

WHEN I CHANGE THE WAY I LOOK AT LIFE



**MAPS**  
MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES



Bulletin

Volume XXXV • 2025



LIFE BEGINS TO CHANGE



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By becoming a member, you're not just making a donation—you're joining a community that is at the forefront of advancing research, changing policy, and evolving education around psychedelics. Join us in shaping a future where these life-changing tools are available to those who need them most.

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# MAPS

## MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

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### MAPS

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ISSN 1080-8981

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## Mission • Changing Minds for Good

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.

## Vision • A Post-Prohibition Society

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.

## Values • Our Compass

From the beginning, MAPS has understood that the way forward is a long road we must travel safely by following our compass—these four values:

### Integrity

Information is shared transparently. Communications are respectful, honest, and forthright, and our decisions are informed by compassion and research.

### Curiosity

We mindfully persist in the face of challenges, and we build with a balanced, long-term vision.

### Perseverance

We are always open to new possibilities: we try new things, take risks, and learn from our mistakes.

### Equity

We work for ethical and equitable access for all.

## Principles • Our Roadmap

While our four core values orient us, our seven principles point the way forward.



**Healing for All**



**Prioritize Public Benefit**



**Open Science, Open Books**



**Set the Setting**



**Consciousness without Criminalization**



**Be the Bridge**



**See Past the Paradox**

Read more at [maps.org/about-maps/principles/](https://maps.org/about-maps/principles/)

## Programs • How We Move Forward

### Advancing Research

Sponsoring and funding cutting-edge research of psychedelics and cannabis

### Changing Policy

Advocating for policies rooted in evidence-based, equitable, and compassionate frameworks that support the dignity and rights of people who use drugs

### Evolving Education

Creating cutting-edge education for professionals and the public, providing expert support, and convening people who share our vision

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**FRONT:** *When I Change The Way I Look at Life, Life Begins to Change*

**BACK:** *The Thoughts We Hold Onto, Create Our Reality*

by **Natalie Muir**

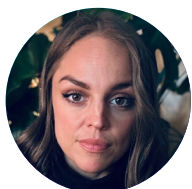
My name is Natalie. Artist statements and bios are supposed to be written in the third person, but that feels strange and impersonal to me, so I won't be doing that.

I'm going to start with the truth: I'm scared. I live in fear. I always have.

Most of the art you see here or on social media is an attempt to release, hide from, quash, or diminish that fear. But as time goes on, I'm learning that a lot of my fear, although some of it comes from trauma, is my shadow. And rather than pretend it's not a large part of who I am, or the driver behind my art and actions, I'm choosing to accept it. In fact, I'm embracing it.

Every time I create a piece of art, I'm making from a place I don't know how to name. I'm often creating from emotions I also can't name, especially not at the time of making it. It's only afterwards, when I look at the end result, that I start to realize what was really going on inside me, what pain, longing, or lessons were begging to be seen, to surface...

Read more at [inktally.co.uk/pages/about-inktally](https://inktally.co.uk/pages/about-inktally).



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# From the Desk of **Rick Doblin, Ph.D.**

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## **Dear MAPS community and supporters,**

*“We must sustain resilience and passionate persistence in the face of adversity.”*

In my last letter to the Bulletin, I wrote this quote as a response to the challenging times MAPS and the psychedelic ecosystem faced after the FDA rejected the New Drug Application for MDMA-assisted therapy for PTSD, and the Massachusetts Natural Plant Initiative was defeated. Even though FDA approval has been delayed, MAPS, dedicated therapists, advocates, and researchers, and Resilient Pharmaceuticals (formerly known as Lykos), continue to persist in efforts to make these treatments available to those who are suffering from PTSD.

As we approach the end of 2025, I remember how far we have come since last year’s setback.

We have officially stepped into the next generation of MAPS’ new mission. I have been leading MAPS for almost 40 years with a primary goal of making MDMA-assisted therapy legally accessible for healing, spirituality, and personal growth. In 2014, when MAPS launched the drug development company, now branded as Resilient Pharmaceuticals, we sought to include global humanitarian projects, therapist trainings, and research on cannabis and couples therapy as part of its programmatic offerings. Today, while Resilient is continuing to focus on efforts to obtain market approval for MDMA, MAPS builds on globalizing access and education of psychedelic-assisted therapists to the regions with the highest burden of trauma and the lowest resources.

We have achieved significant milestones this year across our three pillars: advancing research, changing policy, and evolving education. The most significant milestone this year has been the selection of Betty Aldworth and Ismail “Izzy” Lourido Ali as the Co-Executive Directors of MAPS.

I have always approached our work with a multi-generational perspective, and this decision embodies that vision. Izzy and Betty represent the strategic approach that makes MAPS so effective – they’re deeply committed to rigorous research, evidence-based public education, and transformative drug policy reform in service of the beneficial use of psychedelics. Their strong focus on inclusivity makes them ideal leaders as MAPS continues to serve as a catalyst and convener, bringing together diverse voices to build a post-prohibition world where people have legal and equitable access to psychedelics for healing, spirituality, and personal growth.

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We have officially stepped into the next generation of MAPS' new mission.

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With Betty and Izzy at the helm of MAPS, we have accomplished the following outcomes:

- In June, MAPS hosted our Psychedelic Science conference in Denver, Colorado. We gathered over 8,000 attendees (including 1,000+ scholarship recipients) and 600 speakers, produced 150 panels, 100 poster sessions, and organized 29 workshops on psychedelic research, therapy, policy, culture, and business. Our program featured leaders in psychiatry and social work; legislators and advocates; Indigenous-led and grassroots organizations; and celebrities and thought leaders. It was incredible to see how the field has grown over these last four decades. Recordings from Psychedelic Science 2025 are now available for free (donations accepted) on The Virtual Trip ([maps.org/virtualtrip](https://maps.org/virtualtrip)).
- In August, MAPS took a critical step for its Phase 2 study of examining inhaled cannabis for the treatment of PTSD in Veterans (MJP2), funded by a \$12.9 million grant from the State of Michigan. We selected the contract research organization (Changemark), which will manage MAPS' sponsor obligations, including site and data management, monitoring, and safety reporting. Changemark's background will ensure that the study is conducted with the highest scientific standards, in accordance with regulatory requirements, and adhering to ethical principles, to deliver the evidence that Veterans and their healthcare providers need.
- In April, MAPS and the Ukrainian Psychedelic Research Association (UPRA) hosted an international therapy training in western Ukraine, and in October, MAPS and Holomind hosted a program in Poland. More than 100 clinicians from around the world gathered to learn foundational knowledge about psychedelic-assisted therapies. Thanks to donor support, we awarded full scholarships to 70 Ukrainian and five Palestinian practitioners. These clinicians bring direct experience from regions facing war, displacement, and food insecurity, where effective PTSD treatment is critically needed.

Serving MAPS for all these decades has been an incredible experience, and I'm excited to work alongside Betty and Izzy as we continue to grow and steward this next generation of our psychedelic movement. MAPS' 40th anniversary is on April 8, 2026. We are still planning how to celebrate our 40th birthday, but in the meantime, I want to thank all of you for your dedication to the mission.

Our psychedelic work continues,

*Rick Doblin*

**Rick Doblin, Ph.D.**

*MAPS Founder and President*



# In Conversation with Betty and Ismail

## Dear MAPS Community,

A lot has happened this year, hasn't it?

The psychedelic ecosystem is evolving, and like any community seeking collective impact and a population-wide outcome—like Healing for All—it is time for us to evolve into new ways of being, relating, and collaborating.

For nearly 40 years, MAPS has led the psychedelic movement with evidence-based approaches to changing policies, advancing research, and evolving education. MAPS' flagship project—seeding the effort to make MDMA into a medicine—has birthed a new field that will drive efforts for psychedelic FDA approval with or without the movement. As clinical and real-world research continues to flourish, MAPS and our team have been dedicated to public education and community building to strengthen the foundation of the movement for legal, responsible access to psychedelics for healing, spirituality, and personal growth—even outside of the medical model.



## MAPS Research Agenda

MAPS serves the public by incubating multidisciplinary research to develop our shared understanding of the potential benefits and risks of psychedelic use, and to ensure the accessibility and culturally appropriate integration of psychedelics as a tool for individual and community wellness. Our research team develops research in-house and in collaboration with subject matter experts.

### MAPS' Ongoing Research Projects include:

#### Systems-Impacted People Project

MAPS Research and Policy teams are partnering with subject matter experts to investigate community-informed approaches to the use of psychedelic-assisted therapy with people impacted by the criminal justice system.

#### Conflict Transformation

MAPS is incubating research to evaluate the use of psychedelics as a complement to conflict transformation and restorative justice interventions. We are collaborating with subject matter experts to develop a literature review on the intersection of conflict transformation and psychedelics, and we are evaluating opportunities to collaborate or support interventional research.

Learn more about these projects and our other research endeavors in **Cannabis**, **Ibogaine**, and **MDMA-Assisted Couples Therapy** at [maps.org/current-research](https://maps.org/current-research).

#### Accelerate Psychedelic Research With Us

If you want to support international research that prioritizes public benefit, public education, and patient access, consider making a donation at [maps.org/donate](https://maps.org/donate).

The future is ours to build.

**Betty Aldworth** serves as the Co-Executive Director of MAPS, working with colleagues and allies across the drug policy reform movement toward legal and equitable access to psychedelics for healing and personal growth in a post-prohibition context. Having worked in drug policy since 2009, she most recently served as the Director of Communications and Education at MAPS. With the Communications team, Betty worked to share MAPS' story with our audiences and generate support for psychedelic research and reform through the media. Prior to joining MAPS in 2020, Betty was the Executive Director of Students for Sensible Drug Policy, where she led and supported tens of thousands of students and young people united to build a more sensible future through reforming drug policies to be rooted in safety, justice, and education. She serves as an advisor to DanceSafe and StoptheDrugWar.org and as the Chair of the Board of Directors for the Marijuana Policy Project and MPP Foundation.

**Ismail Lourido Ali, JD** serves as MAPS Co-Executive Director. Ismail has been actively participating in the drug policy reform movement for over a decade, informed by half a lifetime of diverse personal experience with psychedelics and other substances. Previously as the Director of Policy and Advocacy at MAPS, Ismail supported the design, building, and implementation of psychedelic policy reform across the country and world. Ismail co-founded and co-chaired the Board of the Psychedelic Bar Association and is licensed to practice law in the state of California. Ismail has advised, is formally affiliated with, or has served in leadership roles for numerous organizations in the drug policy ecosystem, including Students for Sensible Drug Policy, Chacruna Institute, the Ayahuasca Defense Fund, and Alchemy Community Therapy Center (formerly Sage Institute).

Despite all of this progress, there is a long way to go—but more than ever, the movement finds itself collectively navigating through uncharted waters. Thankfully, we've traversed the unknown many times, and your support reminds us that we're not navigating alone.

It is remarkable that we've made it this far—but the road hasn't been easy. Psychedelics are exceptional in some ways, but the psychedelic ecosystem is not immune to the complex power dynamics, resource constraints, and ethical dilemmas that show up everywhere else in society. Well-meaning efforts—including our own—have been impacted by predictable market dynamics and all-too-familiar economic incentives.

These reality checks are an invitation to move even more intentionally, and we recognize an opportunity for growth when we see one. We've had to learn hard lessons and, at times, adapt to imperfect systems that risk making our optimistic intentions unrecognizable. With open-hearted leadership cultivated by a visionary community, we still remain committed to making Healing for All a reality.

Many people have asked us why MAPS chose us both to lead at this time. The answer is easy: the future is collaborative. Our paired leadership approach offers an exciting opportunity to play to our strengths, inspire innovative solutions, and model the interdependent reality of our movement today. A multidisciplinary organization needs multidisciplinary leadership that can rise to today's challenges—and we're deeply honored to do so alongside our colleagues and community.

As the new Co-Executive Directors, we're committed to leading MAPS and guiding the psychedelic ecosystem toward a safer, more compassionate, and more responsible post-prohibition future. Going forward, MAPS is entering its next stage as the movement's compass, pointing toward a future where psychedelics benefit humanity. We are evolving, but much of our work remains the same: tending to common ground, building bridges, and changing perceptions by creating accessible educational materials for the public, such as the MAPS Bulletin. We're excited to share more with you about our next steps—including what we're doing for **MAPS' 40th anniversary!**—in the new year.

Thank you for supporting MAPS,

**Betty Aldworth and  
Ismail "Izzy" Lourido Ali**

*MAPS Co-Executive Directors*

# MAPS News

Read these updates in full at [maps.org/news](https://maps.org/news).

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## MAPS and HoloMind Institute Host International MDMA-Assisted Therapy Training in Poland

October 6, 2025

- Training marks Poland's first International Psychedelic Therapy Training Program, expanding MAPS' global education initiative
- Program demonstrates MAPS' commitment to expanding global access to psychedelic healing through international partnerships
- MAPS awards scholarships to 15 Ukrainian and five Palestinian practitioners to address urgent needs in war-affected regions

## MAPS Board of Directors Names Betty Aldworth and Ismail Lourido Ali as Co-Executive Directors

September 9, 2025

- Betty Aldworth and Ismail Lourido Ali bring decades of combined experience in drug policy leadership, psychedelic advocacy, and movement building
- As Co-Executive Directors, Aldworth and Ali reflect MAPS' legacy commitment to serving and strengthening the movement for legal, equitable access to psychedelics
- Under their guidance, MAPS' future-facing strategy will focus on strengthening partnerships with dedicated allies to advance critical multidisciplinary conversations

## MAPS Statement on FDA's Public Release of Complete Response Letter for MDMA-Assisted Therapy

September 4, 2025

In August 2024, the U.S. Food and Drug Administration (FDA) issued a Complete Response Letter (CRL) to Lykos Therapeutics, declining to approve MDMA-assisted therapy for Post-Traumatic Stress Disorder (PTSD). Today, the FDA made this CRL publicly available for the first time, providing transparency into the agency's decision-making process.



*“We commend the FDA, Commissioner Makary, and HHS Secretary Kennedy for making the Complete Response Letter public so the entire field can understand FDA’s reasoning. But let’s be clear: the CRL reveals a devastating truth—the FDA moved the goalposts. In 2017, FDA selected the Phase 3 protocol design after a formal Special Protocol Assessment process, then, after the trials were complete and the application accepted, FDA shifted its standards regarding the approach to the challenge of conducting double-blind studies. In addition, FDA demanded more information after patients and researchers had already poured years of their lives into this process. The cost of this bureaucratic backpedaling is not abstract. Thirteen million Americans live with PTSD today. Every year of delay means more will die by suicide and more remain trapped in cycles of trauma and despair. They deserve better.*

*The science is clear, the urgency is undeniable, and the human suffering is immense. Lykos will continue negotiations with the FDA. MAPS will keep driving forward: incubating and accelerating new MDMA-focused research, training therapists around the globe, catalyzing humanitarian projects in high trauma/low resource areas of the world, and building the infrastructure for a future where psychedelic-assisted healing and personal growth are not delayed by shifting politics, but delivered as a matter of compassion and justice.*

*This is bigger than one agency’s decision. This is about the future of mental health, the integrity of science, and the moral responsibility we all share. We will not stop until safe, legal access to psychedelic-assisted therapies and psychedelics for personal growth is a reality for everyone who needs it.”*

– **Rick Doblin**, MAPS Founder and President

## **MAPS Partners with Changemark to Advance Cannabis PTSD Research for Veterans**

August 27, 2025

- MAPS takes critical step toward beginning formal site selection and recruitment for MJP2, a Phase 2 study of inhaled cannabis for PTSD in Veterans
- MAPS selects Changemark Research + Evaluation as Contract Research Organization
- Women-owned and led CRO brings specialized psychedelic research expertise and mission-aligned values

## **MAPS Urges Action**

Open Letter to HHS Secretary and FDA Commissioner One Year After FDA Denial of MDMA-Assisted Therapy for PTSD

August 14, 2025

One year after the FDA’s denial of the New Drug Application for MDMA-assisted therapy for PTSD, the Multi-disciplinary Association for Psychedelic Studies (MAPS) has issued an open letter to the U.S. Secretary of Health and Human Services (HHS), Robert F. Kennedy Jr., and Dr. Martin A. Makary, the Commissioner of the Food and Drug Administration (FDA), calling for urgent federal action. Despite successful Phase 3 clinical trials and broad bipartisan support, MDMA-assisted therapy for PTSD remains inaccessible to those who need it most. Millions are living with treatment-resistant trauma, and MAPS urges Secretary Kennedy and Commissioner Makary to take action to help make this modality legal and accessible. (Read MAPS’ open letter online)

## **Statement: Confirmation of DEA Administrator Terrance C. Cole**

July 23, 2025

On Tuesday, the Senate officially confirmed Terrance Cole as the new Administrator of the Drug Enforcement Administration (DEA), marking the first permanent leadership appointment to the agency under President Trump’s second term. Cole’s confirmation comes at a pivotal moment, as the DEA faces mounting pressure to respond to the U.S. Department of Health and Human Services’ rec-

ommendation to reschedule cannabis. His leadership will be instrumental in determining how—and whether—federal drug policy evolves to reflect public opinion, scientific evidence, and urgent mental health needs.

