wolfson, M.D.

These are functional criteria based on valuing enlightened love. It is not about morality. It is about the only relationship that contains the gem of absolute love—that between children and parents—reciprocal love born of the dependent responsibility of nurturance and respect.

A Corollary of a Suggested Rule: Having limits is a necessity for following the psychoactive path as creative and mind-expanding. Use of virtually any substance can result in dependency, sometimes surprisingly so. There have been a few MDMA addicts who did it every day and in every way. Too much of anything can result in a negative alteration. All psychoactive substances affect consciousness, narrowing focus, affecting functionality, and while potentially mind-expanding are also mind-constraining and behavior-altering. There are things to do in private, away from kids who have childcare provided by responsible baby sitters.

Alcohol intoxication is the most common poison. The damage from alcohol intoxication on the population is mind-boggling. People do things under the influence of ethanol that they would never do on the natch—violent crimes against children, violent crimes against parents and relatives while kids watch, incest, beatings, and rape. The stories are endless. There is also verbal abuse, arguing, disappearing into dark holes, passing out, memory loss, and driving while intoxicated. Alcohol is paradigmatic. If you follow the rules for sane alcohol consumption, you can use responsibly and enjoyably in front of kids and teach them limits. Otherwise...

There is a great riddle—still poorly explained—that also may apply to other substance dependencies—a cautionary.

Despite the mayhem and adversity, children of alcoholics are four times as likely to become alcoholics themselves. There does appear to be a genetic component, but its effect is probabilistic and phenotypic, not a Mendelian linear influence. And I doubt that the genetic basis is for alcoholism per se—rather I think for a more complex set of behavioral possibilities. There are other possible and contributing explanations that arise from the influence of the home environment. One is that children are great mimics and from an early age, even before their first year is completed, they learn by observing other people's behavior. Children internalize and are damaged by what they see and experience. Perhaps there is a created hole, an incomplete gestalt

I believe,
the best thing
you can do in life is love
and your kids are
the best ones to love
and from whom
to receive love.

that is like a craving. This kind of craving may be like a cognitive causal map created during a child's repeated exposure to intoxicated adult behavior. For the adult, craving is about trained and then starved neurons, or the habitual turn to substances to eliminate negative feelings. For children of alcoholics it may be a programmed psychological map for them to seek solace through substance use. Cravings, as attraction and compulsion, are bad for our clarity, and they inhibit following a more enlightened path. As parents we need to be aware that our good and bad behavior may engender similar behavior in our kids.

Conscious consumption of ethanol is the exemplar for the legal period. Alcohol products are on our shelves and accessible to our children.

Medical marijuana is spreading nationally and full decriminalization is hopefully near. Parents are even promoting medical marijuana for their children. My colleagues and I receive requests from parents on behalf of kids as young as 12. What does this mean about parental behavior? Do parents assume an open non-hypocritical stance to their use of marijuana? Do they continue to smoke secretly and cover their tracks, as so many have done? Do they leave their stashes out for children to find, or in accessible places? Do they offer their kids a joint and guidance? What age is appropriate?

Most of us would agree that marijuana intoxication is relatively benign, compared to overuse of alcohol. Nonetheless, there are potential risks for affecting children's lives: inattention, sluggishness, difficulty in responding to emergencies, inexplicable foolishness, inappropriate behavior, and the munchies (aka binging). There may also be diminished motivation with chronic heavy use or, the possibility of withdrawal reactions— anxiety, insomnia, irritability. This is not a list of inevitable effects, rather an inventory for self-scanning and awareness.

It is also true that many parents have or will choose to smoke in front of their kids, and/or be stoned with their kids. There are joys as well as risks: great silly fun, heightened playfulness, penetrating mutual understanding, a break from the usual, release from tension—to name some.

Another benefit of legalization is our potential discernment of the distorting stigma of the "illegal" and with its removal an improvement in our self-regard and the cessation of the tendency towards rebellion and forbidden fruit reactivity. Being marijuana legal is a distinct pleasure.

