

Research Edition

BULLETIN

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From the Desk of Rick Doblin, Ph.D.

IT IS MY SINCERE DELIGHT to introduce to our MAPS community, Ana LaDou, MAPS' new Chief Operating Officer (COO). As MAPS and MPBC have collectively grown to over 55 people, all funded by charitable donations, and the interest in psychedelics has expanded in the general public, I've become increasingly unable to keep up with both internal and external work and relationships. As a result, we are thrilled to have Ana join the team at MAPS, bringing with her almost two decades of experience in nonprofit leadership. Over the next several years, Ana will help shape the growth of MAPS, and our community.

In addition to our new COO, MAPS has made leadership changes to both the MAPS and MAPS Public Benefit Corporation (MPBC) Boards of Directors. As of July 2019, we welcome Dr. Victoria Hale, Ph.D. to the MAPS Board of Directors, and Miriam Volat and Amy Emerson to the MPBC Board of Directors. Victoria is a pharmaceutical scientist who formerly worked for FDA and Genentech, and has extraordinary nonprofit drug development experience through her founding of The Institute for OneWorld Health and Medicines 360, Dr. Hale brings unique expertise to the MAPS Board as we move ever closer to the reality of FDA approval for MDMA-assisted psychotherapy for PTSD, and envision other drug development to follow. Miriam is co-director of the Riverstyx Foundation, a major MAPS donor, and she brings experience as a facilitator supporting growing organizations in assessing their policy and community organizing impacts, strategic planning and decision-making processes, critical endeavors as we create legal contexts for the safe and beneficial uses of psychedelics. Miriam is also interested in the use of psychedelics for conflict resolution. Amy Emerson is Executive Director of MPBC and joins its board representing the voice of the staff at the Board level.

I'm honored to have these four incredible women as part of the MAPS/MPBC leadership.

Finally, there has been another important change to both the MAPS and MPBC Boards. After serving for many years as the Chair for both Boards, I'm pleased to share that John Gilmore is the new Chair of the MAPS Board and Dawn McCollough the new Chair of the MPBC Board. My dream of becoming a legal psychedelic psychotherapist is on the horizon, after almost 50 years since 1972 when I first read Stan's Grof's *Realms of the Human Unconscious: Observations from LSD Research*. I am deeply honored to share the responsibility of leading MAPS into our shared future with these incredible individuals.

Now, I turn the pen over to Ana LaDou to introduce herself, and share what draws her to the mission of MAPS.

From the Desk of Ana LaDou, COO

Dear MAPS community,

It is with gratitude and excitement that I embark on this healing journey with all of you, the MAPS community. As we stand together on the precipice of achieving culture-changing success with our Phase 3 trials of MDMA-assisted psychotherapy for PTSD, I feel incredibly honored that Rick Doblin and the team at MAPS have chosen me to work with them. I'm thrilled to be in this movement with all of you: researchers, psychonauts, therapists, students, professors, donors, doctors, and trauma survivors alike.

Over the last ten years I have led a thriving non-profit consulting firm focused on guiding organizations through change and growth. I provided interim leadership for a number of international and high profile organizations where my ability

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to implement structural change, develop processes and refine policies resulted in more efficient teams and greater impact. My greatest joy is mentoring rising leaders and inspiring teams to achieve efficiency and cohesion while experiencing exponential growth and change. In my experience, the very essence of change is held within the most challenging situations, which often catalyze opportunities for growth and expansion in every sense of the word.

When you watch or read the first main-stage TED Talk on psychedelics, presented by Rick Doblin (pages 10–12), and peruse our recent media (page 9) you will see we are in the midst of a renaissance surrounding the use of psychedelics for medicine and personal growth, and the psychedelic healing message is moving into the mainstream. As this mainstream transition continues, I look forward to easing any challenges and supporting the integration of these changes within MAPS and through our work, the entire community. We are also committed to increasing our reach into underserved and diverse communities, and I am dedicated to continue evolving all of our community conversations with openness and heart.

MAPS is dedicated to continuing our traditions of excellence, generosity, and transparency by sharing our breakthroughs and learning with the entire community. We are reimagining the future of mental health and we won't patent healing. Whether individuals are survivors of sexual assault, trauma survivors, or military or first-responder personnel, our deepest wish is that they receive the healing they deserve. These efforts are not engaged in alone; we are all a part of a larger community

of healers joining together, bringing our gifts to the process to ensure its success.

Finally, I am excited about joining MAPS magical and unique work environment where we are concerned for the whole being of each staff and welcome everyone to bring their whole self to the work. I promise to give all that I have to ensure the success of our team, organization, and mission to educate and serve as many people as possible. Changing minds, healing souls, and evolving the culture can only be accomplished with your ongoing and generous support. For that we are entirely grateful.



With gratitude,

Ana LaDou
Chief Operating Officer



Rick Doblin, Ph.D.
MAPS Founder and Executive Director

MAPS: Who We Are

Founded in 1986, the Multidisciplinary Association for Psychedelic Studies (MAPS) is a **501(c)(3) non-profit** research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana.

MAPS furthers its mission by:

- Developing psychedelics and marijuana into prescription medicines.
- Training therapists and establishing a network of treatment centers.
- Supporting scientific research into spirituality, creativity, and neuroscience.
- Educating the public honestly about the risks and benefits of psychedelics and marijuana.

MAPS envisions a world where psychedelics and marijuana are safely and legally available for beneficial uses, and where research is governed by rigorous scientific evaluation of their risks and benefits.

MAPS relies on the generosity of individual donors to achieve our mission. Now that research into the beneficial potential of psychedelics is again being conducted under federal guidelines, the challenge has become one of funding. No funding is currently available for this research from federal governments, pharmaceutical companies, or major foundations. That means that the future of psychedelic and marijuana research is in the hands of individual donors. Please consider making a donation today. maps.org/donate



MAPS
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

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Free Cultural Work

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Research News

Treating PTSD with MDMA-Assisted Psychotherapy

Phase 3 Trials of MDMA-Assisted Psychotherapy for PTSD

Our FDA-regulated Phase 3 clinical trials of MDMA-assisted psychotherapy for PTSD are taking place at 15 locations across the United States, Canada, and Israel.

The Phase 3 clinical trials are assessing the efficacy and safety of MDMA-assisted psychotherapy in adult participants with severe PTSD. Over a 12-week treatment period, participants will be randomized to receive twelve non-drug preparatory and integration sessions lasting 90 minutes each along with three day-long sessions about a month apart of either MDMA or placebo in conjunction with psychotherapy. The primary endpoint will be the Clinician Administered PTSD Scale (CAPS-5), as assessed by a blinded pool of independent raters.

The trials are the final phase of research required by the FDA before deciding whether to approve MDMA as a legal prescription treatment for PTSD. If approved, MDMA will be required to be used in conjunction with psychotherapy in an outpatient setting.

The Phase 3 trials will be conducted at the following study sites:

- Los Angeles, CA | private practice
- San Francisco, CA | research institution
- San Francisco, CA | private practice
- Boulder, CO | private practice
- Fort Collins, CO | private practice
- New Orleans, LA | private practice
- New York, NY | research institution
- New York, NY | private practice
- Charleston, SC | private practice
- Madison, WI | research institution
- Boston, MA | private practice
- Montreal, Canada | private practice
- Vancouver, Canada | research institution
- Be'er Ya'akov, Israel | research institution
- Tel HaShomer, Israel | research institution

In MAPS' completed Phase 2 trials with 107 participants, 56% no longer qualified for PTSD after treatment with MDMA-assisted psychotherapy, measured two months following treatment. At the 12-month follow-up, 68% no longer had PTSD. Most subjects received just 2–3 sessions of MDMA-assisted psychotherapy. All participants had chronic, treatment-resistant PTSD, and had suffered from PTSD for an average of 17.8 years.