*“The appointment of Terrance Cole as DEA Administrator comes at a pivotal moment for American drug policy. While the new Administrator has indicated that reviewing the federal proposal to reschedule cannabis will be among his priorities, he has not publicly committed to a position—a reminder that federal drug policy remains ambiguous, even as public consensus continues to move toward reform.*

*Mr. Cole assumes this role in the wake of record-breaking overdose deaths, underscoring the magnitude of his responsibility. It has been clear for years that prevention and interdiction alone will not reverse this trend. For too long, drug policy has been shaped more by politics than by data, leaving a decades-long trail of incarceration, injustice, and neglect. Rather than reinforcing the worst outcomes of an outdated ideology, Mr. Cole has an opportunity to lead the DEA toward an approach that meaningfully reduces the social burdens of substance use disorders, criminalization, and stigma. Patients, practitioners, and researchers—especially those working to address mental health and addiction—cannot afford another era of indecision cloaked in bureaucratic process.*

*There are glimmers of progress: the introduction of legislation in Congress, attention from federal agencies, and reports of high-level officials engaging in substantive discussions about psychedelic therapies suggest a hopeful horizon. These developments speak to a multi-partisan commitment—and a shared political urgency—to expand access to new, evidence-based treatments for trauma and substance use disorders. We urge the DEA to collaborate with state and federal colleagues to advance these critical conversations.”*

– Ismail L. Ali, J.D., Interim Co-Executive Director

## Following Psychedelic Science 2025 Success, MAPS Publishes First of Hundreds of Conference Session Videos

July 16, 2025

- Enhanced Virtual Trip platform goes live with improved user experience and first selection of PS2025 session videos
- Conference drew 8,000+ attendees, more than \$1 million donated, and 1,100+ recurring donors joined the new membership program
- MAPS strengthens role as strategic convener for psychedelic community

## Spring 2025 Comment on the USSC

April 18, 2025

The United States Sentencing Commission (USSC) had an opportunity during this most recent amendment cycle to make significant and meaningful changes to the Sentencing Guidelines that would at least begin to bring federal drug sentencing more in line with medical, scientific, and sociological evidence. Perhaps most importantly, the Commission’s proposed amendments would have removed the baseline recommendation of a life sentence for federal drug crimes. Despite failing to make consequential changes to drug sentencing guidelines for over a decade, on Friday, April 11, the Commission declined to adopt any of the amendments it proposed in late January to lower base offense levels.

While the Commission did move to adopt amendments that would provide a cap on the recommended offense level for certain mitigating behavior, including engaging in low-level trafficking, this simply does not go far enough. The decision to avoid lowering base offense levels for drug offenses more broadly flies in the face of countless scientists, legal scholars, judges, public defenders, activists, and even survivors of serious harm and their families who understand the many ways adhering to outdated and erroneous logic that has upheld a 55-year-old War on Drugs only makes our communities less safe.

MAPS remains committed to realizing a world where healing is possible for all. Such a world is only achievable when our policies are rooted in sound reasoning, reality, and evidence. We are grateful to the dozens of organi-

zations that pushed alongside us in advocating for lower federal drug sentences and will continue in this fight until we see real change.

*“To say I’m disappointed in the USSC’s decision would be an understatement. Not only does this ongoing refusal to act come after years of overwhelming community support for lowering federal drug sentencing guidelines, but it also follows a public hearing, held by this Commission just a month ago, during which experts and impacted people across numerous fields called for the same. I have explored similarly situated countries that are far safer and more peaceful than ours, despite having significantly shorter sentences, if any, for drug-related behavior that, in the US, can lead to life in prison. Every year, we continue to make a decision to adhere to a drug war that was fundamentally, blatantly, and admittedly rooted in racism. The consequences of that decision are heartbreaking. As Michelle Alexander noted, ‘there are more African Americans under correctional control in prison or jail, on probation or parole, than were enslaved in 1850, a decade before the Civil War began.’ While I am saddened by the USSC’s announcement on Friday, it is clear our work is far from done, and I am energized by our community’s tireless commitment to continue our efforts until we grow into a society that truly values all lives. You can’t connect the dots looking forward; you can only connect them looking backwards. So*

*you have to trust that the dots will somehow connect in your future.”*

– **Sia Henry**, Senior Policy Associate

## **MAPS Announces MDMA-Assisted Therapy Education Event For Ukrainian Mental Health Practitioners**

April 15, 2025

- Nearly 60 Ukrainian therapists will attend the event at no cost, learning fundamentals and best practices for psychedelic-assisted therapies
- More than 300 practitioners from more than 30 countries have completed MAPS’ International Therapist Education Program
- Psychedelic-assisted therapies in conflict zones will be a session highlight at Psychedelic Science 2025

## **MAPS Releases Template to Assist in Federal Drug Sentencing Reform Efforts**

February 27, 2025

- In January, the U.S. Sentencing Commission announced proposed amendments to federal drug sentencing guidelines, including lowering the highest base offense level for drug sentences.
- The proposal also considers reducing sentences for drug offenses that meet specific mitigating factors.
- This marks the first time in years that substantive changes to federal drug sentencing guidelines have been considered, following years of advocacy from MAPS



# MAPS in the Media

MAPS has been featured in major news media outlets



## MAPS Moves Forward with New Leadership Model

October 3, 2025

In a decision that brings a new model of leadership to an organization that has pioneered psychedelic-assisted therapy and policy reform, the board of directors of the nonprofit Multidisciplinary Association for Psychedelic Studies (MAPS) has named Betty Aldworth and Ismail Lourido Ali as co-executive directors.

## marie claire

### Could This Be The Cure?

September 22, 2025

For decades, a New York writer struggled to understand why she felt so stuck. It wasn't until she tried MDMA—and finally processed a dark episode from her past—that she got her answer.



## Five Lessons Leaders Can Learn From the Largest Psychedelic Science Conference in the World

October 3, 2025

An urgent theme in psychedelic therapy is not just who develops psychedelic therapies, but how and for whom.

## nature

### My Fight to Unlock Cannabis and Psychedelic Drugs for Use in Medical Research

April 28, 2025

Physician Sue Sisley battles to study cannabis and psilocybin mushrooms for pain, addiction, and PTSD.



## Rick Doblin, Ph.D. Weighs In on the FDA CRL for MDMA-Assisted Therapy

September 24, 2025

Rick Doblin discusses FDA's recent feedback on MDMA-assisted therapy for PTSD, emphasizing transparency and the therapy's potential in clinical practice.

## The New York Times

### How a Leftist Activist Group Helped Torpedo a Psychedelic Therapy

February 2, 2025

The fallout from the FDA's rejection of MDMA-assisted treatment for PTSD worries researchers and experts who fear other psychedelic drugs in the pipeline could be jeopardized.

# The Psychedelic Revolution Will Not Be Standardized

## Lessons from MDMA-Assisted Therapy's Trial by Regulation

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**Revolutions are not born of mere impatience.** They are born of necessity. When the current conditions can no longer contain what is pressing to emerge, the old must give way to the new. In physics, a revolution is a return, a turning back to where things began—with the momentum and wisdom of nature in motion. In politics and culture, a revolution is a rupture, a breaking open of the known so that something freer and truer might emerge. In science, it appears as a paradigm shift, when the evidence becomes too loud to ignore and the old models crack under the weight of the new. Not often, and not easily, we see revolutions in medicine as well. When they arise, they demand that we loosen our grip on what is familiar in order to grasp what is possible.

Revolutions are not smooth. They threaten what is familiar. They demand our collective courage to reimagine. They make systems tremble and defenders of the status quo uneasy. Copernicus sparked a revolution when attempting to prove the Earth was in revolution around the Sun. He was subsequently silenced and slandered, but the theory lived on, and the revolution continued—not because it was accepted, but because it was true. Our eventual embrace of this reality forever changed our view of the universe, and our relationship to the cosmos.

Revolutions arrive not when our systems are ready, but when people begin to see more clearly. We now find ourselves here again, where something both ancient and new has come knocking. MDMA-assisted therapy and other psychedelic-assisted therapies have brought the field of mental health to the edge of a new threshold, and crossing that threshold could redefine

health care as we know it. With the emergence of these treatments, the psychedelic revolution is here—offering a new way of understanding the very nature of healing. However, as with many revolutions before, it comes with little fanfare, and much critique. It comes challenging dogma, while layered with stigma. It asks us to question our assumptions. We are now faced with a decision: Do we deny the complexity of psychedelic-assisted therapy in order to fit it into a broken and failing system, or do we look to it as guides toward a new model of healing?

After the [FDA's decision](#) to reject the new drug application submitted by Lykos Therapeutics for MDMA-assisted therapy for the treatment of PTSD, the psychedelic field experienced a shock. Those who worked directly on the clinical trials—including the three dozen or so therapists who had spent thousands of collective hours holding space for hundreds of participants—were left struggling to understand. Similar to the aftershocks of a traumatic event itself, many were left trying to make sense of what had happened, attempting to piece together fragments in search of meaning and a path forward.

While all of the factors that informed the FDA's decision to not approve the novel drug + therapy are still debated and may never be fully understood, one thing is known—that the FDA's instructions to Lykos should they ever want MDMA to be reconsidered—more research, more data on the potential for addiction, addressing functional unblinding, and combining MDMA with an evidence-based therapy are all on the table. While Lykos remains in gridlock with the FDA, millions continue to suffer, awaiting a treatment that has already demonstrated extraordinary potential.

MDMA-assisted therapy's entry into the formal halls of medicine and science—down the sterile corridors of the FDA, and through the double-blind rigor of Phase 3 trials—has been nothing short of revolutionary. Not because it snuck in, but because it walked through the front door, bearing every credential, every safeguard, every scientific requirement demanded of it. And still, it was met with skepticism—and ultimately, rejection. Yet time has shown that revolutions are not stopped by skepticism, only delayed by it.

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One of the most significant barriers MDMA-assisted therapy faced was that it was the first-ever new drug application for a combined drug + psychotherapy treatment. The FDA, which regulates drugs but not psychotherapy, had no precedent for how to evaluate such a model. The cards were stacked against it from the start. And beneath that structural confusion lies a deeper truth: MDMA is still a Schedule I substance. Were it not for the War on Drugs and the criminalization of psychedelics, MDMA and other psychedelic treatments might already be widely available. Now, decades and millions of dollars later, we are being asked to re-prove what many

already know—and what communities across time and culture have long known—that psychedelics can help us heal. And with the guidance of skilled practitioners, that healing process can be magnified through a supportive, healing relationship.

Faced with this regulatory impasse, the psychedelic field has splintered. On one side, organizations like

MAPS and Lykos are doubling down on advancing the research while [keeping the therapeutic model intact](#), holding fast to the belief that the relational component is crucial. Others—such as Compass and MindMed—are experimenting with stripping psychotherapy altogether, favoring drug-only models with [minimal support](#). Still others are advocating for fully autonomous models, removing human involvement entirely. The therapist/client healing relationship is undergoing trial-by-research.

As therapists, we are trained to support clients through cognitive dissonance—the discomfort that arises when two opposing truths are held at once. Our task is not to collapse the contradiction, but to help the person sit within it, until a more integrated truth can emerge. In this spirit, we invite the field—and the reader—to join us in that crucible. At the center of the dilemma between drug-only and therapy-enhanced models lies not just a scientific debate, but a deeper invitation: to imagine a third path—one that holds complexity, relationship, and mystery—without flattening them in the name of standardization and evidence.

Because one thing is becoming increasingly clear: research struggles to measure the “assisted” part of psychedelic-assisted therapy. It is messy, relational,

and somatically rooted. It doesn't neatly translate into quantitative metrics. The true psychedelic revolution is not what is published in the research. It is in the transformation of individual lives and in the messy and complex process of healing, which does not lend itself nicely to western reductionism. It is not found in graphs. It is in the quiet, nonlinear unfolding of a person's return to themselves. It includes the spiritual, the transpersonal, and the relational. It includes the sacred. Psychedelics remind us that healing doesn't happen in isolation. It happens in community, in relationship—with therapists, shamans, caregivers, ancestors. The therapeutic alliance is not a backdrop; it serves to help reconnect the client/participant to their humanity. It offers a mirror, a reflection, a reconnection.. To remove it for convenience is to miss the point entirely.

The FDA's rejection was not a failure of the therapy. It was a signal of the system's unreadiness—a system still clinging to a paradigm that sees healing as something done to a person, rather than awakened within them. They look at the butterfly and ask it to fly like the caterpillar. But this is not how revolutions move. They do not wait for comfort. They do not ask for assimilation. They arrive when the world is aching for a new way forward. And we are aching. PTSD affects 12 million Americans each year. Suicide rates climb. The treatments we have are not enough.

And yet, the data is clear: Over 65% of participants in MDMA-assisted therapy no longer met criteria for PTSD after just three sessions. These were not mild cases. These were veterans, survivors—people long failed by the standard of care. They did not find a miracle given to them—they found healing awakened within them.

MDMA-Assisted Therapy is not just a new treatment. It is a new way of understanding suffering—and a new way of being with it. It is built not on dominance, but on trust. Not on symptom suppression, but on transformation. It is built on the radical premise that people can heal, if given the space, the support, and the tools to do so.

To witness this transformation is to witness the sacred. It is not mechanical. It is not linear. It is the slow stirring of something that remembers itself. The medicine softens the noise so the soul can speak. The therapist holds the lantern while the psyche finds its way. And from that cocoon, something new is born. And yet—despite all of this—the FDA turned it away. Not because the therapy

failed, but because they did not know how to receive it.

While understanding mechanisms of action is undoubtedly important—and while research is vital—it is also true that the last 20 years of psychedelic research has largely been about legitimacy. We submitted psychedelics to the lens of Western scientific reductionism not because it was the best fit, but because it is the dominant and societally accepted lens. But psychedelics teach us about the limits of our lenses. They show us what lies beyond the rational mind, beyond ego, beyond convention. Psychedelics were never meant to be reduced to fit our current standards and models. They are meant to expand perspective—to reveal what our current paradigms cannot see.

Of course, science has a very important role in our understanding of psychedelics. But when we elevate only the scientific— and exclude spirit, relationship, and mystery—we fragment the whole. And in doing so, we re-enact the very trauma these medicines are trying to heal. In this way, psychedelics are recovering from trauma too—the trauma of being forced into a model that refuses to see their full complexity. Psychedelics ask us to reunite what's been divided—not just within people, but within systems.