Suggested Rule: Know your limits, keep them, and learn when your degree of intoxication will negatively affect your relationship with your kids and your ability to be responsible for them. Accept feedback, even if it is not what you want to hear. Don't overdo it and become a stoned parent. Stop using marijuana for a significant time if you find your use creeping up or, if you are feeling compelled. A cautionary: Don't drive or use machinery when stoned—don't risk yourself or the lives and wholeness of others. Use according to the principles above. Create a culture of forthrightness and honesty in which your children come to you voluntarily and discuss drug use without fear. They will then know that you will listen and offer a clear response and the possibility for further discussion. The family truly can be a refuge.

If you
act hypocritically
in front of children,
they will most likely
detect this
and come to
not believe much
that comes
out of you.

It is important to help kids learn about their potential interaction with substances, rather than avoiding the subject, for that engenders the notion of unavailable and judgmental parents, much as has been the situation with parents dealing with inevitable sexuality. Assisting our kids with information enables them to better assess the myths and propaganda that are bombarding them. Kids want facts and data just like we do, and they are good at detecting mystification and disinformation. Education by informed parents is a great assist to young minds struggling to have fun, be unique, and sort out truth from fiction. Difficulties often initially arise when children begin using secretly, when they are too young, or in potentially bad settings. Parental interventions that come out of the blue are often unsuccessful, or engender more rebelliousness.

Adolescents tend to establish psychological territories that parents are blocked from entering. But that can go too far, and parents may give up on knowing what their kid is doing and proceed in denial, despite evidence that their kid is having difficulty. The Oxycontin high school epidemic is a good example of this. Continuing the dialogue, inquiry, and wanting to know without intruding (except when safety demands) are prerequisites for navigating adolescence. Establishing an educational and intimate trust relationship from an early age is imperative for sanity with adolescents. It is important to attempt to work out parental unity and avoid splitting. "Do No Harm" always applies, as does "Prevent Harm When You Can," especially to those with whom you closely relate. For example, there is data suggesting that heavy use of marijuana before the age of 15 is associated with a higher rate of schizophrenia and psychotic symptoms. In absolute numbers and percentage difference, this is a small change from baseline. Nonetheless, I don't know of any child who needs to use marijuana heavily before 15. Some do and I believe that such use calls for thoughtful intervention. I am not a fan of heavy use after 15 either, save when there may be real medical utility. And marijuana does have many potential benefits for many people for treating a wide variety of illnesses, as well as for health and mindfulness.

Personally, I think it is a wonderful thing to hang with your mature child and spend quality time together, including—if there is interest and mutual consent—to trip together. It can engender understanding, closeness, friendship, and pleasure. For those of us who value psychedelic experience as mind-expanding, why would we not create a loving, careful set and setting in which to experience this with our closest friends—our children?

References:

Grinspoon and Bakalar, *Marijuana—the Forbidden Medicine*
Yale University 1997

Gopnik, *The Philosophical Baby* Farrar, Straus and Giroux 2009

MAPS New Continuing (Medical) Education Program

MAPS' new continuing medical education and continuing education program, cosponsored by the **Spiritual Competency Resource Center (SCRC)** and CME Consultants, disseminates the latest research and clinical findings on psychedelic science in video courses accredited for physicians, psychologists, marriage and family therapists, social workers, nurses, and other healthcare professionals.*

Presentations are from the landmark **Psychedelic Science in the 21st Century conference**, which brought researchers, physicians, psychologists, other healthcare professionals, and people with a general interest in psychedelics from around the globe to MAPS' sold out event.