On August 16, 2017, the FDA granted Breakthrough Therapy Designation to MDMA for the treatment of PTSD. The FDA grants this designation for treatments that (1) are intended

alone or in combination with one or more other drugs to treat a serious or life-threatening disease or condition; and (2) preliminary clinical evidence indicates may demonstrate substantial improvement over existing therapies.

There is now a clear path ahead to make MDMA a legal medicine for millions of people suffering from PTSD. Help heal trauma: maps.org/donate.

Israel Approves Compassionate Use of MDMA-Assisted Psychotherapy for PTSD

On February 3, 2019, the Israeli Ministry of Health announced the approval of compassionate use for MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD), which will allow 50 patients to receive the therapy within a treatment protocol. Patients with PTSD will be eligible to receive treatment at four sites throughout Israel, including Rambam Medical Center in Haifa and psychiatric hospitals in Be'er Yaakov, Lev Hasharon, and Be'er Sheva.

Open-Label Lead-In Study of MDMA-Assisted Psychotherapy for PTSD: All Sites Fully Enrolled

As of April 3, 2019, all sites are officially fully enrolled in our Phase 2 open-label lead-in study of MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) at planned Phase 3 sites across the United States and Canada. The purpose of this study is to provide the final training and supervision for our co-therapy teams as they work with one study participant with PTSD. The same treatment approach will be used in Phase 3. We are currently developing long-term follow-up protocol for this multi-site open-label Phase 2 study, which will assess symptoms of PTSD in participants 12 months after completing treatment.

Therapist Training Study Enrolls 79th Participant

Ongoing study

Location: Charleston, South Carolina, and Boulder, Colorado

Principal Investigator: Zhenya Gelfand, M.D., (Charleston); Marcela Ot'alara, M.A., L.P.C. and Waul Garas, M.D. (Boulder)

Sub-Investigator: Annie Mithoefer, B.S.N., (Charleston)

On June 5, 2019, the 79th participant enrolled in our ongoing Phase 1 study of the psychological effects of MDMA when used in a therapeutic setting by healthy volunteers. Enrollment in this multi-site study is limited by invitation only to therapists in training to work on MAPS-sponsored clinical trials of MDMA-assisted psychotherapy for PTSD. The Boulder, Colorado, study site is led by Principal Investigator Marcela Ot'alara, M.A., L.P.C. Zhenya Gelfand, M.D., is serving as Principal Investigator at the site in Charleston, South Carolina.

Cognitive Behavioral Conjoint Therapy for PTSD: Study Close-Out Completed

Completed Study

Location: Charleston, South Carolina

Principal Investigator: Michael Mithoefer, M.D.

Sub-Investigator: Candice Monson, Ph.D.

In July 2018, the study close-out was completed for our study of MDMA combined with Cognitive Behavioral Conjoint Therapy (CBCT) for posttraumatic stress disorder (PTSD) at our Charleston, South Carolina site led by Principal Investigator, Michael Mithoefer, M.D., and Sub-Investigator, Candice Monson, Ph.D. This study enrolled six dyads with one participant diagnosed with PTSD and one concerned significant other who does not have PTSD but does experience psychosocial distress. MDMA was administered to both participants to help facilitate communication and connection between participants and therapists. The primary goal of this study is to develop a combined method of MDMA with CBCT for PTSD. This is the first MAPS-sponsored MDMA study conducted with VA-affiliated researchers and the first to employ measures developed for the DSM-5. There are several important reasons to include significant others in PTSD treatment, in addition to the data supporting the efficacy of CBCT for PTSD.

Startle Testing with MDMA: 17th Participant Receives Experimental Treatment

Ongoing study

Location: Emory University in Atlanta, Georgia

Principal Investigator: Barbara Rothbaum, Ph.D.

On July 15, 2019, the 17th participant completed experimental treatment in our ongoing study of the effects of MDMA on startle testing in healthy volunteers. Led by Principal Investigator Barbara Rothbaum, Ph.D., this study is conducted at Emory University in Atlanta, Georgia. This research group is planning to conduct a subsequent study exploring the combination of MDMA with Prolonged Exposure in people with PTSD.

MDMA Therapy Training Program Update

Training Program

Therapy Training Team: Michael Mithoefer, M.D., Annie Mithoefer, B.S.N., Marcela Ot'alara G., M.A., L.P.C.

In January 2019, MAPS Public Benefit Corporation (MAPS PBC) submitted an MDMA-assisted psychotherapy for PTSD protocol to the U.S. Food and Drug Administration (FDA) as part of an application to participate in the FDA Expanded Access (EA) program. We've received and responded to several rounds of comments from the FDA regarding our protocol submission for Expanded Access (EA), and we will hear from the FDA soon. The Expanded Access program's purpose is to grant access to potentially beneficial investigational treatments for individuals or populations facing a serious or immediately life-threatening condition for which there is no satisfactory treatment currently available. If approved, MAPS PBC would likely start with a limited number of qualified sites to provide MDMA-assisted psychotherapy for participants with

treatment-resistant PTSD under a MAPS PBC protocol.

Sites in the U.S. and U.S. territories interested in being considered to participate in an MDMA/PTSD protocol may now apply with MAPS PBC to assess eligibility and obtain the prerequisite training to administer MDMA-assisted psychotherapy. The basic requirements of a qualified site are (1) a treatment facility conducive to MDMA-assisted psychotherapy; (2) a therapy team qualified and able to complete the MDMA Therapy Training Program; and (3) a prescribing physician who can obtain a DEA Schedule I license for MDMA.

Site and practitioner application procedures are posted on the MAPS PBC website (mapspublicbenefit.com). Each site must submit one site questionnaire. Only applicants affiliated with a qualifying site can be considered for training at this time. MAPS PBC will review applications on an ongoing basis, as they are received.

The MDMA Therapy Training Program has launched a series of trainings to prepare therapy providers to become eligible to work on an MDMA-assisted psychotherapy for PTSD protocol.

On May 4–11, 2019, 53 practitioners gathered in Colorado to receive training from Marcela Ot'alara M.A., L.P.C., and Bruce Poulter, R.N., on MDMA-assisted psychotherapy for PTSD in a six-and-a-half-day training retreat.

From June 23–29, 2019, Annie Mithoefer, B.S.N., and Michael Mithoefer, M.D., led a six-and-a-half-day training retreat in Northern California focused on MDMA-assisted psychotherapy for PTSD. This retreat was organized by the CIIS' Center for Psychedelic Therapies and Research (CPTR) with support from the MDMA Therapy Training Program. More than 90 practitioners travelled from across the U.S. and internationally to receive training.

The MDMA Therapy Training for Communities of Color took place August 10–17, 2019, in Louisville, Kentucky, led by Marcela Ot'alara M.A., L.P.C., and Monnica Williams, Ph.D., A.B.P.P., with support from additional trainers. The one-and-a-half-day Psychedelic Medicine and Cultural Trauma Community Workshop took place August 10–11 and was open to the public. (See sidebar, page 5.) Scholarships and tiered tuition rates, for both therapy providers and affiliated community organizers who work with communities of color, were available for this event through generous funding from the Open Society

Participate in Research

MAPS sponsors clinical trials around the world that require human participants. Our studies have strict enrollment criteria based on the goal of the study and the condition the study is investigating.

Phase 3 trial participant enrollment is open at multiple sites. Please bookmark our Participate in Research page and check it frequently for updates.

maps.org/participate/participate-in-research

Foundation (OSF), Libra Foundation, RiverStyx Foundation, Psychedelic Science Funders Collaborative (PSFC), and Dr. Bronner's.