Western science's engagement with psychedelics is a mere flash in the pan compared to millennia of Indigenous knowledge. Indigenous wisdom calls for the inclusion of the unseen-of spirit-and the recognition of the sentience of all things. This animistic lens is ancient, cross-cultural, and pre-colonial. This lens and worldview has, for over half of a millennium, been actively targeted by colonial powers which have insisted on the superiority of their lenses. These medicines were once banned, demonized, and stripped from cultures that held them as sacred. And now—in a tragic twist—the same systems that once criminalized them now demand to be convinced of their validity. Let us not forget: this system is the one that failed so many in the first place. Psychedelics gained momentum because the mental health system isn't working. Any lens that does not account for this reality—or the role of colonialism and white supremacy in [shaping that system](#)—is incomplete.

To those standing at the gates of this new world—regulators, researchers, clinicians—we invite you to look again. Look not with the eyes trained only on the past, but with the courage to see what is emerging. Look as light through a prism, not a beam of white certainty.

Let complexity show its colors. Let ambiguity stretch your definitions. Let the data speak—but let the people speak too.

This revolution does not come to fit into your systems. It comes to reveal where your systems must grow. It asks not for favor, but for vision. Not for permission, but for presence.

Electricity was once dismissed as dangerous magic—until we learned to conduct it, not contain it.

The energy of healing calls for us to be conductors, not controllers—allowing the current of transformation to move through us, even if we have not yet mapped out all its circuits. Let us meet this moment with the humility it deserves. Let us not be the ones

who clipped the butterfly's wings before it ever took flight—mistaking fragility for failure, and potential for threat. Can we be the prism, not the pane—the vessel that reveals the full spectrum, color, and complexity? Will we abandon the sky because we don't yet see clearly? Or will we raise the telescope, adjust the lens, and be curious about what comes into focus?

**Sara Gael MA, LPC** is a psychedelic therapist, educator, and organizational leader with expertise in risk reduction, peer support, and community movement-building. She is co-founder and Lead of Strategic Development at Memoru Center for Visionary Healing Arts. Sara holds a Master's degree from Naropa University in Transpersonal Counseling Psychology with a concentration in Nature-Based Therapy. While at Naropa she co-founded the student group, Naropa Alliance for Psychedelic Studies (NAPS). She was an Investigator/therapist for Lykos MDMA-Assisted Therapy for PTSD Clinical Trials and serves as a Lykos Lead Educator, Training Consultant and Associate Supervisor.

Sara worked at the Multidisciplinary Association for Psychedelic Studies (MAPS) for ten years, serving as Director of Harm Reduction and stewarding the work of the Zendo Project. She was an appointed representative on the Denver Psilocybin Mushroom Policy Review Panel from 2019–2024 and she spearheaded the MAPS City of Denver First Responder Psychedelic Crisis Assessment and Intervention Training. She served as board president for DanceSafe and supports multiple organizations in the psychedelic field as an advisor and consultant. Sara was the founding Course Director for the Integrative Psychiatry Institute's Psychedelic Assisted Therapy Training, overseeing a global faculty of over 30+ esteemed mental health experts and developing over 300 hours of curriculum, impacting over 2,000 students.

Sara comes from mixed white/Hispanic ancestry and was raised in Northern New Mexico where her ancestors have lived for over 20 generations. Central to her own healing journey has been connection to land and the natural world. She has held a relationship with psychedelics for over 25 years and they have supported her in navigating her own personal and transgenerational trauma. She believes in the potential of psychedelics as catalysts for individual, community, and collective healing and is committed to equitable access for historically and currently marginalized communities.

**Joseph McCowan Psy.D.** is a licensed clinical psychologist based in Los Angeles. Joseph brings extensive experience in psychedelic-assisted therapy, education, and clinical research. Dr. McCowan served as a Co-Therapist and Supervisor in the MAPS-sponsored Phase 3 clinical trials of MDMA-Assisted Therapy for PTSD, and supported the MAPS MDMA Therapy Training and Education program as a Lead Educator and Consultant. In addition, Dr. McCowan played a pivotal role in advancing diversity within the MAPS clinical studies as a member of the MAPS Diversity Working Group, focusing on increasing representation among therapists and participants from underrepresented communities.

Currently, Joseph is a therapist in the Compass Pathways Phase 3 studies of Psilocybin-Assisted Therapy for Treatment-Resistant Depression and serves as a Lead Trainer with Fluence, providing education in Psychedelic-Assisted Therapy. Previously, Dr. McCowan offered Ketamine-Assisted Therapy and Psychedelic Integration Therapy at the California Center for Psychedelic Therapy. His work is deeply rooted in his commitment to increasing awareness and accessibility of psychedelic therapies, particularly within communities of color and historically underserved populations.

Dr. McCowan earned his undergraduate degree in psychology from the University of California, Santa Barbara, and his Doctorate in Clinical Psychology from the Chicago School of Professional Psychology. He serves on the Board of Directors for Lykos Therapeutics and Chacruna.



# Psychedelic Reform Hangs in the Balance

## Nine Months into Trump's Second Term

Mattha Busby

**There were high hopes** for psychedelic policy reform when Donald Trump returned to the White House as President in January. Nine months into his second term, with a host of advocates in senior government positions for the first time in history, it appears that the stage could be set. But with the administration taking what has been condemned as an anti-science bent on health policy while pursuing deadly war on drugs tactics in other fields, what happens next is anyone's guess.

Just before the election in November 2024, the soon-to-be health secretary Robert F. Kennedy Jr. declared that the Food and Drug Administration's "war on public health" was about to end and [indicated](#) that psychedelic reform was his top priority after blaming the FDA for its "aggressive suppression" of the drugs. Kennedy later told Congress, [on June 24](#), that clinical psychedelic therapy for veterans would offer a "tremendous advantage" and that the administration was "working very hard to make sure that happens within 12 months." He later [added](#): "Some therapies can't wait."

Nor, it seems, can the increased use of illegal war on drugs tactics, like the extrajudicial use of force to kill people suspected of trafficking drugs in international waters, with fresh strikes on boats in late October [bringing the death toll](#) from the bombing campaign to 57.

Kennedy's Health and Human Services Department (HHS) has also been [roundly criticized](#) over "anti science" reforms to vaccine policy, widespread cuts [and layoffs](#) at the Centers for Disease Prevention and Control (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA), and huge funding squeezes of [up to \\$2 billion](#) to the National Institutes of Health's research grant funding pool. There are also concerns among psychedelic reform advocates that there could be risks of betting on a horse that, to some, seems to be undermining the evidence-based scientific framework for decision-making that Resilient Pharmaceuticals, formerly known as Lykos, and others are trying to appeal to.

But if the FDA chief Marty Makary is describing the evaluation of MDMA and other psychedelics as “a top priority” and is [announcing initiatives](#) like the new National Priority Voucher system which could help accelerate approval, it’s difficult not to take notice. Under the new system, Makary is significantly cutting review times for chosen drug candidates and potentially waiving the requirement for placebo-controlled trials. Makary is said to have told Kennedy regarding psychedelics reform: “We don’t want to wait two years to get this done.”

One can only presume, therefore, that Resilient Pharmaceuticals and its new shareholders hope they will be able to negotiate with the current administration to resubmit the data without the vast expense—in the tens of millions of dollars—of a fresh trial. Politico reported that Kennedy’s support for psychedelics “revived hope among psychedelics’ advocates that the FDA decision was [more hiccup than death knell](#).” On 16 October, the FDA greenlit under the voucher system the domestic manufacturing of ketamine, which is increasingly used as a psychedelic treatment off-label and is usually imported from India or China, by pharmaceutical manufacturer Phlow, which will become the first US-based supplier and aim to help meet the rising demand. Makary said more voucher awardees would be announced in a “couple weeks.” He added: “We’ve got to try new things, we have to innovate, we have to be creative, we have to do things differently.”

PharmaTher, a ketamine and psychedelics company, welcomed the news, saying that the FDA’s decision “point[s] to sustained momentum for ketamine” and “strengthens the rationale for pharmaceutical partners to engage in the development and commercialization of novel ketamine products for new indications.” But despite the growing excitement around psychedelic therapies, none have received FDA accelerated approval, says Melissa Lavasani, CEO of the Psychedelic Medicine Coalition, an advocacy group. “In some ways there has been amazing progress,” she says, “but ultimately if you zoom out a bit we haven’t made that much progress. There hasn’t been any kind of symbolic Executive Order. There hasn’t been very much major movement in Congress.”

But the noises have been positive. Veterans Affairs (VA) secretary, Doug Collins, [told a televised cabinet](#) meeting, in April, after Trump asked for his plans on reducing the veteran suicide rate: “We’re working with Secretary Kennedy ... on the possibility of psychedelic treatment.” Collins also visited a psychedelic research center in June in New York, which is run by psychedelic researcher Dr. Rachel Yehuda and where there is an active MDMA study taking place.

Surgeon General Casey Means in October [last year suggested](#) her use of psilocybin mushrooms helped her find a romantic partner and make “space to find love”. In a post on her White House health policy wish list, Means said that researchers have little incentive to study “generic, natural, and non-patentable drugs and therapies” and that a portion of research budgets should be devoted to alternative approaches to health. Her brother Calley Means, a health activist and entrepreneur, served as a key advisor to Kennedy during

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the first months of his tenure and [has told of](#) a “mind-blowing, life-changing experience” with psychedelics.\*

Further behind the scenes, Kennedy’s HHS has hired as deputy general counsel Matt Zorn—an ardently pro-reform lawyer who previously sued the Drug Enforcement Agency—whom a psychedelic business [outlet coined](#) the administration’s “psychedelics tsar.” Meanwhile, the former chief medical officer of psychedelics research organization the Usona Institute, Mike Davis, [was hired](#) as deputy director of the FDA’s Center for Drug Evaluation and Research.

But despite the hiring of pro-psychedelics figures throughout HHS, Lavasani says, there is a [brewing conflict](#) between Kennedy’s Make America Healthy Again (MAHA) movement, [which has been described](#) as an unexpected coalition of “nutritionists, mushroom shamans, and moms,” and the more conservative Make America Great Again (MAGA) camp. “MAGA are not very pro-psychedelics, and they are much more behind the scenes in the White House,” she says. “I think a lot of folks have been riding the high of having these appointees being on the record supporting [psychedelic reform], but there’s still some barriers to overcome.” For some key anti-drug MAGA figures, the idea of psychedelic reform—even solely within a medicinal framework—“is a bridge too far,” adds Lavasani.

She believes that targeted lobbying and public education campaigns will be key to any success for reform advocates. But there are still hopes that the FDA could potentially allow Resilient Pharmaceuticals to resubmit its application without new data from a fresh Phase 3 trial. Conversations will be underway behind closed doors after the company was not drawn to announce a new trial despite an influx in funding from billionaires Anthony Gracias, a private equity fund founder and close ally of Elon Musk, [having served](#) as a top official for the Department of Government Efficiency, and Chris Hohn, a British hedge fund manager and philanthropist who has been the largest single donor of UK climate protest group Extinction Rebellion.

In October, the FDA released last summer’s letter rejecting the application for MDMA-assisted therapy as a treatment for PTSD. MAPS founder Rick Doblin claimed the letter “reveals a devastating truth—the FDA moved the goalposts”, saying the FDA asked for more information from the study investigators long after the study had commenced.

There is also optimism around increased official funding for psychedelic trials, through the VA and the Department of Defense (DoD), which in February announced almost \$10 million in funding for trials to study the efficacy of MDMA-assisted therapy for veterans with PTSD. In April, a new bipartisan bill

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\* **Editor’s Note** [11/4/25]: The DEA has had a petition to reschedule psilocybin pending since 2022, initiated by Dr. Sunil Aggarwal of the AIMS Institute. Following an initial dismissal of the petition, and a lawsuit challenging the propriety of the dismissal, the Ninth Circuit remanded, directing DEA to handle the petition properly. In August 2025, DEA transmitted the petition to HHS for medical and scientific evaluation and a scheduling recommendation.

was introduced to Congress in April which would establish five “innovative therapies centers of excellence” under the VA to treat, and study, veterans who have mental and physical health conditions with psychedelic-assisted therapy. At the same time, however, the DoD started testing service members for psilocin, one of the two main psychedelic components of psilocybin mushrooms.

In May, when Texas earmarked \$50 million for ibogaine research and clinical trials there was another boost for the psychedelic industry. The state’s grant structure will require recipients, expected to be commercial biopharma companies, to provide a dollar match, effectively creating a public-private structure. There are hopes this could kickstart funding for the psychedelic biopharma private sector, but there are also concerns that it is effectively a means to privatize public money. Meanwhile, legislative initiatives in other states [continue apace](#), and Colorado’s legal psilocybin treat-

ment regime takes shape, following in the footsteps of Oregon.

Also in October, a 5-MeO-DMT drug candidate for treatment-resistant depression developed by psychedelic pharmaceutical company atai Life Sciences and UK-based biotech company Beckley Psytech was granted breakthrough therapy designation by the FDA after promising preliminary results from a Phase 2 trial. Beckley CEO and co-founder Cosmo Feilding Mellen said that the designation “will help to ensure the pivotal Phase 3 clinical program will be as expedited and efficient as possible, guided by the FDA.”

“I’ve seen more progress in the last several months than in the past few years,” says Simeone Schnapper, a founding partner of psychedelic fund JLS. However, at a recent meeting convened by the Reagan Udall Foundation, a non-profit which works to help the FDA innovate, and attended by Makary and two former FDA commissioners, the majority of the conversation was

centered around food additives, according to Schnapper. Stem cell research and innovations around oncology are also key topics of conversation during such discussions. “Because the FDA’s mandate is so broad, psychedelics don’t necessarily get buried, but they’re never the core thing, at least in the meetings I’ve been in,” Schnapper added. Psychedelic reform, “could happen today, it could happen in a year, it could never happen.”

And so, it is almost a year on from JD Vance’s [appearance](#) on the Joe Rogan Show days before the election—in which the future vice-president appeared open to providing access to psychedelic therapy to veterans, at the same time as confessing: “I know absolutely nothing about this.” There are signals of progress but it remains to be seen whether the divided Trump Administration will make any significant progress on psychedelic reform. Until further notice, the question sits in the same liminal space as the drugs themselves.

**Mattha Busby** is a journalist, author and speaker specializing in health policy, drugs and psychedelics, and [sub]culture. His work has appeared in *The Guardian*, *VICE*, *Rolling Stone*, *WIRED*, the *LA Times* and *Esquire*.

In 2024, he was a Ferris-UC Berkeley fellow in psychedelic journalism, and in 2018 he won the London Press Club ‘Hugh Cudlipp’ Award. His first book *Should All Drugs Be Legalized?* was published in 2022 by Thames & Hudson. His new pocketbook on psychedelic will be published by Hoxton Mini Press in March 2025.

Mattha has an MA in Journalism from Goldsmiths, University of London (2017) and a BA in History and International Relations with an International Year from Royal Holloway, University of London. During his year at Concordia University, Canada, he was an editor at the student newspaper *The Link*.



# Dispelling Myths

## Prohibition-Related Harms and Safer Psychedelic Use

Philippe Lucas, Ph.D.

**Following endless articles unreservedly touting** the potential benefits of psychedelics, media affection for psychedelic substances and altered states appear to have taken a downturn. It now seems like nearly every few days another column or op-ed highlights some of the potential harms associated with psychedelic use, urging a slowdown on the approval of these substances as a medicine until proper “guardrails” are in place to protect patients and the general public.

While many of these appeals may be well-intentioned, they all too often rely on personal experiences or opinions while ignoring much of the available evidence regarding the relative safety of psychedelic substances. Furthermore, in calling for a slowdown of progressive, evidence-based policy decisions informed by the principles of harm reduction and benefit maximization, they may further exacerbate potential risks and harms to psychedelic consumers, with associated negative impacts on public health and safety. This piece aims to inject some evidence into these important public health and policy discussions, some of which will be drawn from the [Global Psychedelic Survey \(GPS\)](#), a large international survey of psychedelic consumers which is now in its third iteration and involves over 80 academic collaborators from around the world.