Available now for CME/CE credits are presentations by:

Stanislav Grof, M.D., co-founder of transpersonal psychology

Michael Mithoefer, M.D., Clinical Investigator for MAPS' flagship US MDMA/PTSD study

Andrew Weil, M.D., integrative medicine proponent

Charles Grob, M.D., UCLA psilocybin/death anxiety researcher

Roland Griffiths, Ph.D., principal investigator for the Council on Spiritual Practices and Johns Hopkins University psilocybin/mystical experiences study

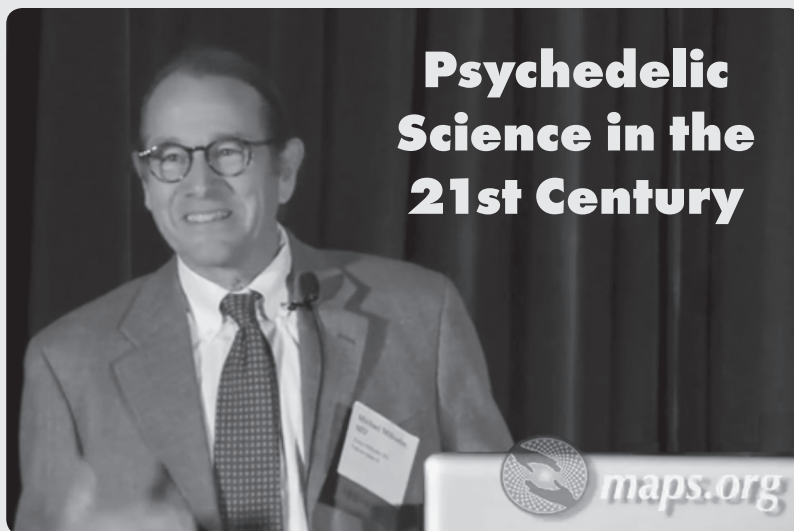
Dozens more videos will become available for CME/CE credit in the coming months!

The videos from the conference are available for viewing at

www.maps.org/videos or www.spiritualcompetency.com

Viewing videos is absolutely free. For those interested in earning CE/CME credit, simply take a quiz associated with the video and pay \$10 per hour of CE credit; proceeds are split between MAPS and SCRC.

*Videos are accredited in accordance with the California Board of Behavioral Sciences for licensed Clinical Social Workers (LCSWs) and licensed Marriage and Family Therapists (MFTs) (Approval No. PCE 111), the California Board of Registered Nursing for licensed nurses (Provider number CEP11909), Institute for Medical Quality and the California Medical Association's CME accreditation standards (IMQ/CMA). CME Consultants is accredited by IMQ/CMA to provide continuing medical education for physicians. CME Consultants takes responsibility for the content, quality and scientific integrity of the CME activity. The credit may also be applied to the CMA certification in continuing medical education.



free videos
from the
conference

www.maps.org/videos

Online continuing medical education and continuing education credits are available for a modest fee for physicians, other medical professionals, psychologists, and social workers.

Michael Mithoefer, M.D.'s presentation about our U.S. MDMA/PTSD pilot study is now online, along with many other videos from the conference.

MAPS: WHO WE ARE

Our mission is 1) to treat conditions for which conventional medicines provide limited relief—such as posttraumatic stress disorder (PTSD), pain, drug dependence, anxiety and depression associated with end-of-life issues—by developing psychedelics and marijuana into prescription medicines; 2) to cure many thousands of people by building a network of clinics where treatments can be provided; and 3) to educate the public honestly about the risks and benefits of psychedelics and marijuana.

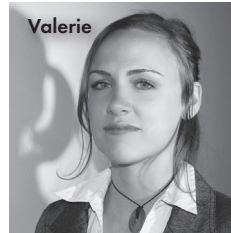
If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please join MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of those who care enough to take individual and collective action.



©2010 Multidisciplinary Association for Psychedelic Studies, Inc. [MAPS]
309 Cedar Street, #2323,
Santa Cruz, CA 95060
Phone: 831-429-6362
Fax: 831-429-6370
E-mail: askmaps@maps.org
www.maps.org



Rick Doblin, MAPS founder and President, earned his Ph.D. in Public Policy from the Kennedy School of Government at Harvard University. Doblin was also in Stan and Christina Grof's first training group to receive certification as a Holotropic Breathwork practitioner.