Annie Mithoefer and Michael Mithoefer will be leading the final training retreat for 2019 on October 1–8 in Asheville, North Carolina.

Sign up for the Training Program Newsletter to receive updates on upcoming trainings: mapspublicbenefit.com.

Medical Marijuana Research

76th and Final Participant Completes Treatment

Ongoing study

Location: Phoenix, Ariz.

Coordinating Principal Investigator:

Marcel Bonn-Miller, Ph.D. (University of Pennsylvania)

Co-Investigator/Site Principal Investigator:

Sue Sisley, M.D. (private practice) and

Co-Investigator: Paula Riggs, M.D. (University of Colorado)

On February 8, 2019, MAPS-sponsored researchers officially completed the first-ever clinical trial of smoked marijuana (cannabis) as a treatment for PTSD symptoms, with all 76 veterans enrolled and treated. The data from the study are now being analyzed and prepared for publication later this year in a peer-reviewed biomedical journal.

Disclaimer: This study was supported by funding from the Colorado Department of Public Health and Environment (CDPHE). The content and opinions are those of the grantee/authors and do not represent the official views of CDPHE.

Ayahuasca Research

Data Collection Survey Continues *Ongoing study*

Principal Investigator: Jessica Nielson, Ph.D.

We are currently collecting responses for the revised version of our anonymous questionnaire about the potential risks and benefits associated with using ayahuasca in treatment for PTSD. The data collection is sponsored by MAPS, with Jessica Nielson, Ph.D., as Principal Investigator. We welcome participation from anyone that has tried ayahuasca in any context or setting, including those who took the first version of the survey. Participate in the survey at surveymonkey.com/r/AyaPTSD.

Ibogaine-Assisted Therapy for Drug Addiction

Observational Research Published in *American Journal of Drug and Alcohol Abuse* *Study completed*

Locations: Mexico and New Zealand

Principal Investigators: Thomas Kingsley Brown, Ph.D. (Mexico), and Geoff Noller, Ph.D. (New Zealand)

On May 25 and April 12, 2017, the promising results of MAPS-sponsored observational studies of treating opioid dependence with ibogaine-assisted therapy were published in the peer-reviewed *American Journal of Drug and Alcohol Abuse*. Download both articles for free at maps.org/ibogaine.

Psychedelic Medicine and Cultural Trauma Community Workshop & MDMA Therapy Training for Communities of Color

The Psychedelic Medicine and Cultural Trauma Community Workshop and the MDMA Therapy Training for Communities of Color events took place in Louisville, Kentucky on August 10–17, 2019. The community leaders, organizers, advocates, therapists, and healers who came together at these two powerful events truly embody the resilient strength and celebration inherent in a gathering around growth, healing, and psychedelic medicine. Inspiring workshop presentations explored community, culture, oppression, racism, traditional healing practices, ritual, earth-based wisdom, harm reduction, integration, policy, education, psychedelic medicines, clinical research, trauma therapy, intergenerational trauma, music, spirituality, and body wisdom.

Fifty-six trainees learned about the therapeutic approach of MDMA-assisted psychotherapy. Of 56 trainees, 51 were clinicians and researchers of color from across the US. Trainees brought wisdom and experience to conversations about delivering culturally-informed care. The week's themes included cultivating the power of community, slowing to the pace of trust and relationship-building, and being involved in local collaborations and initiatives to deliver care and trainings with integrity. Belinda Eriacho, MPH, offered a presentation on the history of traditional use of plant medicines in Native populations, including the use of sassafras, which is a precursor to MDMA. This event also inspired and motivated a number of organizational insights and learnings about working cross-culturally and at the cutting edge.

Many people contributed to these events in a number of different ways. Presenters during the two events included: Sara Reed, MS, MFT, Camille Barton, Ismail Lourido Ali, JD, Monica Williams, PhD, ABPP, Belinda Eriacho, MPH, Carl Hart, PhD, Marcela Ot'alora, LPC, Melody Hayes, MD, Kwasi Adu-sei, DNP, PMHNP-BC, Jamilah R. George, MDiv, Joe Tafur, MD, Terence Ching, MS, Marca Cassity, LMFT, Rick Doblin, PhD, Shannon Carlin, MA, AMFT, Angella Okawa, MA, LMFT. Additional support and strength was provided by MAPS and MAPS PBC staff including Angelica Garcia, Natalie Ginsberg, Ritika Aggarwal, Sarah Scheld, as well as MAPS PBC Advisory Council Members Angella Okawa, Camille Barton, Jae Sevelius, Marca Cassity, and Sara Reed. In addition, a number of community leaders rose up and demonstrated their care, insights, and leadership throughout the events.

We are excited to work toward making this training and treatment modality more applicable and accessible. Thank you to all who supported these events. Toward collective liberation!

MAPS' Policy Statement: Considerations for the Regulation and Decriminalization of Psychedelic Substances

NATALIE LYLA GINSBERG, M.S.W. & ISMAIL LOURIDO ALI, J.D.

SINCE ITS 1986 INCEPTION, THE Multidisciplinary Association for Psychedelic Studies' (MAPS') stated mission has been the development of medical, legal, and cultural contexts for people to benefit from the careful use of psychedelics, including cannabis.¹ The ongoing criminalization of drugs and people who use them has long increased the dangers of using psychedelic substances, so MAPS believes that no one should be criminalized for the possession, use, or sale of psychedelic substances—or any other drugs. Therefore, we support efforts to decriminalize all drugs and to create safe, regulated access to currently scheduled substances.

Marginalized communities experience the highest rates of trauma, as well as high rates of criminalization, further limiting their access to psychedelic medicines as a therapeutic tool. In light of this reality, MAPS encourages movements working to reform laws regarding individual substances to collaborate with broader movements for drug policy, health access, and criminal law reform.

MAPS believes that all substances should be regulated by evidence-based, practical, and equitable frameworks—medical and otherwise—so people can benefit from intentional and safe use. MAPS encourages reformers to include measures to eliminate or substantially reduce criminal penalties associated with drug manufacture, use, possession, and distribution.

MAPS centers healing, education, risk reduction and full-spectrum harm reduction in considerations around legalization, decriminalization, and regulation. Reforms based on these concepts would include (for example) comprehensive drug education, legal, universal, and rapid access to drug purity analysis, and accessible mental health support. Ongoing mental health access would consist of both therapeutic integration for psychedelic experiences, and ongoing mental health support for those seeking to reduce or eliminate substance use disorders. Community building and public education must also play an essential role in creating safe social contexts to integrate and benefit from the use of psychedelic substances.

MAPS' recommendations are based in research, public health, and risk reduction; we also prioritize community building and deeply consider the history and current state of criminalization. We expand upon some of our leading considerations below.

HISTORY OF CRIMINALIZATION

The United States government developed, exported, and continues to enforce the “war on drugs” the world over. The U.S. government pioneered strategies to target drug users, and has in-

carcerated more people per capita than any other country in the world, though this number is finally decreasing. Thus MAPS encourages people pursuing drug policy reform within the United States—no matter the compound or botanical—to also study and understand the drug war (including its race-based history and present), and the ongoing trauma of mass incarceration. The designation of psychedelics as Schedule I drugs (drugs with a “high potential for abuse” and “no medical use”) was not the result of scientific research but rather the result of explicit political efforts to target political opponents and racial and ethnic minorities.

MAPS also encourages those interested in reforming laws related to psychedelic substances to closely study the history of the U.S. government's systematic elimination of Native American people through genocide, and through the criminalization of the indigenous ceremonies, practices, and traditions from which psychedelic plant traditions originate. Native American traditions practiced for centuries before colonization, ranging from sweat lodges to ceremonial dances, were made illegal by the U.S. government until the passage of the Indian American Religious Freedom Act in 1978. The intergenerational trauma resulting from genocide and the erasure from traditional practices persists today among Native American communities.

