

# Report: American Psychiatric Association Meeting

BRAD BURGE, MAPS Director of Communications and Marketing

THE MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC Studies (MAPS) was proud to participate in the American Psychiatric Association's 168th annual meeting in Toronto, Canada, which took place from May 16–20, 2015. The 2015 APA Annual Meeting was the largest and most mainstream professional scientific conference where MAPS has ever had an official presence.

This year's conference featured a special symposium on "Novel Psychopharmacological Therapies for Psychiatric Disorders: MDMA and Psilocybin," chaired by MDMA researcher Michael Mithoefer, M.D., and psychiatrist Timothy Brewerton, M.D. The symposium included presentations from Roland Griffiths, Ph.D. ("Psilocybin, Mystical-Type Experiences, and the Treatment of Symptoms of Anxiety and Depression In Patients With a Life-Threatening Cancer Diagnosis"); Michael Bogenschutz, M.D. ("Psilocybin-Assisted Treatment for Alcohol Dependence"); Charles Grob, M.D. ("MDMA Treatment of Social Anxiety in Adults on the Autism Spectrum"); Matthew Johnson, Ph.D. ("Psilocybin as an Adjunct to Tobacco Smoking Cessation Treatment"), and Michael Mithoefer, M.D. ("MDMA-Assisted Psychotherapy: A Promising Treatment for Posttraumatic Stress Disorder"). Both Michael Mithoefer and Charles Grob are working on ongoing MAPS-sponsored studies. Every seat in the room was filled for the duration of the session, with many people standing, and the panelists received more curious, well-informed questions than they could answer in the time allowed.

To complement the academic symposium and provide another avenue for conference attendees—about 10,000 practicing psychiatrists, residents, and others working in mental health treatment—to learn about psychedelic therapy research, MAPS also took the opportunity to host an informational booth in the exhibitor hall. The booth was staffed by Brad Burge (MAPS Director of Communications and Marketing) and Natalie Ginsberg (MAPS Policy and Advocacy Manager), with support from volunteers Cole Marta, M.D., and Wesley Ryan, M.D., as well as from Michael Mithoefer, Charlie Grob, and Rick Doblin, Ph.D. (MAPS Founder and Executive Director). MAPS stood out as one of only two non-profits in the exhibitor hall, in the midst of countless marketing booths staffed by representatives of major for-profit pharmaceutical companies. Many of these other companies went to great lengths and paid tens of thousands of dollars to create interactive, multisensory exhibits; one even had a live painter illuminated by LED lights. The MAPS exhibit, by

contrast, was information-focused with no bells and whistles; it occurred to me that the most effective tools might require the least decoration.

In 2013, we hosted an exhibit booth at the U.S. San Diego Psychiatric and Mental Health Congress in 2013. At that time, we were wary that mainstream psychiatrists might be resistant to the word "psychedelic," so the signage, brochures, and other materials we brought put the treatment first: "Treating PTSD with MDMA-Assisted Psychotherapy" rather than "Psychedelic Therapy." Since cutting through fear and introducing clinical practitioners to psychedelic therapy is a vital part of our mission, we changed our strategy for APA 2015. Rather than hiding the word "psychedelic," we put it right out in front, designing new brochures focused on our psychedelic clinical research program, and displaying our professional MAPS banners to explicitly describe our research and mission.

While encouraging research results and increasingly balanced media coverage are helping more people realize the beneficial potentials of psychedelics and marijuana, we still sometimes encounter resistance when broaching the subject of psychedelic science. (That's certainly to be expected, and it's my job—and my passion—to seek out points of resistance and help open up spaces for healing and acceptance.) We had high hopes for a positive reception at APA 2015, and we were pleasantly surprised. Rather than resistance, what we received was curiosity, educated questions, healthy skepticism, and several entertaining double takes as people encountered the booth. Many practicing psychiatrists expressed their dismay at how many medications they prescribe, and at how many of their patients fail to respond to currently approved drugs; many of them were also visibly encouraged by the idea of psychedelic therapy requiring far fewer administrations, and addressing the root cause of PTSD rather than simply covering up the symptoms.