To start, I believe that serious and consequential harms can occasionally be an outcome of psychedelic use. In fact, Jules Evans (Challenging Experiences Project), Jacob Aday (UMich) Matt Johnson (Shephard Pratt) and I have developed and will be analyzing a section in [GPS 2025](#) to explore acute and long-term challenges and harms associated with psychedelic use. However, I have spent my adult life working towards evidence-based drug policies, so recommendations to slow the already glacial progress towards safe, legal access to psychedelics raise some significant concerns. While evidence does suggest that there exists a very real potential for serious and lasting harms resulting from psychedelic use, these outcomes are surprisingly rare and most often stem from prohibition-related harms rather than from the substances themselves.

Indeed, over 50 years of research has shown that most psychedelics are relatively safe, particularly when compared not only to other psychoactive substances like alcohol and tobacco, but also compared to other pharmacotherapies to treat chronic mental health or pain conditions, particularly when known doses from a quality-controlled supply are used in clinical settings. These were certainly the findings of a recent systematic review of 114 clinical trials investigating classical psychedelics (i.e. LSD, psilocybin, DMT, etc.) with a total of 3504 participants, which concluded that “SAEs (Serious Adverse Events) were reported for no healthy participants and for approximately 4% of participants with preexisting neuropsychiatric disorders,” concluding that these results “...indicate that certain catastrophic events reported in recreational or nonclinical contexts have yet to be reported in contemporary trial participants” (Hinkle et al., 2024)

However, even when psychedelics are experienced in non-clinical settings (which represents the overwhelming majority of current use), very few individuals report serious negative outcomes. Data from the Global Psychedelic Survey 2023 (n=6379) suggests that out of all respondents that identified having a “peak awe experience” with psychedelics (n=4745), only 7.4% describe that experience as being largely negative, with 44% reporting a largely positive peak experience, and 49% describing a combination of positive and negative attributes (Lake & Lucas, 2024). Nonetheless, of the 351 respondents that reported negative experiences, 44% thought they might never be the same, and 34% thought they might die. Nonetheless, even in this subgroup, 62% reported that at least some good ultimately came from this negative experience, including gaining insight into difficult problems (55%), overcoming personal fears (38%), and/or addressing physical or psychological trauma(s) (28%).

In fact, there is much research to suggest that in certain instances challenging experiences may be a component of successful therapeutic outcomes when using psychedelics in the treatment of intractable mental health conditions like depression, anxiety and PTSD (Andión

et al., 2025; Bouso et al., 2022; Wood et al., 2024). Indeed, patients that have undergone psychedelic-assisted therapy for PTSD often attest that it often involves challenging, discomforting work and experiences, just like any other psychotherapeutic intervention that involves self-reflection, introspection and addressing long held beliefs and behaviors.

Nonetheless, it is beyond question that under certain circumstances lasting psychological harms can be associated with psychedelics in some individuals, and safer use advocates on both sides of this discussion share a conviction that a public health-centered

approach to psychedelic use would seek to reduce negative occurrences/traumatic experiences, and to provide treatment and support if and when they do take place. However, as an academic researcher and safer use advocate, I’m concerned when I see all the potential harms of substance use placed squarely on the substance itself, rather than giving due consideration to public policies that may be significantly increasing the risk and severity of harms. In the case of psychedelics—substances for which the set and setting of use has been shown to play such a key role—it is quite simply impossible to separate

the broader context and circumstances of use from the associated outcomes, be they beneficial or harmful.

Unfortunately, all evidence suggests that prohibition not only fails to protect psychedelic consumers and the general public from substance use-related harms, it greatly increases the potential risks. Exploring deep altered states of consciousness can be inherently challenging, and unfortunately prohibition imposes significant additional external psychological and physical threats on psychedelic consumers and practitioners, including the potential of arrest and prosecution and the risks of taking a substance of unknown chemical constituents and of questionable potency and doses. Moreover, prohibition obstructs harm reduction efforts by hindering drug testing programs and allowing unrestricted access via the black market, without screening for mental health issues or limiting access to adults. Ironically, if/when these potential harms do come to pass, prohibition makes it far less likely that those

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experiencing acute or long-term difficulties will seek the help and support they may need for fear of arrest and/or loss of employment or reputation.

Perhaps most critically, evidence clearly shows that with or without legally regulated therapeutic programs people with intractable mental and physical health conditions will continue to self-medicate and/or to seek out psychedelic-assisted therapies. Data from GPS 2023 suggests that approximately 60% of respondents self-report therapeutic use of psychedelics (n=5346)—48% for mental health conditions like depression, anxiety and PTSD, and 22% for physical health conditions like chronic pain, headaches/migraines and sleep disorders. However, just over 24% of respondents that used psychedelics therapeutically benefited from the guidance of a health care professional (HCP).

All of this suggests that if we're truly concerned about "adequate protections" from the potential harms of psychedelic use for both medical and non-medical consumers, then ending prohibition and regulating adult access to psychedelics is the strategy with the greatest potential to improve public health.

In a recent [New York Times essay calling for a slowdown on psychedelic access](#), Jules Evans shared the story of a personal LSD trip when he was 18 that left him traumatized. I appreciate his willingness to share his experiences, and he's certainly not the only individual to share similar stories. In fact, I too suffered through a very challenging psychedelic experience at the same age during which I spent much of the night lying on my bed surrounded by friends who worked hard to relieve me of the irrational fear that I was going to stop breathing. Despite what at the time felt like quite a dramatic incident, this did not end my use of psychedelics, and in my twenties I had additional experiences that were certainly fun, but far from transformative.

However, in my thirties I had an ayahuasca journey about a decade after my father's suicide during which I wept uncontrollably and truly felt connected to his presence. For years I had harbored tremendous anger at the choices he made in leaving our family behind, but that journey led me to acknowledge a terrible guilt that I couldn't help my father during his time of need. While the experience left me shaken and drained, I also felt much lighter, and I've never felt that same anger towards my father again. Indeed, it was that specific experience resolving deep trauma and loss that led me to a career in psychedelic research and to advocate for policies that promote and support safer access and use.

Nonetheless, I don't propose that the preferred alternative to prohibition should be a completely unregulated system. Rather, I join the growing chorus of academics and harm reduction advocates that suggest an evidence-based public health policy informed by the principles of harm reduction, benefit maximization, cognitive liberty, and personal rights and freedoms would take many measures to balance safe, legal adult access with desirable public health outcomes.

These could and should include legally recognizing the long history of traditional Indigenous ceremonial and religious uses, depenalizing the personal use and possession of psychedelic substances, regulating the sale of a quality-controlled supply with proper potency labeling to adults, and providing evidence-based information and outreach strategies to inform consumers of

potential harms, benefits, and contraindications. In the longer term, a truly comprehensive approach would also provide and regulate safe public use settings and facilities, much as we currently regulate alcohol use in various public settings.

The development of psychedelic policies should be a thoughtful, deliberate, evidence-based process informed by the experiences and expertise of psychedelic consumers and other key stakeholders. By suggesting a slowing down of evidence-based measures to improve safe, legal access for both medical and non-medical uses, those ostensibly aiming to protect psychedelic consumers instead condemn them to the most harmful potential circumstances of all: the status quo of drug prohibition which criminalizes consumers, provides a supply of substances of unknown quality and potency, and leaves patients to seek unregulated, underground practi-

tioners with little legal or regulatory recourse should things go awry.

This is a truly tragic situation for the millions of patients that might benefit from psychedelic-assisted therapies as well as the otherwise law-abiding individuals around the globe that successfully incorporate psychedelics into their lives for spiritual development, increased wellness, personal improvement, pro-social engagement, and yes, even just for fun. As it stands, psychedelic consumers are like passengers trapped in a car being consumed by the flames of the failed and expensive drug war, and while we should all strongly support preventative safety measures like driver's education, seat belts and airbags, the first thing we need to do is get these people out of car and safely away from the fire...

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**Philippe Lucas, Ph.D.** is a cannabis and psychedelic researcher and a lifelong safe access advocate. He conducted his graduate work at the University of Victoria earning an MA in Studies in Policy and Practice, and a PhD in Social Dimensions of Health, and he is an instructor in UVic's Continuing Studies Program where he is teaching the university's first course on psychedelic substances and public health. In 1999, Philippe founded the Vancouver Island Compassion Society, one of Canada's first medical cannabis dispensaries, and he was founding Board Chair of the Multidisciplinary Association of Psychedelic Studies Canada and co-founder of the Victoria Association of Psychedelic Studies. Following a term on Victoria's City Council, he worked as VP, Global Patient Research and Access at Tilray, where he oversaw a comprehensive international clinical and observational cannabis research program. Currently, Philippe is a Research Affiliate at the University of Michigan's Psychedelic Center, and his studies include the Canadian Psychedelic Survey 2022 and the Global Psychedelic Survey 2023/25.

Philippe has worked with governments around the globe to develop evidence-based drug policies with a focus on harm reduction and safe access, and he has received a number of accolades for his patient research and advocacy, including the High Times Freedom Fighter Award, the Americans for Safe Access Researcher of the Year Award, the Cannabis Council of Canada Lifetime Achievement Award, and the Queen Elizabeth II Diamond Jubilee Medal.





# Guided by the Golden Eagle

## The Story of MAPS Italia

Michèle Anne Barocchi, Ph.D.

**It all began in Oaxaca, Mexico**, in March 2021. I had traveled there to work with the medicine of the Sonoran Desert toad—*Incilius alvarius*—a powerful amphibian whose secretion contains 5-MeO-DMT and other alkaloids, used ceremonially by certain local healers. During my stay at a local bed-and-breakfast, I struck up a conversation with a newly found friend named Aya. She asked if I knew about MAPS. At the time, I had never even heard of it. That's when I discovered the Multidisciplinary Association for Psychedelic Studies and, through Aya, was introduced to Federico Menapace, former Deputy Director of MAPS and one of her longtime friends. That connection would change the course of my life.

Our meeting was serendipitous, the kind of connection that feels predestined when you look back on it. We were all on that first video call, and between the three of us—in the humid, electric air of Oaxaca—the seed of an idea was planted. By the end of that month, once back in Italy, Federico connected me with an Italian psychotherapist who had just published an article in *Rolling Stone Italia* about ayahuasca. These were not random encounters, but meaningful ones that created, at the time, an unspoken agreement: to bring the psychedelic conversation, in all its depth and complexity, to Italy. A month later, I was on my way to Turin to attend a seminar with a small group of psychotherapists who were beginning to openly discuss psychedelic-assisted therapies. These were not mainstream conversations in Italy—far from it. At the time, public discussion of psychedelics was minimal, often stigmatized, and highly fragmented. But those first exchanges in Turin in May of 2021, were the beginning of something much bigger.

In truth, Italy has a longer, more complex history with psychedelic research. Between the 1930s and 1960s, Italian psychiatrists conducted over sixty clinical studies with psilocybin and LSD, often focused on depression and

neuroses—a record highlighted in Adriana D’Arienzo and Giorgio Samorini’s historical overview published in [Drug Science in 2023](#). Yet after this intense period, research was halted and largely forgotten. Over the past decade, a slow-moving dialogue has re-emerged among a few therapists and psychiatrists interested in altered states of consciousness and therapies assisted with psychoactive substances and integration of these experiences. Our own first pre-MAPS Italia symposium reflected this revival: the November 2021 presentation in Florence of Giorgio Samorini’s book *Ayahuasca: From the Amazon to Italy*, which brought together many of the contributing authors. These steps signaled that we were moving into a new era—one of more open dialogue, reconnection with our own historical roots, and a clearer vision for the future dialogue of psychedelic-assisted therapies in Italy.

Over the next few years, we slowly built a team—each person bringing a unique skill set and perspective, united by one vision: to bring awareness to what was happening globally in the field of psychedelics, and to

explore both the potential benefits and the risks of psychedelic-assisted therapies for mental health. Our core group took shape: a scientist, a strategist and business consultant, a public policy expert, and a journalist-artist. Together, we imagined an Italy where people could have access to accurate, unbiased, and accessible information about psychedelic science, therapy, law, and culture. This vision was formalized on May 28, 2024, in Sarajevo, when we officially signed the agreement to become a [global affiliate of MAPS](#) during the Healing Balkans Conference, which also hosted a [MAPS MDMA-Assisted Psychotherapy Training](#).

## A Turning Point

### Psychedelic Science 2023

One defining moment came when we attended the [Psychedelic Science 2023](#) Conference in Denver. It was like stepping from a country where psychedelic dialogue had been in hiding into an open, thriving ecosystem of



exchange. There, more than 12,000 people gathered: scientists, clinicians, politicians, researchers, government officials, therapists, healers, and indigenous representatives from across the world.

For me, it was awe-inspiring. Just the freedom to speak openly about these topics—to have entire rooms dedicated to the nuances of research, ethics, harm reduction, and indigenous perspectives—felt unimaginable compared to the climate in Italy. The scale and diversity of voices was a revelation. It underscored not only how much work still needs to be done in Italy, but also how deeply people everywhere care about these issues. My own perception of the toad medicine shifted as well; through the knowledge I gained at the Psychedelic Science conference in June 2025, I came to see the importance of sustainability and safety, and today I am an advocate for the use of synthetic medicine as a responsible alternative.

At the end of last year, in November 2024, MAPS Italia co-hosted the [Emerging Therapies in Psychedelic Sciences Conference](#) in collaboration with the University of Trento Addiction Science Lab. Rick Doblin joined us as keynote speaker, bringing a message of hope to the roughly 200 students, journalists, and academics who attended this intimate gathering—an event that is now available on our MAPS Italia YouTube channel.

## Three Years Later

### From Oaxaca to a National Platform

Fast-forward three years from that first meeting with Federico in Oaxaca. What began as an idea exchanged in a video call between San Francisco and southern Mexico is now becoming reality. MAPS Italia is preparing to launch its website—our first major step in providing accessible educational resources for the Italian public. The online portal was launched August 21, 2025 and is available at [www.mapsitalia.org](http://www.mapsitalia.org).

Our aim is to offer basic foundational knowledge about psychedelic substances and the therapies associated with them:

- **What They Are**

From synthetic compounds like MDMA and LSD to plant medicines like ayahuasca and psilocybin mushrooms.



- **The Legal Landscape**

Clarifying what is permitted, what is not, and how this varies across jurisdictions.

- **Research and Clinical Trials**

Sharing major findings from international studies and tracking ongoing trials.

- **Training Opportunities**

With the hope of providing education and professional development to Italian psychotherapists, students, and mental health professionals.

- **Building Bridges**

Creating meaningful connections between resources, experts, and those seeking support, always grounded in a humanistic approach.

## Looking Ahead

We live in a time marked by the escalating dis-ease of our disconnected humanity. There is a growing need for alternative therapies that can reconnect us as human beings to our true essence and to address the profound unmet medical needs in mental health, where conventional treatments often fall short. This is why MAPS Italia is here today—to offer pathways back to wholeness, meaning, and authentic connection.

This is just the first iteration of our online platform. Over time, we plan to expand it with more training resources, open-source materials, and harm reduction guidelines. We want to provide not only a scientific and therapeutic perspective, but also a cultural and ecological one—highlighting which plants are native to indigenous communities, how they are used traditionally, and the current debates around sustainability and reciprocity.

My own journey into this work is deeply personal. After a near-fatal accident left me with an amputation of my left leg and reduced mobility, I

found myself navigating a life forever changed. Plant medicines opened a doorway, showing me the way to a lighter place of peace. Even though my physical form had changed, these experiences gave me the tools to remember that I was still whole, gifting me subtle yet profound wisdom that I now feel responsible for sharing with others. It is from this place that I have chosen to walk along this path.

In the end, psychedelic therapies are not only about molecules or clinical trials. They exist within broader landscapes—historical, cultural, political, and spiritual. The work of MAPS Italia is to help navigate all of these dimensions, providing a compass for anyone curious about how psychedelics might intersect with mental health, well-being, and human potential.