In context of this history, MAPS believes that psychedelic policy change should center, be informed by, and include the perspectives of people who have been most harmed by psychedelic criminalization, especially indigenous communities and people experiencing mental health disorders. Cannabis reform has taught us that failing to intentionally consider the needs and perspectives of the people most impacted by prohibition leads to reforms that perpetuate their marginalization. So, MAPS believes it is critical that indigenous people participate in visioning new frameworks. MAPS encourages non-indigenous advocates to build with indigenous communities, respect indigenous perspectives and traditions, and learn from indigenous stories of healing, plant medicine use, survival, and resilience.

Psychedelics are poised to be the “next major breakthrough” in mental healthcare; and while this is undoubtedly an exciting opportunity, actors in the space must also consider the historical context in which the “psychedelic renaissance” is happening, and work to ensure the intellectual property rights of indigenous cultures are protected from theft and misuse by the pharmaceutical industry, unlike in the past.

Centuries of colonization, criminalization, and propaganda produced a fear of unfamiliar cultural practices and traditions, compounding a deep stigmatization of drugs and drug users.

Stigma—and the discrimination it causes—is one of the primary drivers of drug-related harms, so efforts that attempt to drive drug policy away from prohibition—including efforts to decriminalize or regulate psychedelics—must consider the wide-ranging impact that the language, messaging, and positioning used within these campaigns can have on the larger movement for more compassionate and human-centered drug policy. Decriminalizing one drug (or even one category of drugs) at a time may tacitly encourage the perpetuation of a “hierarchy” of drugs and drug users, which can reinforce stigma. Disparaging people who use other “more dangerous” drugs in order to show the benefit of legalizing psychedelics is antithetical to building trauma-informed community and policy.

DECRIMINALIZATION, LEGALIZATION, AND REGULATION

Colonization, criminalization, and the stigma they cause have prevented people from accessing psychedelics—from synthetic drugs like MDMA to plant-based entheogenic healing traditions like ayahuasca—in safe, legal, and intentional spaces, while simultaneously producing generations of trauma. These factors have also inhibited critical, life-saving risk reduction practices, ranging from substance purity analysis to accessing free water at events. In the interest of both healing from historical trauma and ensuring the safety of people using psychedelics, MAPS urges policy reform that centers risk reduction and healing.

For example, MAPS encourages those pursuing single-substance focused policy change to consider the number of people arrested for MDMA relative to psilocybin. MDMA is one of the most commonly used illicit substances, and its criminalization has inspired people to develop more dangerous and often legal substances. Additionally, its criminalization has prevented purity regulation: in a five-year study conducted by Johns Hopkins School of Medicine of purported “molly,” “MDMA,” or “ecstasy” samples collected at festivals across the United States, only 60% of substances contained any MDMA, and most containing MDMA were adulterated with other substances.

Given these considerations, MAPS believes that reformers should allow principles of public health and risk reduction to guide visionary new paths to healing and reform. MAPS encourages people proposing regulations to consider:

- Science, safety, and health, including:
 - Evidence-based acknowledgement of risks and benefits of a substance
 - The physical and mental safety of participants within a regulated framework
 - Legal, affordable, and user-friendly substance purity analysis
 - Event oriented risk reduction support services, including: peer support services, on-site drug analysis and education, and free water, ear plugs, and condoms
 - Environmental impacts of the procurement and/or manufacture of the substances
 - Dedicating funds towards accessible psychedelic integra-

tion and other consensual ongoing mental health support, including for those seeking to improve problematic relationships with substances

- Education, equity, and criminal law reform, including:
 - Dedicating funds to honest and evidence-based public education campaigns
 - Dedicating funds for the education of law enforcement about psychedelic risk reduction
 - Prioritizing communities impacted by psychedelic prohibition within policy changes
 - Criminal and civil record modifications (including automatic, retroactive expungement of drug-related criminal records)
 - Financial reimbursement for time served, fines paid, or assets lost in forfeiture
 - Dedicated programs focused on healing those formerly incarcerated for drug related crimes to facilitate reintegration into society
- Logistics, operations, and accountability, including:
 - Scope, intention, impact, and enforceability of the regulations
 - The qualifications and experience of the entities tasked to administer and implement the regulations
 - The protection of certifications, licenses, and livelihoods of practitioners or facilitators implicated or identified in the regulations
 - The oversight mechanism for people with elevated standards of care (like licensed practitioners), and procedures for resolution of allegations of misconduct
 - Inherent barriers associated with regulation, including equitable access to treatment and safe spaces for use

MEDICALIZATION

MAPS anticipates Food and Drug Administration (FDA) approval for MDMA-assisted psychotherapy as a treatment for posttraumatic stress disorder (PTSD) in 2021. Psilocybin will also likely be approved by the FDA for medical use soon thereafter. However, FDA approval alone does not promise medical access for everyone in the United States.

State Rescheduling

FDA approval is an acknowledgment of a drug’s medical use by the US federal government. So, when the FDA approves a new drug—including a psychedelic—the Drug Enforcement Administration (DEA) has 90 days to reschedule the substance under the federal Controlled Substances Act. However, 23 states² and Washington, D.C., do not automatically reschedule the drug under their state regulatory framework; so, in these states, if a drug is currently in Schedule I, it will remain so even after FDA approval until sponsors proactively engage in preparing for rescheduling in all states that don’t automatically reschedule when DEA does. Additionally, the process is different in different states. MAPS will prioritize this rescheduling work, but it will be an expensive and time-consuming process.

As long as a drug remains in Schedule I, the barriers and costs to researching that substance—or using that substance in a federally-legal treatment—are significantly more onerous than they are for other substances.

In order to ensure that practitioners in these states can legally provide psychedelic-assisted therapy after FDA approval, and can continue to conduct research, state rescheduling must follow the federal government’s rescheduling. Thus, MAPS encourages efforts in the aforementioned states to work to ensure that the federal rescheduling of FDA-approved medicines will also trigger rescheduling at the state level. This will also serve state-level movements for decriminalization and regulation.

Health Equity

Efforts to create access to psychedelics in medical frameworks must consider incorporating health equity measures into those efforts. This may include providing free or reduced-cost training for practitioners who come from or work with marginalized populations, actively working to improve health outcomes for people impacted by drug criminalization and substance use disorder, and supporting trauma-informed and healing-centered research within public health, risk reduction, and clinical contexts.

MAPS is currently working to get MDMA-assisted psychotherapy covered by both public and private health insurance. However, many Americans remain without health insurance, or rely on high-cost private health insurance to cover their health-care needs. This means that even after FDA approval of MDMA, psilocybin, or any drug, medical access to these substances will continue to be limited to people with insurance or those who can afford the treatment. An ideal psychedelic therapy paradigm would include universal coverage for mental healthcare as well as low-cost or subsidized treatment for people suffering from mental health disorders, regardless of their access to insurance.

MAPS looks forward to centering healing and equity in the movement for legal and safe access to psychedelic substances.

MOVEMENT BUILDING AND ADVOCACY

Community Organizing

Ultimately, MAPS believes that community organizing is what most effectively creates social and political change, so we prioritize building and supporting global, intersectional and interdisciplinary communities. Community organizing seeks to unite individuals with shared visions to make change as a community, to ensure change best reflects the community at large.

Over the last decade, over 90 psychedelic societies have blossomed around the world! These communities and networks of active, multifaceted, kind-hearted people around the globe demonstrate how effectively psychedelic communities are already uniting and organizing for change. Many of these groups have specifically formed for psychedelic risk reduction, providing safe spaces, substance purity analysis, and peer support for people having difficult psychedelic experiences at festivals, in nightlife settings, or at other events. These communities have played a

large role, alongside researchers, in educating broader society.