One of the first attendees to eagerly approach the MAPS booth was a young psychiatrist interested in developing a study of psilocybin and/or MDMA-assisted psychotherapy at the rural Texas hospital where he recently began working. We also met the director of clinical research at a major hospital in Maryland, who expressed interest in hosting a lecture series for hospital doctors, staff, and researchers. We easily engaged with the younger generation attendees, many of them just beginning their clinical careers, including young psychiatrists, residents, and students. It became apparent that the majority of men and women practicing medicine under the age



MAPS' informational booth at the American Psychiatric Association Annual Meeting in Toronto, May 16–20, 2015.

of men and women practicing medicine under the age

of 40 are curious, and even excited, about psychedelic research and therapy, as they are beginning their careers during a time when our culture is starting to recognize the vital need for new approaches to psychiatric treatment, and to look at psychedelics and marijuana from the perspective of science rather than stigma.

We also saw significant excitement for our work among older attendees—men and women who were already working with psychedelics when they were criminalized in the 1970s and decades following. One was a pair of clinicians who were at the Maryland Psychiatric Research Institute with psychedelic therapy pioneer Stanislav Grof in the 1970s. I also spoke with one attendee in his 70s who told me about his fascinating early work studying the psychoactive effects of various psychedelics, including psilocybin and mescaline. He had been forced to abandon his research and his academic appointment in the 1970s due to the government lockdown on psychedelics and the War on Drugs; he told me he had been literally traumatized by his experience of being threatened in his home by federal agents.

“I can see in your eyes that you believe in what you’re promoting here,” said one psychiatrist in his early 80s. Then, gesturing to the for-profit displays filling the exhibit hall: “That makes you different from the rest of these guys.”

Another group that was curious to learn more about our work were those treating veterans and active duty military personnel. Rick Doblin and I had an excellent conversation with a Special Forces psychiatrist based in Hawaii, who shared her thoughts on how military culture may ultimately embrace the use of psychedelic therapies for treating active duty personnel. One experienced Veterans Affairs psychiatrist was skeptical, and impressed us with her openness, willingness to engage in dialogue, and interest in taking home a few of our publications.

Through our conversations with people at APA 2015 and other events, we have learned that MAPS is not just educating medical practitioners and the broader public about psychedelic therapy research. Our work is bigger than spreading awareness about the benefits and risks of psychedelics and marijuana. We also need to educate people about the importance of psychotherapy—rather than drugs alone—for mental health research and treatment, and we need to educate people about the effects of PTSD on individuals, families, and our society at large. We need to encourage diversity among the field of researchers and therapists, and ensure that minority and low-income communities have access to these treatments when they become legally available. We’re making immense progress,

but we still have a lot more work to do.

Here are several talking points that I’ve found useful when introducing professional mental health practitioners to psychedelic therapy research:

1. *Most currently approved drug-based treatments must be taken every day (often for years), can have serious side effects, and often still do not work for many patients. Psychedelic psychotherapy involves a very limited number of doses—usually two or three—and is always combined with psychotherapy.*
2. *Currently approved pharmaceutical treatments are only approved to address the symptoms of mental illness, while psychedelic therapy seeks to address the root cause. In the case of MDMA-assisted psychotherapy for PTSD, the root cause is the individual’s difficult relationship with their traumatic memories.*
3. *MAPS is a non-profit pharmaceutical company working closely with the FDA, DEA, and other U.S. and international regulatory agencies to develop MDMA-assisted psychotherapy into a legal prescription treatment for PTSD by 2021.*

The unprecedented increase we are witnessing in the acceptability of psychedelics as healing and spiritual tools was highlighted at the end of the conference, when APA President Paul Summergrad, M.D., spoke with Ram Dass, Ph.D., in a pre-recorded interview about the rich connections between psychology, psychiatry, and spiritual experiences. During the interview, Summergrad acknowledged that his decision to become a psychiatrist was influenced by an LSD experience he had at the age of 19. Then, current National Institute on Drug Abuse (NIDA) director Nora Volkow, M.D., gave an address about how her understanding of addiction is based in her own personal family history.

The language of mainstream pharmaceutical marketing is still (by and large) infected by rhetorics of shame, separation, and profit, but that is not the essence of psychiatry. Something is starting to shift, as seen in the new APA tagline, unveiled at the 2015 annual meeting: “Psychiatry: Integrating Body and Mind, Heart and Soul.” As we—together—take the next steps towards making MDMA-assisted psychotherapy a legal treatment for PTSD, we are helping reintegrate psychedelic science back into psychiatry. We are starting to translate the healing experiences that psychedelics, used carefully, can provide into a language mainstream medicine can understand. 🌱