From the medicine of the toad in Oaxaca, to the psychotherapists' seminar in Turin, to the vast halls of the Psychedelic Science conference in Denver, the journey of MAPS Italia has been one of connection, persistence, and vision. Now, as we

prepare to open our virtual doors, we invite the Italian public into a conversation that is both ancient and urgently contemporary.



Our logo carries the symbol of the Italian golden eagle, a natural inhabitant of the majestic Alps. These birds embody strength, vision, and a deep connection to greater forces, with a spirit of guardianship and as messengers of freedom and resilience. For us, the eagle represents guidance as we navigate this new landscape—bringing clarity, perspective, and the integrity and coherence to be authentic. With this spirit, we hope to open hearts and minds across Italy, standing at the threshold that is as much about healing as it is about remembering that we are part of nature itself, never separate from her, but carried and connected within the current of life.

**Michèle Anne Barocchi, Ph.D.** holds a Ph.D. in Infectious Diseases and Immunity from the University of California, Berkeley. Her career began in Brazil, where she worked on urban slum health projects in collaboration with the Ministry of Health and Fiocruz. Following this, she spent several years at a small biotech company before joining Novartis. During her 15-year tenure at Novartis, she served as Group Leader of Molecular Epidemiology and discovered a key biomarker of immunity related to pneumococcal pneumonia. Currently, she is the President and co-founder of the newly established MAPS USA affiliate, MAPS Italia. In addition to her scientific achievements, Michèle has extensive experience with master plants from Peru and Brazil, and integrative practices supporting individuals who have used entheogens. She has completed formal MAPS MDMA-Assisted Therapy training and several modules of the Ketamine Assisted Psychotherapy (KAP) training from Polaris Insight Center in San Francisco.



# Crunching the Numbers on Psychedelic Therapies

Cost, Coverage, and Access

**Elliot Marseille, DrPH, MPP**

*Director, Collaborative for the Economics  
of Psychedelics, UC Berkeley*

## **The Collaborative for the Economics of Psychedelics**

(CEP), based at UC Berkeley's School of Public Health, represents a groundbreaking initiative at the intersection of health economics and psychedelic medicine. Founded to address the critical gap between promising clinical trial results and real-world implementation, CEP brings together economists, clinicians, and policy researchers to generate the economic evidence needed to make psychedelic therapies accessible at scale. Our work spans from rigorous cost-effectiveness analyses that inform payer decisions to innovative implementation models for resource-constrained settings. By applying decades of experience in global health economics to this emerging field, we aim to ensure that the remarkable therapeutic potential demonstrated in clinical trials translates into equitable access for the millions who could benefit from these treatments. As the psychedelic medicine field rapidly evolves from research to clinical practice, economic analysis becomes not just helpful but essential for navigating questions of coverage, access, and sustainable implementation.

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**The psychedelic resurgence has reached** a critical juncture. While clinical trials demonstrate remarkable efficacy for MDMA and psilocybin-assisted therapies, among others, in treating conditions like PTSD and major depression, a fundamental question remains: Can these treatments become accessible to the millions who need them? The answer lies not just in regulatory approval, but in the economics that will determine whether insurers cover these therapies and healthcare systems adopt them at scale.

## The Economic Imperative

Mental health disorders represent the fifth leading cause of disability-adjusted life years globally, affecting over 10.7% of the world's population<sup>1</sup>. Depression represents about a third of this burden, as do anxiety disorders and post-traumatic stress disorder (PTSD), followed by alcohol and drug use disorders at 13.1 and 8.4%, respectively. The remaining 10% consists of bipolar disorder, schizophrenia, and eating disorders. In the United States 21.0% of adults live with mental illness, including 5.6% with serious mental health conditions<sup>2</sup>. PTSD affects over 12 million Americans, generating billions in direct medical costs and lost productivity annually<sup>3</sup>. Traditional treatments often fall short—nearly half of PTSD patients show no significant improvement with existing therapies, and dropout rates remain stubbornly high.

Against this backdrop of unmet need, psychedelic-assisted therapies offer transformative potential. Recent Phase 3 trials showed that 67% of patients receiving MDMA-assisted therapy no longer met PTSD criteria after treatment, compared to just 32% in the placebo group<sup>4</sup>. Yet without robust economic analysis, even the most effective treatments can languish in academic journals rather than reaching clinical practice.

This is where health economics becomes essential. Payers—whether government programs like Medicare and Medicaid, commercial insurers, or health systems in other countries—make coverage decisions based on value, not just efficacy. They need to know: What does it cost? How does it compare to existing treatments? What's the return on investment in terms of both health outcomes and dollars saved?

## Lessons from Ukraine

### A Test Case for Global Implementation

The ongoing conflict in Ukraine presents both a humanitarian crisis and an unprecedented opportunity to demonstrate the scalability and cost-effectiveness of psychedelic therapies. Our recent analysis at the Collaborative for the Economics of Psychedelics estimated that 6.4 million Ukrainians now suffer from severe PTSD—a staggering burden for a nation already stretched thin by war.

Our modeling suggests that MDMA-assisted therapy, adapted for the Ukrainian context with group therapy components to maximize efficiency, could save tens of thousands of lives while generating substantial economic benefits. Treating just 1,000 patients would cost approximately \$1.1 million but would prevent 20 deaths and yield 717 quality-adjusted life years (QALYs)—a metric that captures both length and quality of life. If Ukraine could treat half of all PTSD patients over a decade, the intervention could save 48,000 lives while generating \$5.6 billion in societal savings through reduced healthcare costs and improved productivity<sup>5</sup>.

Crucially, the Ukrainian model demonstrates how psychedelic therapies might be adapted for resource-constrained settings. Rather than the intensive two-therapist model typically used in U.S. trials, group therapy protocols could reduce per-patient costs while maintaining efficacy. This has profound implications not just for Ukraine, but for low- and middle-income countries worldwide where mental health resources are scarce but trauma is abundant. This applies to the United States too, where the scarcity of appropriately trained clinicians would be a major bottleneck limiting access.

The Ukrainian government has already begun laying groundwork, with the Multidisciplinary Association for Psychedelic Studies training nearly 60 Ukrainian therapists in MDMA protocols this past spring. This represents more than humanitarian aid—it's a real-world laboratory for understanding how psychedelic therapies can be implemented at population scale under challenging conditions.

## The U.S. Payer Perspective

### From Cost to Value

In the United States, our economic analyses paint an encouraging picture for payer adoption. Using data from Phase 3 trials, we found that MDMA-assisted therapy for severe PTSD is not just cost-effective but potentially cost-saving from a payer's perspective. Over a 10-year horizon, the therapy could save the healthcare system approximately \$47,000 per patient while delivering 2.1 additional QALYs—a remarkable return on investment by any standard<sup>6</sup>.

The key drivers of these savings are reduced emergency department visits, fewer hospitalizations, decreased need for ongoing psychiatric care, and lower rates of treatment for other co-morbid conditions. When patients achieve remission from PTSD, the benefits rip-

ple through the healthcare system. From the broader perspective of society at large, benefits are even greater since our analysis didn't account for other effects such as increased productivity as people are able return to work.

For commercial insurers and state Medicaid programs, the calculus involves balancing upfront costs against long-term savings. At an estimated \$11,000-\$15,000 per treatment course, MDMA-assisted therapy requires significant initial investment. Yet when compared to the lifetime costs of untreated severe PTSD—often exceeding \$500,000 per patient—the economic case becomes compelling.

## The Critical Need for Real-World Evidence

As we move from clinical trials to clinical practice, the need for standardized, real-world data collection becomes paramount. The controlled environment of trials, with carefully selected patients and highly trained therapists, may not reflect the messiness of actual healthcare delivery. We need to know: How well do these therapies work in community settings? What's the optimal therapist training protocol? How do outcomes vary across different populations and settings?

This is why establishing uniform data collection standards now, before widespread rollout, is crucial. Every patient treated represents an opportunity to refine our understanding of both clinical effectiveness and economic value. Key metrics should include not just symptom reduction but functional improvement, healthcare utilization, work productivity, and quality-of-life measures. The latter can include positive measures of flourishing beyond the mere reduction of symptoms.

The Collaborative for the Economics of Psychedelics has been working to develop these frameworks, drawing on decades of experience in global health economics. We're advocating for registry systems that can track patients longitudinally, capturing both benefits and any adverse effects that emerge over time. This real-world evidence will be essential for securing broader payer coverage and optimizing treatment protocols.

## Equity and Access

### The Ultimate Goal

Perhaps the most important economic question is not whether psychedelic therapies are cost-effective, but

how to ensure equitable access. Without deliberate planning, these treatments risk becoming boutique therapies for the affluent rather than transformative public health interventions.

Group therapy models, being explored both in the United States and abroad, offer one pathway to democratizing access<sup>7</sup>. Training programs that credential a diverse workforce of therapists—not just psychiatrists and psychologists but social workers, counselors, and peer support specialists—could help meet demand while controlling costs. Innovative payment models, such as outcomes-based contracts where manufacturers share risk with payers, might accelerate adoption.

The economics of psychedelics ultimately serves a larger purpose: turning scientific breakthroughs into accessible treatments for those who need them most. Whether it's a veteran in rural America, a conflict survivor in Ukraine, or anyone struggling with treatment-resistant mental illness, the goal remains the same—ensuring that ability to pay doesn't determine access to healing.

## Frontiers of Psychedelic Therapy

### An Expanding Economic Horizon

While MDMA for PTSD has captured headlines, it represents just the beginning of psychedelic medicine's economic potential. Across the spectrum of mental health and behavioral disorders, emerging therapies show promise that could fundamentally reshape healthcare economics.

Consider ibogaine for opioid use disorder. Early studies suggest that a single ibogaine treatment could interrupt addiction patterns that typically require months of conventional medication-assisted treatment<sup>8</sup>. For traumatic brain injury, affecting millions of veterans and civilians, preliminary research indicates ibogaine might offer neuroprotective benefits where conventional treatments have failed<sup>9</sup>. The economic implications are staggering: if even partially effective, these interventions could save thousands of lives while reducing the enormous burden on emergency departments, criminal justice systems, and families.

Psilocybin-assisted therapy presents similarly compelling economics across multiple indications. For tobacco cessation, where traditional quit rates hover around 15-30%, early trials show success rates exceeding 80% at six months<sup>10,11</sup>. Given that smoking still kills more

than 480,000 Americans annually and smoking costs the U.S. over \$600 billion annually, even modest improvements in cessation rates could generate billions in savings<sup>12</sup>. Alcohol use disorder affects over 29.5 million Americans and costs society about \$249 billion yearly<sup>13</sup>. Thus, psilocybin's ability to reduce heavy drinking days and promote abstinence could transform both individual lives and public health budgets<sup>14</sup>. Our team at CEP is modeling these scenarios, and preliminary analyses suggest cost-effectiveness ratios that would make these treatments attractive to even the most conservative payers.

The therapeutic landscape extends further still. LSD for generalized anxiety disorder, affecting 6.8 million American adults, could offer relief where SSRIs and benzodiazepines often fall short. DMT for treatment-resistant depression—a condition affecting millions who have exhausted conventional options—might provide rapid relief similar to ketamine but with potentially longer-lasting effects. Each of these indications represents not just clinical opportunity but economic necessity. The cumulative burden of mental health and substance use disorders exceeds \$1 trillion annually in the United States alone when accounting for healthcare costs, lost productivity, and premature mortality.

What makes these therapies particularly compelling from an economic standpoint is their potential for durable responses after limited treatment courses. Unlike traditional psychiatric medications requiring daily dosing for years or decades, psychedelic-assisted therapies typically involve just a few sessions. This fundamental difference in treatment architecture could revolutionize mental healthcare economics—shifting from chronic disease management to potential long-term remission or (dare we say it?) cure.

Of course, the evidence base varies considerably across these applications. While MDMA for PTSD and psilocybin for depression have advanced to Phase 3 trials, other indications remain in earlier stages of investigation. Yet the consistency of positive signals across diverse conditions and compounds suggests we're observing a genuine therapeutic class effect rather than isolated successes. For health economists, this presents both opportunity and challenge: how to model the potential impact of therapies that might fundamentally alter disease trajectories in ways our current frameworks struggle to capture.

## The Path Forward

As the field advances, economic analysis will play an increasingly central role in shaping the psychedelic therapy landscape. The expanding pipeline of psychedelic therapies—from established compounds like MDMA and psilocybin to emerging treatments with ibogaine, LSD, and DMT—demands sophisticated economic modeling that can capture both immediate costs and long-term societal benefits. The work being done now—developing cost-effectiveness models, analyzing payer perspectives, designing equitable access frameworks—lays the foundation for a future where these treatments are not exotic experiments but standard care options.

The recent FDA setback for MDMA-assisted therapy, while disappointing, provides an opportunity to strengthen the economic evidence base. Additional trials, if designed with economic endpoints in mind, could address payer concerns while generating the real-world evidence needed for broad implementation.

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Perhaps the most important economic question is not whether psychedelic therapies are cost-effective, but how to ensure equitable access.

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The promise of psychedelic therapies extends beyond individual healing to societal transformation. By demonstrating their economic value—not just their clinical efficacy—we can build the case for the infrastructure, training, and coverage policies needed to realize this potential. The numbers tell a compelling story: these therapies can save lives, reduce suffering, and generate economic value. Our task now is to ensure that story reaches the decision-makers who hold the keys to access.

The emergence of psychedelic-assisted therapies represents a rare opportunity to fundamentally improve mental healthcare while potentially reducing its economic burden. Through rigorous economic analysis, thoughtful implementation strategies, and commitment to equity, we can help ensure these treatments fulfill their transformative promise—not just for some, but for all who need them.

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# The Indigenous Medicine Conservation Fund at Psychedelic Science 2025

Tanya Kammonen, ND

**“I have a question,”** said Lucy Benally, the soft murmur of simultaneous interpretation accompanying her voice. “We’ve gone to MAPS, we’ve gone to the Parliament of the World’s Religions, we’ve put in all this effort to share our messages. What have the results been? Is it making any difference?”

Lucy is Diné from what is now Arizona, and still speaks in her original Navajo language with her family. She is a founding Board and Conservation Committee member of the Indigenous Medicine Conservation Fund (IMC Fund), and was asking the question with genuine curiosity at an historic in-person meeting we held in September.

The most significant result from that meeting was that the IMC Fund Conservation Committee—an international group of Indigenous and Traditional community representatives—converted into the official Board of Directors, updating the bylaws to ensure that current and future Boards be made up of 100% Indigenous and Traditional Peoples. The IMC Fund plays a key role in the intersection of the psychedelic movement with Indigenous spiritual medicines, and this decision is profound as we continue in our leadership position in these spaces.

At this year’s Psychedelic Science 2025, we were proud to be in this leadership position, supporting a delegation of almost 50 people to attend, curating two full days of the Plant Medicine track, sharing an engaging workshop titled “Plant Medicines, Indigenous Healing Traditions, and Right Relationship,” and participating in several Keynote presentations.

Our presence at PS2025 culminated in the reading of our Second Declaration<sup>1</sup> from the IMC Fund and Partners to the Psychedelic Field. The Declaration itself is one of our most tangible results, in response to Lucy’s question. It is a collective statement from multiple Indigenous representatives in response to the growing pressures from the psychedelic movement.

This second declaration was predated by the first, which came out of the IMC Fund’s participation in PS2023. That first version of the declaration was developed after the conference, and Mona Polacca, of Havasupai, Hopi,

<sup>1</sup> Declarations are non-legally binding instruments that call attention to imbalances of power between stakeholder groups. Much of the work of the IMC Fund is aligned with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), a major international tool adopted in 2007 by 144 countries and translated into national laws around the globe.



and Tewa tribal lineage, and another IMC Fund Board member, read it later that year at Horizons Portland to a long standing ovation. That was a hopeful reception, and inspired our commitment to update it as part of our participation in PS2025.

## Rights-Based Listening

Rights are a great entry point to understanding, and much of what is in our Declarations is based on rights. A rights-based framework for engagement is ethical; it allows for stakeholders across multiple power balances or imbalances to engage based on explicitly expressed grounds, often by the disadvantaged side or sides. This works for people who are already willing to listen.