Individual conversations among circles of trust are also deeply impactful in broadening people’s understanding. More and more people are feeling emboldened to educate their classmates, their colleagues, their friends, and their families. Adrienne Maree Brown describes the importance of “moving at the speed of trust” in her book *Emergent Strategy*, which looks to patterns in nature to inform her organizing principles.

We believe that psychedelic movement builders are particularly well equipped to understand the emergent and spiritual capacity of community organizing: when we are all working from a place of mindfulness, compassion and trust, rather than urgency, fear and scarcity, beautiful things unfold, and we can avoid perpetuating the very traumatic systems we are working to heal through psychedelic policy reform.

We encourage reformers to find the intersection of psychedelic reform with a wide range of coalitions and movements. Perhaps most urgently, we are inspired by the potential collaborations of the psychedelic reform movement with the movement for environmental protection and justice. If psychedelics can increase people’s “nature-relatedness” and creativity, how might they help us all vision new ways of living on this planet?

Art and Media

We want to highlight the powerful role that narrative media has—including television, film, music, news, and other art—in shifting cultural understanding and helping inspire community. James Baldwin describes the role of the artist as “mak[ing] you conscious of the things you don’t see;” similarly, the role of organizers and activists—and we would argue of psychedelics themselves—is to increase awareness. We believe that narrative art has a particularly useful role to play in helping people naive to the psychedelic experience better understand its complexity, including its risks, benefits, and contexts, such as “set and setting.”

CONCLUSION

MAPS looks to our community to be bold and visionary as we co-create a world where all people are free from criminalization and have safe access to the full potential of psychedelic substances. We believe in grounding visionary ideals in strategy, and in recognizing that this important work is a marathon not a sprint. MAPS was founded in 1986, and indigenous people have been criminalized for their ancestral medicine practices for centuries. We look forward to continuing to build a future with drug policies that center people’s health and well-being, by looking to science, history, and community as our guides.

¹“Psychedelic” means “mind-manifesting.” Many people report mind-manifesting experiences after consuming cannabis, especially people who ingest high doses of edible cannabis.

²Maine, Delaware, Colorado, Virginia, Pennsylvania, Georgia, Oklahoma, Iowa, Kansas, Nebraska, New York, Arizona, California, Maryland, South Dakota, New Mexico, Florida, Mississippi, West Virginia, Louisiana, Minnesota, Alaska, and Connecticut.

MAPS in the Media



MDMA, Or Ecstasy, Shows Promise As A PTSD Treatment

by Will Stone on August 14, 2019. *NPR* reports that scientists are testing how pharmaceutical-grade MDMA can be used in combination with psychotherapy to help patients who have a severe form of PTSD that has not responded to other treatments. “When you have PTSD, you are living in this constantly triggered environment,” says patient Lori Tipton. More than a year after trying MDMA-assisted psychotherapy, Tipton no longer qualifies as having PTSD. She believes it “saved her life.”



BUSINESS INSIDER

Introducing: The 10 people transforming healthcare

by Erin Brodwin, Emma Court, and Lydia Ramsey on April 15, 2019. *Business Insider* names MAPS Founder Rick Doblin, Ph.D., one of the 10 leaders transforming healthcare. Doblin stands out for the progress he’s made towards changing the field of mental health care through studies of MDMA-assisted psychotherapy and for creating MAPS as a non-profit organization 33 years ago to fund research into the therapeutic potential of psychedelics.



Forbes

The Big Trip: How Psychedelic Drugs Are Changing Lives and Transforming Psychiatry

by Katie Shapiro on June 30, 2019. *Forbes* reports on the sold-out panel discussion about psychedelic medicine with MAPS Founder Rick Doblin, Ph.D., at the Aspen Ideas: Health festival. This milestone presentation was the first of its kind for the event, which focuses on pressing issues and innovative options in health and medicine. “Being asked to speak this year at the Aspen Ideas Festival is just one example of approval and how rapidly our cause is moving,” explains Doblin.



Medium

How Psychiatrists Are Preparing to Prescribe MDMA

by Jessica Wapner on August 7, 2019

ARIZONA CAPITOL TIMES

Scottsdale researcher sues U.S. government over quality of marijuana for studies

by Dillon Rosenblatt on August 1, 2019

SCIENTIFIC AMERICAN

Psychedelic Medicine Is Coming. The Law Isn’t Ready

by Matt Lamkin on July 31, 2019

PHILLY VOICE

Breakthrough PTSD treatment using party drug MDMA coming soon to Philly region

by John Kopp on July 16, 2019

MARIJUANA MOMENT

Federal Health Agencies Acknowledge Therapeutic Potential Of Psychedelics

by Kyle Jaeger on June 19, 2019

QUARTZ

Scientists are reclaiming psychedelics as “wonder drugs.” Is it time to decriminalize them?

by Michael Tabb on June 6, 2019

San Francisco Chronicle

Psychedelics, Long Ignored by Scientists, Seeing Resurgence in Medical Research

by Erin Allday on June 1, 2019

PBS NEWSHOUR

Why many combat veterans are still suffering, years after the fight ended

by staff on May 27, 2019

TED Talk: The Future of Psychedelic-Assisted Psychotherapy

RICK DOBLIN, PH.D.

Editors note: In April 2019, MAPS founder and executive director Rick Doblin, Ph.D., presented the first official TED Talk about psychedelics. Filmed on the main stage at TED2019 in Vancouver, British Columbia, the talk has now gathered more than 1.5 million views. The transcript below (available in 8 languages) and video presentation may be viewed at ted.com/talks/rick_doblin_the_future_of Psychedelic-Assisted Psychotherapy.

★

Rick Doblin: Preparing for this talk has been scarier for me than preparing for LSD therapy.

“Psychedelics are to the study of the mind what the microscope is to biology and the telescope is to astronomy.” Dr. Stanislav Grof spoke those words. He’s one of the leading psychedelic researchers in the world, and he’s also been my mentor. Today, I’d like to share with you how psychedelics, when used wisely, have the potential to help heal us, help inspire us, and perhaps even to help save us.

In the 1950s and 60s, psychedelic research flourished all over the world and showed great promise for the fields of psychiatry, psychology and psychotherapy, neuroscience and the study of mystical experiences. But psychedelics leaked out of the research settings and began to be used by the counterculture, and by the anti-Vietnam War movement. And there was unwise use. And so there was a backlash. And in 1970, the US government criminalized all uses of psychedelics, and they began shutting down all psychedelic research. And this ban spread all over the world and lasted for decades. And it was tragic, since psychedelics are really just tools, and whether their outcomes are beneficial or harmful depends on how they’re used.

Psychedelic means “mind-manifesting,” and it relates to drugs like LSD, psilocybin, mescaline, iboga and other drugs. When I was 18 years old, I was a college freshman, I was experimenting with LSD and mescaline, and these experiences brought me in touch with my emotions. And they helped me have a spiritual connection that unfortunately, my bar mitzvah did not produce.

When I wanted to tease my parents, I would tell them that they drove me to psychedelics because my bar mitzvah had

failed to turn me into a man.

But most importantly, psychedelics gave me this feeling of our shared humanity, of our unity with all life. And other people reported that same thing as well. And I felt that these experiences had the potential to help be an antidote to tribalism, to fundamentalism, to genocide and environmental destruction. And so I decided to focus my life on changing the laws and becoming a legal psychedelic psychotherapist.

Now, half a century after the ban, we’re in the midst of a global renaissance of psychedelic research. Psychedelic psychotherapy is showing great promise for the treatment of post-traumatic stress disorder, or PTSD, depression, social anxiety, substance abuse and alcoholism and suicide. Psychedelic psychotherapy is an attempt to go after the root causes of the problems, with just relatively few administrations, as contrasted to most of the psychiatric drugs used today that are mostly just reducing symptoms and are meant to be taken on a daily basis.