Valerie Mojeiko, Deputy Director, earned her B.A. from the California Institute of Integral Studies. In her work with MAPS' psychedelic harm reduction project, she has trained over 200 volunteers with skills for helping people who are undergoing psychedelic emergencies.



Michael Mithoefer, M.D. Clinical Investigator/Medical Monitor is a psychiatrist who practices in Charleston, SC, where he divides his time between clinical research and outpatient clinical practice specializing in treating posttraumatic stress disorder (PTSD) with an emphasis on experiential methods of psychotherapy. He is a certified Grof Holotropic Breathwork Facilitator and is trained in EMDR and Internal Family Systems Therapy.



Annie Mithoefer, BSN Co-Investigator MDMA/PTSD Studies is a Registered Nurse who lives in Charleston, SC where she divides her time between clinical research and outpatient clinical practice specializing in treating posttraumatic stress disorder (PTSD) with an emphasis on experiential methods of psychotherapy. She is a certified Grof Holotropic Breathwork Practitioner and is trained in Hakomi Therapy.



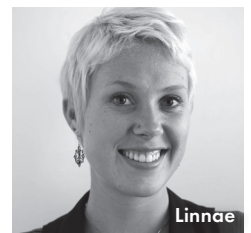
Amy Emerson, Clinical Program Manager, earned her B.S. in genetics and cell biology from Washington State University. She has worked in clinical development and research for the last 15 years in the fields of immunology, oncology, and in vaccine development. Amy has worked with MAPS as a volunteer since 2003 facilitating the development of the MDMA clinical program.



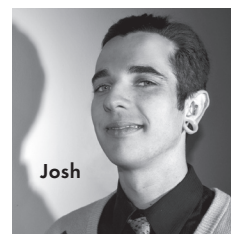
Randolph Hencken, Communication and Marketing Director, earned his M.A. in Communication, and his B.S. in Business Administration from San Diego State University. Formerly he was the Program Coordinator at the Ibogaine Association in Mexico.



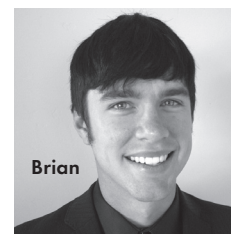
Ilsa Jerome, Research and Information Specialist, earned a Ph.D. in psychology from the University of Maryland. She helps MAPS and other researchers design studies, gathers information on study drugs by keeping abreast of the current literature and discussion with other researchers, creates and maintains documents related to MAPS-supported studies, and helps support the MAPS psychedelic literature bibliography.



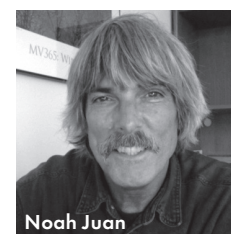
Linnae Ponté, Executive Assistant, earned her BA in Biological Psychology from New College of Florida. She's assisted data collection and analysis at University of South Florida's Cardiovascular Psychophysiology Laboratory, MOTE Marine Mammal Aquarium Psychophysical Laboratory, East-West College of Natural Medicine, and the West Mamprusi Civic Union in Ghana, West Africa.



Josh Sonstroem, Accounting and Information Technology, earned his B.A. in Philosophy and Religion from New College of Florida and is a chef, musician, poet, and technologist. He immensely enjoys the depths of existential experience.



Brian Wallace, Events and Outreach Coordinator, studied neuroscience, philosophy, and medical sociology at the University of California, Santa Cruz. As an advocate for the dissemination of accurate, unbiased information with respect to psychoactive drugs and other medicines, Brian is at home doing outreach and education on behalf of MAPS.



"**Noah Juan Juneau**" is the nom de guerre of a graphic designer and long-time friend of MAPS, who has been designing the *MAPS Bulletin* and the books published by MAPS since 1990. He earned his B.A. in design from California State University at Los Angeles and has worked in advertising and publishing for over 35 years.



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