There are people who are already open and willing to listen to the messages that Indigenous Peoples share, regardless of the form or tone. There are other people who are more pre-curious or reserved, perhaps having experienced profound benefit from Indigenous spiritual medicines, but who don't really feel any sense of duty because of that.

"We are Indigenous peoples precisely because of our culture," shared Daiara Tukano, of the Amazonian

Tukano people, during a panel on International Legal Frameworks at PS2025. "So the first struggle was for the recognition of the right to have a different culture, since our cultures were persecuted and denied."

Christine Diindiisi McCleave, of the Ashinaabe (Ojibwe) Nation, complemented, "When people talk about colonization as something of the past, as if we are in the post-colonial era—no, we are not. Colonization is still happening. And it's not only about land, it's about resources. And now it is our sacred cultural heritage that is being colonized." There is an experience of ongoing rights violations from a movement that is supposed to be about healing for all.

When there is a longstanding history of fighting for the recognition of rights, and ongoing violation of those rights, as is the case with Indigenous and Traditional Peoples around the globe, it can be exhausting to continually insist that those rights be respected. At the same time, it is heartbreaking to see sacred practices and spiritual medicines used in ways that they're not meant to be used.

Raine Piyāko, from the Brazilian Ashaninka people, said in a panel on Right Relationship at PS2025, "With respect, I ask for the recognition of the knowledge of our peoples. That we be listened to not only for our words, but also for our medicines."

## Curiosity and Humility-Based Listening

A supporter recently shared with us about their own healing process, where they reached a point that had a similar energy to Lucy's question. They had been participating in Ayahuasca retreats for a number of years with a group of skilled, Shipibo-trained westerners. "In the beginning, it did not occur to me to ask more; I was deep in the throes of my own healing, and it was working; I was grateful for it in the form it took," they shared. "I don't think I would have been particularly capable of appreciating other peoples' rights to things, especially if I perceived it would have interfered with my own self-determined right to healing."

But at a certain point, a bigger question emerged:

***"Where does this medicine really come from?"***

That question led them into a much deeper process. It's natural for people, at a certain point in healing or transformation, to turn outside and ask how they can be of service. In western society, healing institutions are a natural place to turn, and one of the dangers of the medicalization of psychedelics is the rapid forming of 'psychedelic clinicians,' who, for valid reasons, seek known avenues to support others.

This person tried that first. "I was helping others to unpack their experiences—to integrate them, but I was left with this experience of futility, like if I help someone fit their experience back into a broken system, of what service am I really being? Is this really the way this medicine is supposed to be used?"

It takes real curiosity and humility to lend the kind of listening that Indigenous cultures and spiritual medicine practices require. "The Lakota way of life comes from stories, everything is connected," shared Sandor Iron Rope, of the Tetonwan Lakota Oyate, in the IMC Fund's full-day workshop at PS2025. "The worldview comes from nature, and that is the history of our ancestors. Here in the stories are virtues, respect, prayer, humility, courage, wisdom, but the fundamental thing is kinship, that is what establishes the relationship and above all the responsibility in that relationship, a bond created by our mother earth, a responsibility that we create from day one."

That curiosity and humility based engagement requires more from us. It paves a way for a rights-based framework, but in and of itself curiosity and humility are not ethical bases. Ought we to be humble? Sure. But can we really be humble and curious, recognizing that the Indigenous representatives willing to take the time and make the effort to get on a stage and share from their deeply-rooted places of knowledge actually know what they are talking about?

To learn more about IMC Fund's work or to make a donation, follow them on IG @imcfund, and visit <https://imc.fund>, or email [info@imc.fund](mailto:info@imc.fund).



When Lucy asked if it's making any difference, the incredible time and energy expenditure to travel to international venues and share perspectives, requests, and demands with primarily non-Indigenous audiences, there were a few responses from other team members.

One is that the first Declaration received a lengthy standing ovation in 2023, indicating that there are many people willing to listen.

Two is that MAPS itself provided us with Keynote space to share the updated Second Declaration at PS2025, in addition to giving us full curatorial power over two days of the Plant Medicine track and paying for our whole delegation's expenses to travel to Denver, indicating that the main social force behind the psychedelic movement is willing to reflect and respond to feedback.

Three is that Colorado, where the Natural Medicine Health Act is allowing legal access to Indigenous and psychedelic medicines in clinical settings, is engaging in deep consultative processes, setting an

example for other states looking to move forward with clinical trials and treatments.

Four is more ambiguous. Yes, we're getting these voices out there. Yes, some people are listening. But in terms of real change at the level needed for the psychedelic movement to not replicate colonial harms, we can't say we're there yet. One person can have an incredible ripple effect within their own communities, and while in the face of the current social, political, and global crises it is incredibly difficult to put other people's needs before our own, it is still possible to open ourselves and truly listen. And while the capitalist system likes to place blame on individual end-level users—if I don't cut up these six-pack holders I might personally be responsible for millions of ducks dying in the wild, while mega-industries can just go on polluting and "offset" it with a handful of carbon credits—this isn't a blaming stance. This is an invitation to get behind the medicine, to understand where it comes from and who has stewarded it up until now, despite

incomprehensible pressures, and to understand what those people are doing, and asking for, for the ongoing protection of Indigenous spiritual medicine cultures.

So we invite a similar curiosity as you read the Second Declaration from the IMC Fund and Partners to the Psychedelic Field. Yes, it's based in rights, but it's also based in millenary spiritual knowledge that has been passed down generation to generation. It's based in deep lived experience, in sophisticated understanding and analysis, and relational and collective wisdom that we must pay attention to if we want the psychedelic movement to have the wide-reaching and transformative healing it is capable of.

"We invite you into a relationship of true diplomacy, rooted in loyalty and respect, between us as human beings and the sacred medicine," shared Chief Nixiwaká Yawanawá of the Yawanawá people in Brazil, in a panel on Ayahuasca and globalization. "Only then can we begin to walk a path forward together."



**Tanya Kammonen, ND** is a Senior Communications Advisor with the Indigenous Medicine Conservation Fund. The IMC Fund works toward a thriving future for Indigenous Peoples, their medicines and knowledges, for generations to come.





## Second Declaration by the Indigenous Medicine Conservation Fund Delegation to the Psychedelic Field

(Denver, Colorado)

**In June 2025, Indigenous delegates** from six biocultures attended the MAPS Psychedelic Science conference. Among us we had members of the Tetonwan Lakota, Shipibo-Konibo, Dine, Quechua, Mpongwe, Bwiti Nganga, Tukano, Mazateco, Inga, Ayuuk-Binizá, Noke Koi, Asheninka, Anishinaabe, Embera, and Yawanawa Peoples, as well as non-Indigenous allies.

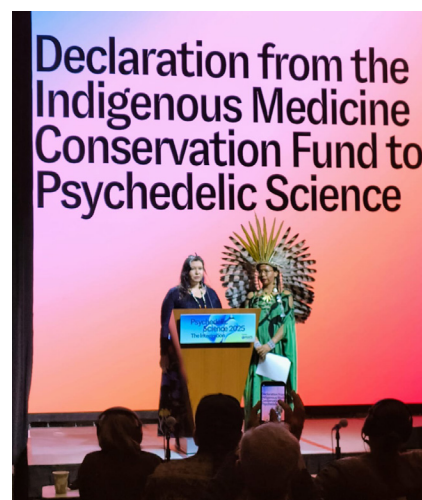
We are the heritage holders of our spiritual Indigenous medicines and ancestral rituals that are central to the cultural well-being of our peoples. We are members of communities that have ancestral relationships to Peyote, Iboga, Mushrooms, Toad, Huachuma, and Ayahuasca, but do not represent them as a whole. Each of us works to ensure the biocultural conservation of our medicines.

We belong to Peoples who are the guardians of the ancestral homelands where the medicines grow, and our elders are the repositories of the immaterial knowledge that guarantees culturally informed, safe practices and healing. Our diverse delegation holds accountability to each of our communities; for this reason, we made the effort to be here and share our voices.

This is our second declaration, and we continue to be very concerned about the rapidly evolving psychedelic field, the 'de-sacred-izing' of the sacred, the repeated patterns of seeking fast routes to healing, and the transactional and profit-driven nature which is resulting in direct and unintended negative consequences for our communities, biocultures, and medicines.

We have been safeguarding biodiversity since time immemorial, generation after generation, towards a common good of all living beings, yet our communities continue to suffer from social and economic inequality, injustice, loss of lands, war, assassinations of leaders, and the extraction of our heritage. Although recognition for Indigenous rights exists, the lack of implementation has brought us to a critical point, where life for our Peoples and the planet is at risk.

We recognize the deep need for healing the mental, spiritual, and physical health of humans at this time, and it is with this recognition and love for humanity that we participated in Psychedelic Science. Despite our skepticism, we share our concerns and recommendations.



<sup>1</sup> Although there is no known record of ancestral medicine use of toad secretions among Indigenous Peoples, the Sonoran Desert toad is bioculturally important, and the cultural misappropriation as a psychedelic is causing great impacts in the animal and peoples.

## We, the IMC Fund delegation to PS2025, declare:

### 1. Indigenous protocols for the safe, responsible, and respectful use of these medicines have existed for millennia.

- Our territories, languages, cosmologies, governance, and agricultural and spiritual practices are essential elements of our existence and how we approach our mental, spiritual, and physical health. We call for awareness that the rising global interest in our medicines has unintended consequences that bring us harm.
- An Indigenous healer has a long learning process, which can last a lifetime. Not all Indigenous apprentices become healers: the decision rests with their community. We do not support quick training processes or so-called psychedelic certifications related to the use of these medicines.
- Healing is a collective process that involves the territory, the community, and lastly the individual.
- Our communities are in our own processes of healing, and we need our medicines first. We call on the psychedelic field to prioritize Indigenous access to our own medicines.

### 2. Our medicines and practices belong to cosmologies. Extracting them from their original contexts has great consequences.

- Consider that using our medicines outside of their Indigenous and spiritual contexts does not promote deep healing, and in some cases, it can even do more harm.
- We demand that the psychedelic field stop violating the rights of our people and nature.
- Healing begins by addressing the source of the disease, and modern society cannot be healed without addressing unsustainable consumption, unemployment, social inequality, the destruction of the tropical forest, pollution of the rivers, depletion of biodiversity, wars, indiscriminate extraction of limited resources, and the privilege of a few over the majority.

### 3. Pathways for respectful interaction must be established.

- People interested in seeking healing from our medicines should also seek to understand their origins and the impacts of their use.
- A respectful interaction with communities goes through recognized local government systems.
- Communities have the right not to share, to keep their knowledge secret, and to use it only locally. Our sharing nature has been taken advantage of by scientific, political, and civil society sectors that exercise colonial practices, like cultural appropriation, bio-prospecting, and bio-piracy.
- Any research that includes our medicines must be participatory and for the benefit of the communities. Indigenous knowledge keepers must be included in decision-making, debates, and conversations.

### 4. Any initiative driven by profit will be extractive and destructive for Indigenous peoples and their territories.

- Over-harvesting and exploitation to meet commercial demand undermine medicine sustainability, cause scarcity, and in some cases, lead to extinction. This results in rising medicine prices and decreased access for Indigenous Peoples. We call for reducing harm by reducing consumption.

### 5. Policy that impacts Indigenous spiritual medicines must respect all Indigenous Rights.

- We insist on the establishment of frameworks and protection systems based on Indigenous rights and full implementation of Free, Prior, and Informed Consent (FPIC) as it pertains to the use of these medicines following the United Nations Rights of Indigenous Peoples and Biodiversity Protocols.
- FPIC must also be sought and granted for: research initiatives, the use of intellectual property law, business initiatives aimed at commercializing sacred medicines, and activities leading to appropriation.

- FPIC is a complex process, and in most cases concerning our medicines, consent has not been given.
- When presenting new legislation on psychedelics, consider the indirect and direct impacts that will be produced in our communities where the medicines come from. The Intellectual Property of an Indigenous People is collectively owned. It cannot be understood from the perspective of individual or small group ownership within a nation or region.
- We call for working with Indigenous advisory boards and councils, who can guide the development of any new legislation.

## 6. Exercise discernment in areas of privilege when interacting with Indigenous communities.

- Be mindful that the Western and capitalist exchange/framework does not set an equal base for conversations.
- We invite true listening and examination of hidden motives or dynamics like saviourism, charity, power, folklorization, and romanticization.
- Realize that going into territories with economic motives can cause divisions, disruption, and harm.

Ultimately, this declaration calls upon all of us to reflect on our roles as stewards of the planet, as individuals and collectivities. It implores us to take collective responsibility and act in ways that honor and protect the ancestral knowledge passed down through generations. We can be the ancestors our future generations need to inherit a world where existence truly flourishes.

Together, we can embark on this transformative journey, guided by the wisdom of those who have been guardians of the land, the medicines, and the ancestral teachings for millennia.

## Glossary of Terms

### a. Cultural Appropriation

The adoption or use of elements of one culture by members of another—often dominant—culture, especially without understanding, respect, or permission.

### b. Cultural Misappropriation

A harmful or exploitative form of cultural appropriation where sacred, traditional, or identity-linked practices are taken out of context, inventing or naming an element sacred, indigenous, or folkloric in order to be commercialized.

### c. Free, Prior, and Informed Consent (FPIC)

The right of Indigenous peoples to give or withhold consent to a project or activity that may affect their lands, resources, or cultural heritage, based on full information, without coercion, and before any action begins. Right recognized in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

### d. Bio-prospecting

The exploration of biodiversity for new biological resources—such as plants, compounds, or genes—with potential commercial value, often in medicine or agriculture.

### e. Bio-piracy

The unethical or unauthorized extraction and use of biological materials or traditional knowledge—especially from Indigenous communities—without compensation or consent.

### f. Intellectual Property (IP)

Legal rights that protect creations of the mind—such as inventions, artistic works, or cultural expressions—and determine how they can be used or shared.

### g. Biocultural Conservation

An approach to protecting biodiversity and cultural diversity together, recognizing that ecosystems and Indigenous or local knowledge systems are deeply interconnected.

# Introducing Porta Sophia's Chemical Structure Search Tool

Jeremy Rolquin

**At Porta Sophia, our mission** is to support a future for psychedelic medicine grounded in ethical and evidence-based innovation. As interest in psychedelics continues to grow, so does the number of patent applications covering psychedelic compounds. But many of these filings make sweeping or overly broad claims, sometimes attempting to patent substances that have already been studied, synthesized, or even used in [Indigenous](#), traditional or cultural contexts.

That's where Porta Sophia comes in. As a non-profit dedicated to protecting the public domain and supporting responsible innovation, Porta Sophia curates an extensive library of prior art—everything from published scientific research to historical and cultural knowledge related to psychedelics. Our goal is to make this knowledge accessible to the public, including the researchers and professionals shaping the future of psychedelic intellectual property.

## Why Patent Quality Matters

Patents are meant to protect genuine innovation. But when a patent is granted for something that isn't truly new, it can block researchers and clinicians from building on established knowledge. In the world of psychedelics, this can delay therapeutic development, limit access, and even lead to legal battles over rights that never should have been granted.

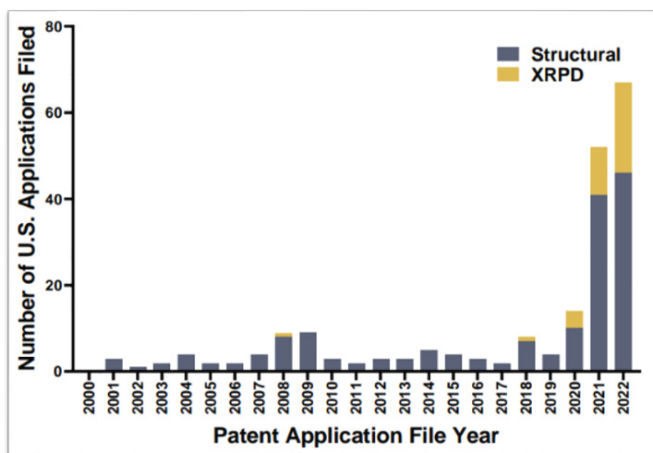
We've seen time and again how hard it is to assess novelty in psychedelic patents, especially when much of the prior art isn't published in traditional scientific formats. That's why we've built a tool to help.