Psychedelics are now also being used as tools for neuroscience to study brain function and to study the enduring mystery of human consciousness. And psychedelics and the mystical experiences they produce are being explored for their connections between meditation and mindfulness, including a paper just recently published about lifelong zen meditators taking psilocybin in the midst of a meditation retreat and showing long-term benefits and brain changes.

Now, how do these drugs work? Modern neuroscience research has demonstrated that psychedelics reduce activity in what’s known as the brain’s default mode network. This is where we create our sense of self. It’s our equivalent to the ego, and it filters all incoming information according to our personal needs and priorities. When activity is reduced in the default mode network, our ego shifts from the foreground to the background, and we see that it’s just part of a larger field of awareness. It’s similar to the shift that Copernicus and Galileo were able to produce in humanity using the telescope to show that the earth was no longer the center of the universe, but was actually something that revolved around the sun, something bigger than itself. For some people, this shift in awareness is the most important and among the most important experiences of their lives. They



Rick Doblin, Ph.D., presents the first official TED Talk about psychedelics on the main stage at TED2019 in Vancouver, British Columbia, in April 2019.

feel more connected to the world bigger than themselves. They feel more altruistic, and they lose some of their fear of death.

Not all drugs work this way. MDMA, also known as Ecstasy, or Molly, works fundamentally different. And I'll be able to share with you the story of Marcela, who suffered from post-traumatic stress disorder from a violent sexual assault. Marcela and I were introduced in 1984, when MDMA was still legal, but it was beginning also to leak out of therapeutic circles. Marcela had tried MDMA in a recreational setting, and during that, her past trauma flooded her awareness and it intensified her suicidal feelings. During our first conversation, I shared that when MDMA is taken therapeutically, it can reduce the fear of difficult emotions, and she could help move forward past her trauma. I asked her to promise not to commit suicide if we were to work together. She agreed and made that promise.

During her therapeutic sessions, Marcela was able to process her trauma more fluidly, more easily. And yet, she was able to tell that the rapist had told her that if she ever shared her story, he would kill her. And she realized that that was keeping her a prisoner in her own mind. So being able to share the story and experience the feelings and the thoughts in her mind freed her, and she was able to decide that she wanted to move forward with her life. And in that moment, I realized that MDMA could be very effective for treating PTSD. Now, 35 years later, after Marcela's treatment, she's actually a therapist, training other therapists to help people overcome PTSD with MDMA.

Now, how does MDMA work? How did MDMA help Marcela? People who have PTSD have brains that are different from those of us who don't have PTSD. They have a hyperactive amygdala, where we process fear. They have reduced activity in

the prefrontal cortex, where we think logically. And they have reduced activity in the hippocampus, where we store memories into long-term storage. MDMA changes the brain in the opposite way. MDMA reduces activity in the amygdala, increases activity in the prefrontal cortex and increases connectivity between the amygdala and the hippocampus to remit traumatic memories to move into long-term storage. Recently, researchers at Johns Hopkins published a paper in *Nature*, in which they demonstrated that MDMA releases oxytocin, the hormone of love and nurturing. The same researchers also did studies in octopuses, who are normally asocial, unless it's mating season. But lo and behold, you give them MDMA, and they become prosocial.

Several months after Marcela and I worked together, the Drug Enforcement Administration moved to criminalize Ecstasy, having no knowledge of its therapeutic use. So I went to Washington, and I went into the headquarters of the Drug Enforcement Administration, and I filed a lawsuit demanding a hearing, at which psychiatrists and psychotherapists would be able to present information about therapeutic use of MDMA to try to keep it legal. And in the middle of the hearing, the DEA freaked out, declared an emergency and criminalized all uses of MDMA. And so the only way that I could see to bring it back was through science, through medicine and through the FDA drug development process.

So in 1986, I started MAPS as a nonprofit psychedelic pharmaceutical company. It took us 30 years, till 2016, to develop the data that we needed to present to FDA to request permission to move into the large-scale Phase 3 studies that are required to prove safety and efficacy before you get approval for

prescription use.

Tony was a veteran in one of our pilot studies. According to the Veterans Administration, there's over a million veterans now disabled with PTSD. And at least 20 veterans a day are committing suicide, many of them from PTSD. The treatment that Tony was to receive was three and a half months long. But during that period of time, he would only get MDMA on three occasions, separated by 12, 90-minute non-drug psychotherapy sessions, three before the first MDMA session for preparation and three after each MDMA session for integration. We call our treatment approach "inner-directed therapy," in that we support the patient to experience whatever's emerging within their minds or their bodies. Even with MDMA, this is hard work. And a lot of our subjects have said, "I don't know why they call this Ecstasy."

During Tony's first MDMA session, he lay on the couch, he had eyeshades on, he listened to music, and he would speak to the therapists, who were a male-female co-therapy team, whenever he felt that he needed to. After several hours, in a moment of calmness and clarity, Tony shared that he had realized his PTSD was a way of connecting him to his friends. It was a way of honoring the memory of his friends who had died. But he was able to shift and see himself through the eyes of his dead friends. And he realized that they would not want him to suffer, to squander his life. They would want him to live more fully, which they were unable to do. And so he realized that there was a new way to honor their memory, which was to live as fully as possible. He also realized that he was telling himself a story that he was taking opiates for pain. But actually, he realized, he was taking them for escape. So he decided he didn't need the opiates anymore, he didn't need the MDMA anymore, and he was dropping out of the study. That was seven years ago. Tony is still free of PTSD, has never returned to opiates and is helping others less fortunate than himself in Cambodia.

The data that we presented to FDA from 107 people in our pilot studies, including Tony, showed that 23 percent of the people that received therapy without active MDMA no longer had PTSD at the end of treatment. This is really pretty good for this patient population. However, when you add MDMA, the results more than double, to 56 percent no longer having PTSD.

But most importantly, once people learn that if they don't need to suppress their trauma, but they can process it, they keep getting better on their own. So at the 12-month follow-up one year after the last treatment session, two-thirds no longer have PTSD. And of the one-third that do, many have clinically significant reductions in symptoms.

On the basis of this data, the FDA has declared MDMA-assisted psychotherapy for PTSD a breakthrough therapy. FDA has also declared psilocybin a breakthrough therapy for treatment-resistant depression and just recently approved esketamine for depression.

I'm proud to say that we have now initiated our Phase 3 studies. And if the results are as we hope, and if they're similar to the Phase 2 studies, by the end of 2021, FDA will approve

MDMA-assisted psychotherapy for PTSD. If approved, the only therapists who will be able to directly administer it to patients are going to be therapists that have been through our training program, and they will only be able to administer MDMA under direct supervision in clinic settings. We anticipate that over the next several decades, there will be thousands of psychedelic clinics established, at which, therapists will be able to administer MDMA, psilocybin, ketamine and other psychedelics to potentially millions of patients. These clinics can also evolve into centers where people can come for psychedelic psychotherapy for personal growth, for couples therapy or for spiritual, mystical experiences.

Humanity now is in a race between catastrophe and consciousness. The psychedelic renaissance is here to help consciousness triumph. And now, if you all just look under your seats ... Just joking!

Thank you.

Corey Hajim: You've got to stay up here for a minute. Thank you so much, Rick. I guess it's a supportive audience.

Rick Doblin: Yes, very. Many of them have also been to Burning Man.

CH: There's some synergy.

RD: (Laughs)

CH: So, in your talk, you talked about using these drugs to address some pretty serious traumas. So what about some more common mental illnesses like anxiety and depression, and is that where microdosing comes in?