## The Rise of Chemical Structure Claims

In recent years, we've seen a dramatic rise in psychedelic patent applications that use chemical structure claims, particularly Markush structures, to describe broad families of compounds.

Markush claims allow applicants to define a class or “genus” of compounds by substituting variables on a core chemical scaffold with a wide range of functional groups. In theory, this helps inventors claim a useful range of potential innovations. In practice, it’s increasingly used to cover potentially millions of theoretical compounds, many of which are already known or obvious variants.

Our research tracking psychedelic patents shows the alarming trend that between 2016 and 2022, there was a 1,433% increase in applications focusing on chemical structures.



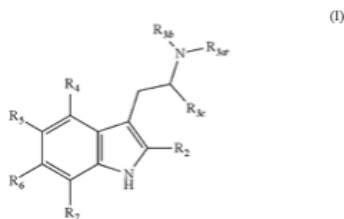
To make it relatable: imagine someone trying to patent clothing by claiming, “a wearable item composed of any fabric, in any shape, with any number of sleeves, zippers, or buttons, designed to cover any part of the body.” Instead of patenting one specific garment, they’re trying to claim every possible piece of clothing, from t-shirts to trench coats, just by listing all the interchangeable parts.

That’s essentially what’s happening with many psychedelic patents using chemical structure claims. By swapping in different chemical “accessories”, like functional groups or ring substitutions, applicants can construct a claim that appears specific, but actually tries to cover an enormous class of compounds, including ones that are already known.

This is known in patent law as the genus-species problem, where a patent tries to protect a genus (like all clothing) without specifically enabling each species (individual garment types). When applied to psychedelics, these claims often try to capture core compounds like psilocybin, mescaline, or 5-MeO-DMT under the guise of obscure or overly technical language.

The result? Some patents may effectively claim large swaths of known psychedelics, cloaked in chemistry language that’s difficult for examiners, or even experts, to untangle. These overly broad or vague claims can block access, hinder research, and reduce the quality of the innovation ecosystem.

1. A chemical compound or a salt thereof having a formula (I):



wherein, at least two of  $R_2$ ,  $R_4$ ,  $R_5$ ,  $R_6$ , or  $R_7$  are substituents independently selected from at least two of (i) a halogen atom, (ii) a hydroxy group, (iii) a nitro group, (iv) a glycosyloxy group, (v) an amino group or an N-substituted amino group, (vi) a carboxyl group or a carboxylic acid derivative, (vii) an aldehyde or a ketone group, (viii) a prenyl group, and (ix) a nitrile group, and wherein each non-substituted  $R_2$ ,  $R_5$ ,  $R_6$ , or  $R_7$  is a hydrogen atom and when  $R_4$  is not substituted with any of the foregoing substituents,  $R_4$  is a hydrogen atom, an O-alkyl group, an O-acyl group, or a phosphate group, and wherein  $R_{3a}$  and  $R_{3b}$  are each independently a hydrogen atom, an alkyl group, a cycloalkyl group, an acyl group, or an aryl group, and  $R_{3c}$  is a hydrogen atom or a carboxyl group.

This growing pattern is one of the key reasons we built a new tool, to bring clarity, accuracy, and integrity to the psychedelic patent landscape.

## How Broad Can These Claims Get?

Here is an example, in a patent application ([US20250025483](#)) published on January 23, 2025, a single claim describes a chemical compound (or salt thereof) featuring a substituted tryptamine scaffold (Structure I). The compound allows for extensive variation across both the indole ring and the amine side chain, significantly broadening the scope of coverage.

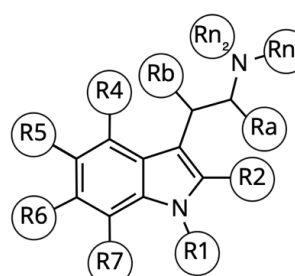
Even using a conservative count, treating each broad functional group class as one option, almost 5 million unique compounds are potentially covered. That number stems from the 99,954 possible substitution patterns across the ring, multiplied by 50 variations on the side chain.

By providing open access to this information, we aim to improve transparency, raise the standard for patent quality, and support more ethical innovation in the psychedelic field.

porta sophia

### Chemical Structure Patent and Prior Art Search Tool

**Tryptamine Chemical Structure**



?

**Substituents**

**R Group: None Selected**  
Select an R-Group in the chemical structure

Clear RGroup Substituents

Clear All Substituents

**Filters**

**R1**  
• No filter applied

**R2**  
• No filter applied

**R4**  
• No filter applied

**R5**  
• No filter applied

**R6**  
• No filter applied

**R7**  
• No filter applied

**Ra**  
• No filter applied

**Rb**  
• No filter applied

To put that in perspective:

If each compound represented just one minute, reviewing them all would take nearly 9.5 years, nonstop, without sleeping.

This kind of structure-based claim highlights how applicants can use Markush language to cover vast chemical territory with a single compound definition, potentially encompassing natural products, known psychedelics, and a wide range of theoretical analogs under one umbrella. When a claim attempts to cover millions of compounds without sufficient examples or guidance, it also raises serious concerns about whether the invention is truly enabled under patent law. In response, Porta Sophia filed a [Third-Party Submission](#) against this application on March 20, 2025, to challenge the patentability of its claims.

## Enablement and Undue Experimentation

Enablement refers to the legal requirement that a patent must clearly teach someone skilled in the art how to make and use the full scope of the claimed invention without undue experimentation. In practice, whether experimentation is “undue” depends on factors like how much trial and error is required, how much guidance the patent provides, whether working examples are included, and how predictable the technology is.

For example, consider a chemistry Markush claim that describes a tryptamine scaffold with five positions, each independently substitutable with one of ten broad functional group categories. If the claim covers millions of possible compounds, but the patent only discloses a handful of examples with limited instructions, a chemist would need to spend significant time and resources to figure out how to make or test the rest. That level of guesswork may render the claim not enabled under patent law.

In such cases, overly broad claims without adequate support can be invalidated or rejected for failing to meet the enablement requirement.

This growing pattern of broad, under-supported claiming is one of the key reasons we built a new tool, to bring clarity, accuracy, and integrity to the psychedelic patent landscape.

You can read more about the enablement requirement in the [USPTO's Manual of Patent Examining Procedure, § 2164](#).

## Introducing the Chemical Structure Search Tool

Porta Sophia's new Chemical Structure Search Tool is designed to make psychedelic patent research faster, easier, and more precise. [Launched in March](#), it enables users to search chemical structures, including specific functional groups, substitutions, and related features, across a curated database of psychedelic-related patents and applications.

This is the only freely available tool that supports individualized substitution searching, allowing users to explore structural analogs and instantly identify whether similar compounds have already been dis-

closed. This capability is especially valuable for evaluating novelty, refining patent claims, and spotting potential overlap with existing filings.

The tool is powered by Porta Sophia's rigorously curated prior art library, with each structure carefully mapped and indexed to deliver relevant, high-quality search results.

The tool is also designed to support the wider innovation ecosystem:

- Researchers can use it in early-stage discovery to steer clear of previously claimed compounds and focus on truly novel work.
- Patent professionals can draft stronger, more defensible claims and reduce the risk of invalidation.
- Examiners gain a clearer view of existing disclosures when assessing novelty and non-obviousness.
- Investors and due diligence teams can evaluate IP strength, uncover red flags, and better understand the competitive landscape.

By providing open access to this information, we aim to improve transparency, raise the standard for patent quality, and support more ethical innovation in the psychedelic field.

You can read more about our collaborations on our [press release page](#).

## Try the Tool and Share Your Feedback

The Chemical Structure Search Tool is available for free on our website, and we're actively collecting feedback from users to improve it. The tool currently supports tryptamine derivatives, and we're working to expand it to include additional core structures, such as those related to MDMA, phenethylamines, ibogaine, and ergoline analogs. If there are specific scaffolds you'd like to see prioritized, we'd love to hear from you.

Whether you're involved in IP, research, investment, or policy, this is a resource built to help you navigate an increasingly complex landscape with confidence.

[Try the tool now](#)  
[Share your feedback](#)

As the psychedelic field continues to evolve, we're committed to ensuring that innovation is strong, ethical, and transparent. Thank you for being a part of that mission.

– The Porta Sophia Team

**Jeremy Rolquin** is the Chemistry Patent and Data Analyst at Porta Sophia, a nonprofit dedicated to protecting the psychedelic public domain. He leads chemical structure analysis efforts to identify overlapping or overly broad patent claims and supports the development of the Chemical Structure Search Tool, a free resource that enables structure-based prior art searches. Jeremy works at the intersection of chemistry, data, and IP strategy, helping researchers and legal professionals navigate complex psychedelic patent filings. His work focuses on improving transparency in psychedelic innovation by highlighting unclaimed knowledge and safeguarding access to shared scientific heritage. Prior to joining Porta Sophia, Jeremy worked in early-stage biotech and academic research, where he focused on molecular modeling and compound screening.



\*Porta Sophia has no conflicts of interest to disclose. A full list of our current funders and contributors is available at [portasophia.org/contributors](https://portasophia.org/contributors)\*

# Psychedelic Lived Experiences

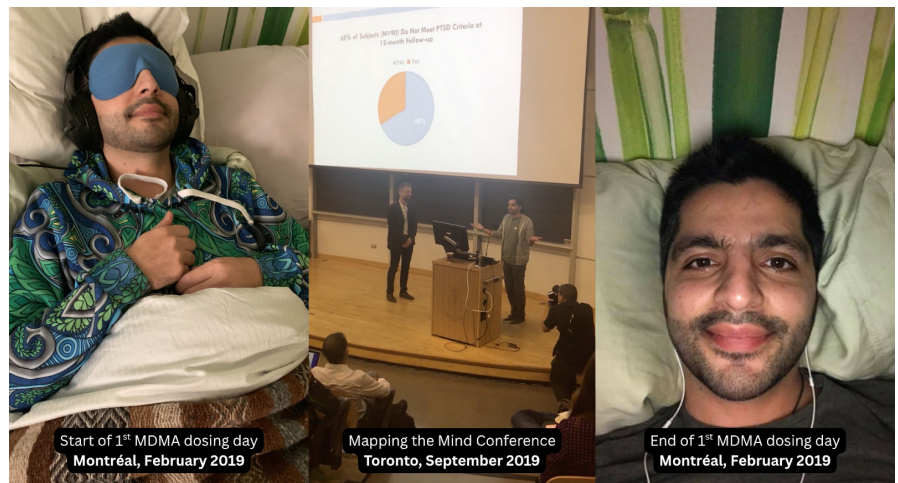
The Missing Expertise in Psychedelic Care  
*Why participants should be co-authors of research, training, and care, not just subjects of study*

Pedram Dara

**I enrolled as a participant** in the Phase 2 clinical trial for MDMA-assisted therapy for PTSD in late 2018. By my two-month follow-up in the summer of 2019, psychedelics had gone from fringe to front page.

Given that I had a mostly favorable experience with the treatment, like most early trial participants, I wanted to share it so others could find the hope I had once needed.

A few months later, and exacerbated by the impact of the pandemic, I had my first major relapse. Without access to any further integration or peer support, I found myself in an isolating situation where I needed more help than was available. I wanted to connect with other trial participants so badly, but I didn't know anyone. That's the nature of clinical research, where participants are left to their own devices.



I struggled for months. Thanks to my wife, a few friends, and others who went out of their way, I got back up again. But I suffered needlessly. There was no after-care infrastructure. It felt like getting surgery with no recovery plan.

Through my own post-treatment challenges, I realized the advocacy work I needed to do was not about expanding access; it was about improving how treatments are designed, delivered, and, most importantly, how they are ended.

And what better way to improve something than by getting direct feedback from those most impacted by it? I knew that from working in product management. In tech, the end users are the boss; their usage data drives priorities and continuous improvement.

When building software, ignoring users leads to churn—people stop using your product. In clinical research, it means losing people’s trust—and sometimes, their safety.

Yet when I found myself as a “user” in psychedelic research, I realized the people most affected by these treatments have been the least visible in shaping how they’re designed, delivered, evaluated, taught, or understood.

Patients’ lived experiences rarely appear in clinical research papers, training program curricula, or conference programs.

Meanwhile, mainstream healthcare fields like oncology, chronic pain, and behavioral health have integrated “patient partners,” peer support specialists, and “lived experience advisors” for decades.

Despite psychedelic medicine’s reputation as a revolution in empathy and transformation, its systems of au-

thority still privilege credentials and institutional power over those who have lived experience receiving psychedelic-assisted therapy.

What would psychedelic care look like if lived experience were recognized as legitimate expertise?

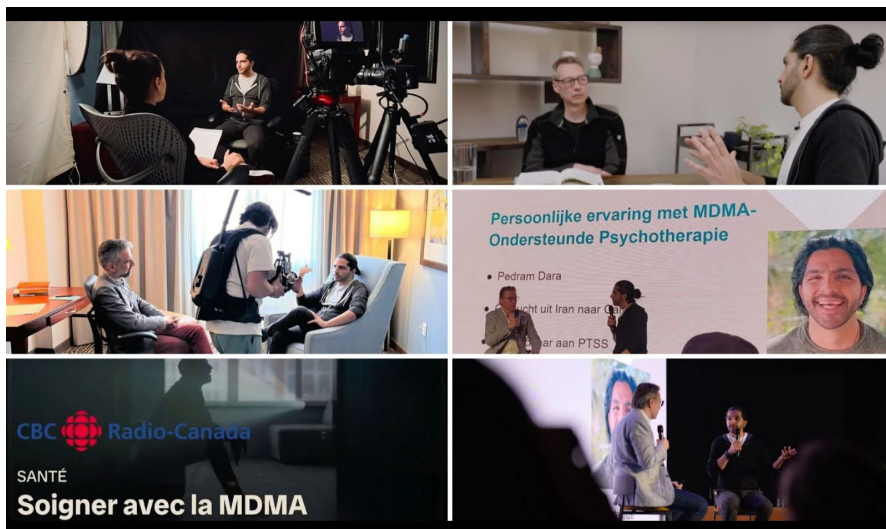
## How Psychedelic Science Defined Knowledge

From the 1950s to today, psychedelic research has defined legitimacy through biomedical frameworks. Credentials and measurable outcomes have the ultimate authority. Lived experience became “anecdotal,” meaning it is only useful for storytelling, not shaping evidence.

The so-called “psychedelic renaissance” amplified this bias: patient stories were welcomed as marketing, not as study methods, and complex healing arcs did not make headlines. Media outlets favored the statistically tidy, percentage improvements, and “breakthrough” labels over messy qualitative accounts of slow, non-linear recovery.

While books like *How to Change Your Mind* helped destigmatize psychedelics, they over-indexed on miracle narratives that create unrealistic expectations drawn from short-term outcomes measured during the early post-treatment “honeymoon phase,” before longer-term integration challenges often surface.

We need the rest of the dataset—what helped, what hurt, and what happened—to create a realistic understanding of what these treatments offer outside of the headlines. This narrative imbalance leaves both enthusiasm and critique unmoored from authentic and diverse participant experience.



## The Cost of Silence

When lived experience expertise is absent, you not only miss the emotional subjectivity, you miss the bugs in the system. Without structured pathways to share and interpret these stories, key lessons are lost and potential harms are ignored.

Healing trajectories are diverse: some people experience profound benefit, while others are left with confusion or distress. Yet public stories still pretend it’s one-size-fits-all.

Media cycles reward extremes, either miracles or disasters, flattening the complex and nuanced reality in between. Educational programs rarely train clinicians to treat lived experience as data, even though these stories could strengthen both safety and understanding of the therapeutic process.