RD: Well, microdosing can be helpful for depression, I do know someone that has been using it. But in general, for therapeutic purposes, we prefer macro-dosing rather than microdosing, in order to really help people deal with the root causes. Microdosing is more for creativity, for artistic inspiration, for focus ... And it also does have a mood-elevation lift. But I think for serious illnesses, we'd rather not get people thinking that they need a daily drug, but do more deeper, intense work.

CH: And what about outside the United States and North America, is this research being done there?

RD: Oh yeah, we're globalizing. Our Phase 3 studies are actually being done in Israel, Canada and the United States. So once we get approval in FDA, it will also become approved in Israel and in Canada. We're just starting research in Europe. And we're actually going to be training some therapists from China.

CH: That's great. We were going to do an audience vote to see if people felt like this was a good idea to move forward with this research or not, but I have a feeling I know the answer to that, so ... Thank you so much, Rick.

RD: Thank you. Thank you all.

Zendo Project Update: Metamorphoses

SARA GAEL, M.A.



Sara Gael, M.A.

AS I WRITE THIS PIECE, members of the Zendo Project team just landed on playa, home to Burning Man—the birthplace of MAPS’ psychedelic peer support initiative. Over the next couple of weeks we will build and hold a container for a city of over 70,000. Every year Burning Man generates a theme. This theme sets the intention for the year and is an anchorpoint and inspiration for the gifts, art, and projects of the participants of Black Rock City. This year’s theme is “Metamorphoses.” If you look back through the archives of this *Bulletin*, you will see stories of MAPS’ journey of psychedelic peer support since the early 2000s. Told by many voices, they hold the memory of a compassionate care community, as imaginal cells within a cocoon hold the exact blueprint for the butterfly.

In the spirit of continual change and regeneration, our base camp—which is home to around 130 staff and volunteers—has taken a new name: EntheoGeneration. This name pays homage to Entheon Village, the camp MAPS staff, volunteers and allies called home in the days of Burns past. In the spirit of this year’s theme, we wanted a name that would honor our roots and our branches—where we have been, where we are, and where we are going. EntheoGeneration: a re-generation through past, present, and future generations, coming together in the All-Now, All-One to reveal and heal the collective mind and heart, with the support and guidance of our psychedelic allies.

EntheoGeneration will be offering, in collaboration with our home village, Fomogenesis (aka Psychedelic Foam Home), a speaker series featuring the voices of some of the most knowledgeable and respected psychedelic figures including Rick Doblin, Alex and Allyson Grey, Paul Stamets, Android Jones, Annie Oak, and many more. The three main themes of the speaker series are: Major Projects and Psychedelic Research; Mysticism, Spirit, and Visionary Art; Plant Medicines, Indigenous and Marginalized Perspectives. With this speaker series, MAPS and the Zendo Project offer a contribution in alignment with our mission to create a platform for honest and responsible conversations around psychedelics.

Trying to describe the magnitude of the Zendo Project experience, as both a sitter and a guest, can be akin to attempting to describe and integrate a psychedelic journey. As such, it is something that must be experienced to truly understand. The stories that come back from Burning Man through articles such as this one make this attempt to describe the ineffable. One way we can attempt to do this is through metaphor. In 2012, the year the Zendo Project as it is currently known was planted, the theme was Fertility 2.0. Since then, the community has grown from a seed planted in the soil



of wisdom and experience of previous generations, to a tree with many branches, flowers, and fruits—an ecosystem housing thousands of volunteers, supporters, and guests. It is our intention that this ecosystem extends far beyond Burning Man and the Zendo Project, assisting in the pollination of communities that at their core hold the imprint of compassion, kindness, acceptance, and universal love. These common archetypal themes of the psychedelic experience are seeds of hope and healing for the collective evolution of consciousness, imperative at this time for the fractal metamorphoses that must occur in our world on the personal, societal, and ecological levels.

PROVIDING SAFETY & SUPPORT FOR TRANSFORMATIONAL FESTIVALS

The Zendo Project has been a presence at domestic and international festivals and events since 2012, successfully assisting thousands of guests undergoing difficult experiences, substance related or otherwise. We integrate and collaborate with medical staff and festival security, supporting the health and safety of the festival community.

In 2019, the Zendo Project provided services at Envision Festival (February 28–March 3, 2019, Uvita, Costa Rica); Lightning in a Bottle (May 8–13, 2019, Central California); and Burning Man (August 25–September 2, 2019, Black Rock City, Nevada).

TRANSFORMING CHALLENGING PSYCHEDELIC EXPERIENCES

The Zendo Project is a non-profit psychedelic peer support program that provides emotional support services in a comfortable setting for individuals coping with the difficult mental and emotional effects that can arise from the use of psychedelic substances at festivals and events. We provide resources and support for guests free of charge.

Generally referred to as “bad trips,” difficult psychedelic experiences are common, especially in recreational settings. Psychedelics can give rise to a wide spectrum of experiences, and many people find themselves unprepared for coping with the difficult or unfamiliar effects that may occur.

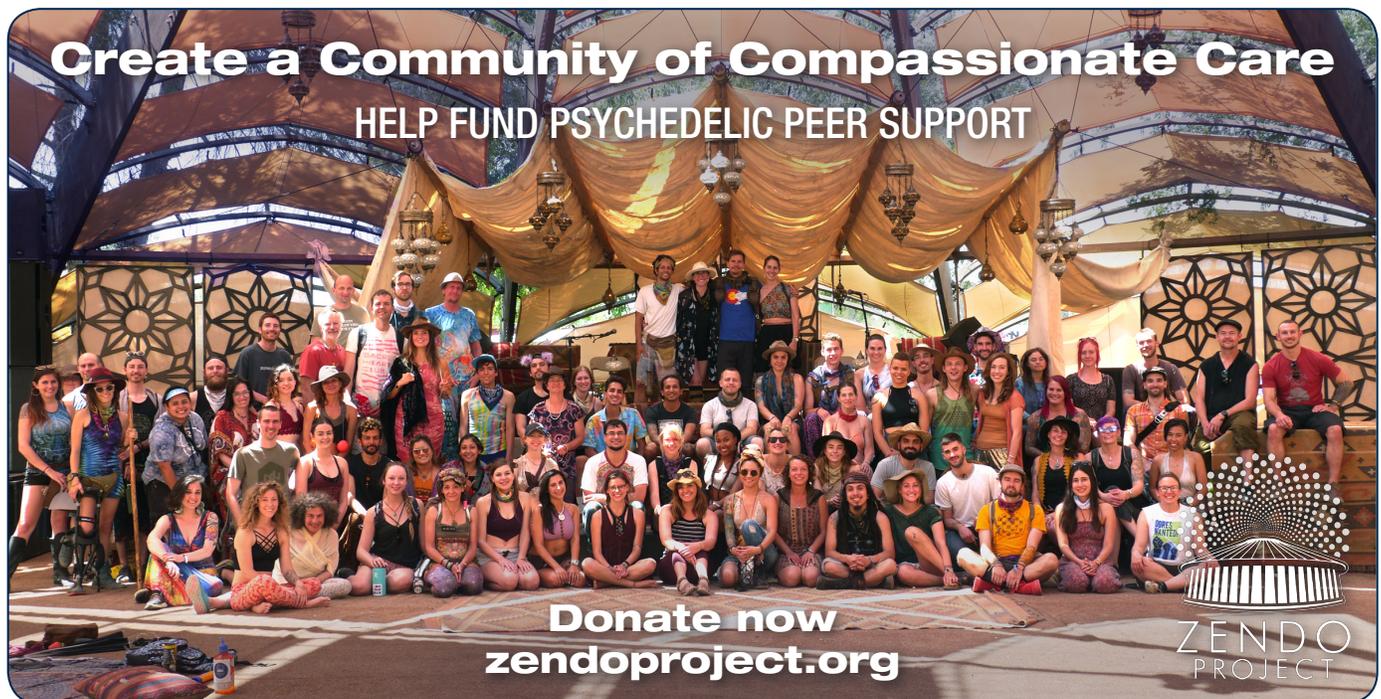
The Zendo Project demonstrates an effective method for working with difficult psychedelic experiences. We specialize in a compassionate, humane approach and understand the mental and emotional effects of psychoactive substances like LSD, MDMA, ketamine, cannabis, and psilocybin mushrooms.

EntheoGeneration: a re-generation through past, present, and future generations, coming together in the All-Now, All-One to reveal and heal the collective mind and heart, with the support and guidance of our psychedelic allies.

SAFE AND COMPASSIONATE SPACES

We provide a safe space and specialized care to de-escalate challenging situations, which prevents unnecessary psychiatric hospitalization, arrest, and trauma.

We empower communities by providing hands-on educational workshops, training, and outreach focused on how to address difficult psychedelic experiences.



MAPS Events This Fall: Set Your Intention

Mark your calendar for MAPS events in three major U.S. cities. We are beyond grateful for opportunities to connect with our supporters and expand local psychedelic communities. For more information about these upcoming events, please send an email to events@maps.org.

Psychedelic Science Summit: Austin, Texas maps.org/austin2019

Join MAPS and the psychedelic community in Austin, Texas, for the first Psychedelic Science Summit, taking place November 2–3, 2019!

This two-day educational conference features lectures and panels with leaders of the psychedelic renaissance, including keynote presentations from MAPS Founder Rick Doblin, Ph.D., mycologist Paul Stamets, and anthropologist Bia Labate, Ph.D. Connect with the fast-growing international psychedelic community to explore the opportunities and challenges that lay ahead for the expanding fields of psychedelic science, medicine, culture, policy, and spirituality.

The Psychedelic Science Summit is part of the Psychedelic Science conference series, which has been bringing the international psychedelic community together since 2010. This event has a capacity of 600 people, and we expect to sell out. Full schedule, speaker lineup, and opportunities to volunteer will be announced soon. If you have questions, please contact us at psychedelicscience@maps.org.

8th Annual New York City Benefit Event maps.org/nyc2019

You're invited to join us in New York for our annual benefit dinner in a private home in SoHo, Manhattan, on October 12, 2019. We are thrilled to host special guests Hamilton Morris from VICE TV's "Hamilton's Pharmacopeia," Dr. Rachel Yehuda of Mount Sinai, MAPS-sponsored Phase 2 MDMA therapist Will Van Derveer, M.D., and MAPS Founder Rick Doblin, Ph.D. This event coincides with the 13th annual Horizons: Perspectives on Psychedelics conference in New York City.

Intimate Gathering in Pittsburgh maps.org/pittsburgh2019

On Saturday, September 28, 2019, you're invited to join MAPS for an intimate benefit dinner in a historic mansion with MAPS Founder Rick Doblin, Ph.D., and Shannon Clare Carlin, M.A., A.M.F.T., Director of Training and Supervision for MAPS' MDMA Therapy Training Program. The dinner will feature special guest, neuroscientist Dr. Gul Dölen, M.D., Ph.D., Johns Hopkins Medicine, who studied octopi on MDMA.

This gathering takes place during the second annual Sleeping Octopus Assembly on Psychedelics (SOAP) conference, happening in Pittsburgh, Pennsylvania, from September 27–29. SOAP is hosted in partnership with MAPS and the Pittsburgh Psychedelic Society.



Stanislav Grof, MD, PhD

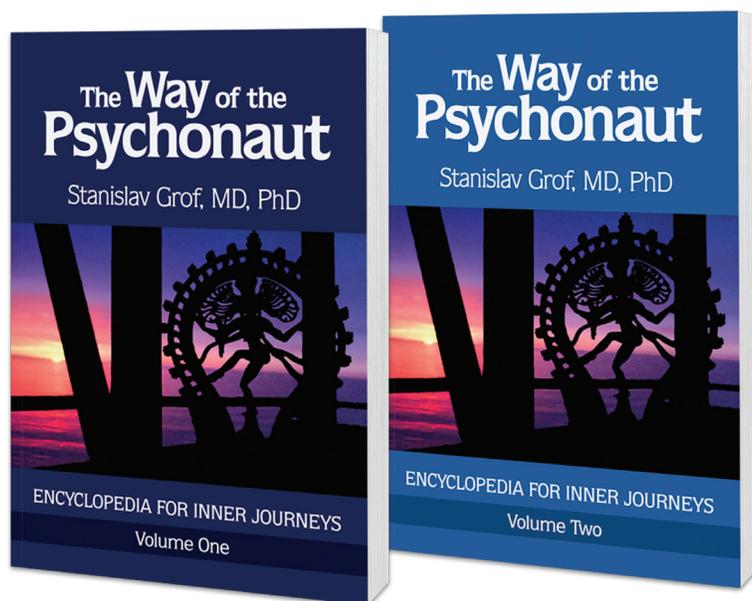
The Way of the Psychonaut

Encyclopedia for Inner Journeys: A Two-Volume Series

Available now!
maps.org/psychonaut

\$24.95 each / \$45.95 set

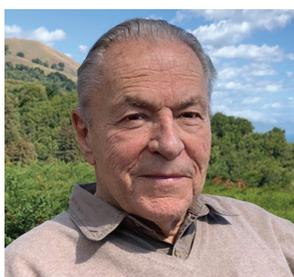
“Stan Grof is a giant amongst us and we are fortunate to stand on his shoulders. Future generations will forever acknowledge him for helping us wake up from our collective hypnosis that we call everyday reality. I stayed up all night to read Stan Grof’s magnificent magnum opus.”
—**Deepak Chopra, MD**, author & public speaker



The Way of the Psychonaut is one of the most important books ever written about the human psyche and the spiritual quest. The new understandings were made possible thanks to Albert Hofmann’s discovery of LSD—the microscope and telescope of the human psyche—as well as other psychedelic substances. This comprehensive work is a tour de force through the worlds of psychology and psychotherapy, Holotropic Breathwork, maps of the psyche, birth, sex, and death, psychospiritual rebirth, the roots of trauma, spiritual emergency and transpersonal experiences, karma and reincarnation, higher creativity, great art, and archetypes.

Written in his late eighties, at the height of his magnificent career, *The Way of the Psychonaut* is possibly Stanislav Grof’s greatest contribution. The commanding breadth and depth of his knowledge is astounding, the tone of his writing easy and accessible, and his narratives brightened with amusing anecdotes, intriguing personal accounts, and brilliant case studies. Grof reviews the history of depth psychotherapy, the important revisions that are needed to make it more effective, and why the inner quest is such an essential pursuit.

As one of the fathers of psychedelic-assisted psychotherapy, its most experienced practitioner, and deeply deserving of a Nobel Prize in medicine, in these two volumes Grof has successfully unveiled a new and sweeping paradigm in self-exploration and healing. The vast and practical knowledge in this book is sure to be an invaluable and treasured resource for all serious seekers.



Stanislav Grof, MD, PhD, is a psychiatrist with over 60 years of experience researching non-ordinary states of consciousness. Dr. Grof is one of the founders and chief theoreticians of transpersonal psychology, and founding president of the International Transpersonal Association. He was chief of psychiatric research at the Maryland Psychiatric Research Center, assistant professor of psychiatry at Johns Hopkins University, and Scholar-in-Residence at Esalen Institute where he developed, with his late wife Christina, Holotropic Breathwork, an innovative form of experiential psychotherapy that is now being used worldwide. Currently he is professor of psychology at the California Institute of Integral Studies in San Francisco, Calif.