The individuals who have actually undergone these treatments hold the most relevant insights grounded in lived reality, providing a fuller picture that data points and outside observers can only approximate. Yet, at best, their presence is tokenized, and, at worst, altogether missing from the tables where research, treatment, and policy decisions are made.

Even when the participants are present, their voices are often drowned out by professional and institutional authorities, limiting the influence of those most directly impacted by these treatments.

## Founding Psychedelic Lived Experiences

After years of advocacy and dialogue, it became clear that a bridge was missing between the realities of participants and institutional decision-making. I realized randomized clinical trials are excellent for pills—but they are clumsier with people.

On June 4, 2024, during the FDA’s advisory committee meeting on the Phase 3 trials of MDMA-assisted therapy for PTSD, I was given a three-minute slot to speak—not because anyone asked, but because I believed lived experience needed a voice in the room. My story and insights, along with my fellow trial participants, were visible but not valued. Quantitative data dominated. Human stories were absent.

The meeting aimed to assess benefits and risks, yet those who received the treatment had no dedicated seat at the table; the same three-minute slot opportunity was offered to anyone in the world with an opinion. There was no dedicated time or space on the agenda for actual trial participants to speak about their lived experiences.

That day, I wasn’t discouraged by the FDA’s decision so much as by realizing how little space our system gives to the human side of science. Data outweighed stories, and trial participants, the very “users” of these treatments, had no real voice. In tech, we’d call that a failure of user-centered design.



That same day, I decided to launch *Psychedelic Lived Experiences*, a patient-led initiative that seeks to turn lived experience from “subject of study” into “source of guidance.”

With the goal of bridging clinical science and lived expertise with nuance and wisdom, the first-ever virtual *Psychedelic Lived Experiences Summit* is taking place on November 21–23, 2025 for free. With a focus on knowledge exchange, community building, storytelling, and shared learning, this Summit is a global gathering of 50+ diverse patients, trial participants, seasoned clinicians, and researchers. It’s a space where individuals with firsthand experience can inform science and training from the inside out.

## Lessons for a More Mature Field

Psychedelic research, treatment, and policy must mature into a more collaborative model where evidence and experience are equal partners. Mainstream healthcare already offers blueprints, from Canada’s Patient-Oriented Research Networks to the UK’s National Institute for Health and Care Research, to demonstrate how embedding patients’ perspectives improves ethics and trust.

**To integrate psychedelics responsibly, we should:**

- Create formal roles for lived experience experts in clinical research, therapy practices and trainings, and policy-making institutions.
- Conduct and integrate qualitative data alongside quantitative data in a meaningful way.
- Establish continuous feedback loops and maintain long-term follow-up with the participants.

- Train clinicians and researchers to learn from participants, not just treat them.

This is not anti-science. It is better science, grounded in humility and real-world outcomes.

## From Evidence to Understanding



Psychedelic therapy is reshaping mental healthcare, but clinical expertise and data alone cannot capture all the layers of healing that lived experience reveals.

Those firsthand perspectives offer a kind of wisdom that bridges research and reality—if we let them. True progress depends on listening differently: people with lived and living experience should be co-authors, not just data points.

On that June day, I realized the work ahead was not only about access to the treatment but also access to the voices of those with lived experiences in the psychedelic-assisted therapy trials.

I am now committed to this mission to build a future where clinical excellence and lived wisdom coexist, where healing is measured not just by symptom reduction, but by the restoration of meaning and agency within a biopsychosocial model.

We don't need another psychedelic renaissance. We need a maturation, one grounded in humility, accountability, and lived experience.

**Pedram Dara** is a former MDMA-assisted therapy clinical trial participant and the founder and director of Psychedelic Lived Experiences, a patient-led initiative advancing lived experience expertise in psychedelic research, treatment, and policy. Since 2019, he has combined his 15+ years of experience producing media, building products, and connecting people across disciplines with a passionate commitment to patient safety and treatment efficacy. Pedram has shared his insights at major forums, including the European Parliament, the U.S. FDA, and international conferences such as Psychedelic Science, ICPR, and Breaking Convention. His story and expertise have been featured in documentaries, training programs, news media, and scientific journals, including Nature Medicine. He is pioneering a new model that bridges clinical science and lived expertise through training and empowering those with firsthand experience to shape research, practice, policy, education, ethics, and community healing, building a future informed by both evidence and experience in psychedelic care.



# Seeking Real-World Voices

## The Global Ibogaine Patient Survey

**Alan K. Davis, Ph.D.**  
**Stacey Armstrong, Ph.D.**

Center for Psychedelic Drug Research and Education  
*The Ohio State University*

**When we launched** the [Global Ibogaine Patient Survey](#) last April, we knew we were taking on something ambitious. As researchers at The Ohio State University's [Center for Psychedelic Drug Research and Education \(CP-DRE\)](#), we have spent years studying how psychedelics can help people heal. But with ibogaine, we recognized a unique challenge: while thousands of people worldwide have experienced this treatment, their voices have rarely been captured in a systematic way. That is what our survey aims to change.

### Why We Are Doing This

Let's be honest—there is a disconnect in ibogaine research. On one side, we have promising clinical studies showing ibogaine's potential for treating opioid use disorder, PTSD, and traumatic brain injury. On the other, we have approximately 10,000 people who have actually undergone ibogaine treatment, many traveling internationally to access it. Their experiences hold invaluable insights that traditional clinical trials might miss.

As someone who has published extensively on ibogaine's clinical applications (Alan), I have seen firsthand how patient experiences can illuminate aspects of treatment that controlled studies overlook. The psychedelic experience is not just about neurochemistry—it is about meaning-making, spiritual insights, and personal transformation. These subjective elements matter enormously for treatment outcomes, yet they are often relegated to footnotes in academic papers.

I have spoken with Veterans who describe ibogaine as the first treatment that allowed them to confront their trauma without being overwhelmed by it.

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The psychedelic  
renaissance is  
happening now,  
and patient voices  
must be at its  
center.

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I have heard from individuals with decades-long opioid dependencies who experienced not just physical relief from withdrawal, but a fundamental shift in their relationship to pain and suffering.

From my perspective as a trauma specialist (Stacey), understanding the full scope of patient experiences is crucial. Trauma does not exist in a vacuum—it intertwines with addiction, depression, and countless other challenges our patients face. When someone tells us ibogaine helped them process childhood trauma while simultaneously easing opioid withdrawal, that is data we need to capture and understand.

Traditional approaches to trauma often compartmentalize symptoms and conditions. But psychedelics like ibogaine seem to work more holistically, addressing multiple layers of suffering simultaneously. This is why gathering comprehensive patient reports is so vital—we need to understand not just what conditions improved, but how different aspects of healing interconnected during and after treatment.

## What We Hope to Contribute

This survey represents the first large-scale attempt to gather comprehensive, real-world data about ibogaine treatment outcomes. We are not just asking whether it "worked"—we are exploring the nuances: Where did people receive treatment? What were their acute experiences like? How did it affect their substance use patterns, mental health symptoms, and quality of life over time? What adverse events occurred?

By collecting this information from thousands of participants, we aim to:

- Establish evidence-based protocols for screening, administration, and aftercare
- Identify which conditions respond best to ibogaine treatment
- Understand safety concerns in real-world settings
- Document the role of set, setting, and integration in treatment outcomes
- Provide data that could influence policy decisions about ibogaine's regulatory status
- Create frameworks for culturally sensitive treatment approaches

The timing could not be more critical. With initiatives like the Texas Ibogaine Initiative gaining momentum and states reconsidering their approach to psychedelic medicines, policymakers need robust data to make informed decisions. Our survey will provide exactly that—real voices, real experiences, and real outcomes.

## CPDRE's Broader Mission

The ibogaine survey exemplifies what we are building at CPDRE. When we established the center at Ohio State, we envisioned a place where rigorous research meets community needs, where we could bridge the gap between academic inquiry and real-world application.

Our work extends far beyond ibogaine. We are conducting clinical trials on psychedelic-assisted therapy for depression, PTSD, and co-occurring conditions. Through our educational programs, we train the next generation of psychedelic researchers and clinicians and educate the public about psychedelic science and practice. Central to everything we do is making this field more inclusive and accessible.

Community engagement drives much of our work. We host public lectures, facilitate discussion groups, and collaborate with local organizations to ensure our research addresses real community needs. This is not just about publishing papers—it is about creating pathways for healing that work for diverse populations.

One of our core principles is that psychedelic research must be grounded in the communities it aims to serve. Too often, academic research happens in isolation from the people who could benefit most. That is why initiatives like the Global Ibogaine Patient Survey are so important—they give voice to those with lived experience.

## The Bigger Picture

This survey sits at the intersection of several crucial conversations happening in psychedelic medicine right now. Questions of access, safety, efficacy, and cultural sensitivity all converge in the ibogaine space. By systematically documenting experiences, we are contributing to a more nuanced understanding of how these medicines work in the real world.

We are particularly mindful of the international dimensions of ibogaine treatment. Many participants have traveled to Mexico, Costa Rica, or other countries where

ibogaine is legally available. Their experiences navigating different health-care systems and treatment philosophies provide valuable insights into what works across various settings.

## Looking Forward

As we continue gathering responses (the survey remains open at [ibogainepatientsurvey.org](http://ibogainepatientsurvey.org)), we are already seeing patterns emerge that challenge some assumptions about ibogaine treatment. We are particularly interested in understanding how ibogaine affects different populations—veterans with PTSD, individuals with long-term opioid dependence, and people treating stimulant addiction. This granular understanding will be crucial for developing targeted treatment protocols.

The role of integration is another area where patient reports are prov-

ing invaluable. Some participants describe months or even years of processing their ibogaine experience. Understanding these long-term integration pathways will be essential for optimizing treatment outcomes.

## A Call to Participate

If you have received ibogaine treatment, we urge you to share your experience through our survey. Whether your experience was transformative, challenging, or somewhere in between, your voice matters. The survey is anonymous, comprehensive, and designed to capture the full spectrum of ibogaine experiences.

As researchers, we are humbled by the trust participants place in us when sharing their stories. These

are not just data points—they are profound human experiences of struggle, healing, and transformation. Our responsibility is to honor these experiences through rigorous analysis and thoughtful dissemination of findings.

The psychedelic renaissance is happening now, and patient voices must be at its center. Through initiatives like the Global Ibogaine Patient Survey, we are ensuring that the future of psychedelic medicine is shaped not just by researchers and clinicians, but by the people whose lives have been touched by these remarkable substances.

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To participate in the Global Ibogaine Patient Survey or learn more about our work at CPDRE, visit [ibogainepatientsurvey.org](http://ibogainepatientsurvey.org) or our center website. The survey is open to anyone 18 or older who has taken ibogaine at least once and is fluent in English.



**Dr. Alan Davis** is an Associate Professor and Director of the Center for Psychedelic Drug Research and Education in the College of Social Work at The Ohio State University. Their research involves the exploration of psychedelic substance use in community, ceremonial/spiritual, and clinical settings. They conduct clinical trials examining the efficacy of psychedelic-assisted therapy for treating depression, fibromyalgia, co-occurring depression and alcohol misuse, and PTSD. They also facilitate educational programming about psychedelic science for students, communities, and clinicians. They have published more than 90 scientific articles on topics from substance use/misuse, harm reduction and benefit enhancement, as well as several studies of the clinical use of psychedelics for mental health and substance use disorder treatment.



**Dr. Stacey Armstrong** is Associate Director and Senior Researcher at the Center for Psychedelic Drug Research and Education at The Ohio State University. She earned her Ph.D. in psychology at Bowling Green State University after completing a clinical internship at the University of Michigan in Ann Arbor, MI. Her clinical fellowship at the Traumatic Stress Center in Akron, OH, emphasized the utilization of evidence-based treatments for post-traumatic stress disorder (PTSD) among veterans and civilians, including cognitive processing therapy (CPT) and prolonged exposure (PE). She also completed a research fellowship at The Ohio State University evaluating the safety and efficacy of psilocybin, a novel investigational psychedelic drug, in treating treatment-resistant PTSD among US military Veterans.

# Some People Struggle After Psychedelics

## A New Study Wants to Help

Roman Palitsky • Zainab Salako  
Joshua Lipson • Deanna Kaplan


**For many people**, psychedelics have been powerfully and beneficially transformative. But as with anything that carries great catalytic potential, some people experience difficulties after taking them. Our team has spent years designing a study of these psychedelic-related challenges. Our goal is to better understand what those challenges are, what predicts them, and how to best support the people going through them. That study has just launched.

### What Are Post-Psychedelic Challenges?

A question that we often get often is, “What do you mean by post-psychedelic challenges? Are you talking about people who have had a bad trip?” Not exactly. “Bad trips” are important to study, but our focus is more specific. We are interested in people who have had distress or impairment, or have sought help from a family member, friend, or professional, after taking a psychedelic. What we are focused on here the impact: difficulties in the days, weeks, or months after the psychedelic experience is over.

### Why Study Post-Psychedelic Challenges?

Most people who have taken a psychedelic recognize how powerful they can be. Psychedelics’ capacity as agents of change gives them tremendous promise as mental health treatments. The benefits of psychedelics—for mental health, spiritual and existential renewal, connectedness, and wellbeing—are increasingly recognized and corroborated by scientific research. But these positive findings do not mean that we should be cavalier with psychedelics. When we look to societies that have historically used psychedelics, we find that psy-



chedelics are often treated with great respect and care in those cultural settings. Like any powerful medicine, their capacity for benefit is accompanied by a range of effects. At times, these can involve difficulties that last after the initial effects of the psychedelic have worn off.

If psychedelics continue to become a bigger part of health systems, communities, or people's spiritual or personal lives, it is vital that we be accountable to those who experience difficulties after taking them. Good stewardship means that as clinicians, scientists, and advocates, we should be prepared to offer support if someone has negative impacts after taking a psychedelic. This is not about raising alarms or decrying "risks." It is about taking seriously an open secret in the psychedelic ecosystem: sometimes people struggle after taking a psychedelic. And acknowledging that, like anything humans ever do, sometimes things don't go as planned. We need better tools to support people when that happens, and we need them yesterday.

Scientific and clinical knowledge about post-psychedelic difficulties is nowhere near as advanced as the understanding of psychedelics' benefits. There have been some excellent studies published in the last several years documenting the existence of challenges, the fact that they can last for months or longer, and that they can impact some of the same domains where we also see psychedelic benefits: spirituality, meaning, mood, and trauma. Unfortunately, a consequence of the biomedical approach to psychedelics—handling them like a pharmacological treatment—is that we have mostly been looking at pharmacological adverse events and safety profiles. These are mainly things that happen during the dosing session itself. However, that focus is extremely limiting. The value of psychedelics is often in positive effects that persist in people's lives after the acute subjective effects subside. Being able to recognize difficulties during that period is just as important.

## What We Need To Know

### What is the nature of post-psychedelic challenges?

This may come as a surprise, but clinical science doesn't actually have a good answer to this question. Decades ago, people thought that psychedelics could lead to psychosis because some of the effects seemed similar. Although this belief has persisted, there is now some debate about how often psychosis really occurs after taking a psychedelic. Research suggests that in some individuals with genetic vulnerabilities for psychosis, cannabis can be a trigger for early or initial symptomology. However with psychedelics the early data aren't pointing in that direction. Instead, early data suggest that with psychedelics there may be more risk of manic symptoms. However, even when someone appears to develop what looks like symptoms of a manic episode after taking psychedelics, it is unclear whether this is—and can be successfully treated the same way as—a manic episode that occurs spontaneously, such as in bipolar disorder.

The same issue applies to all kinds of other post-psychedelic difficulties, including depressed mood, anxiety, loss of meaning, post-traumatic stress symptoms, or dissociation. We have very little data about what people who have post-psychedelic difficulties go through, and how these experiences may be similar or different from

mental health symptoms that have different catalysts. Understanding what exactly people are going through can help to recognize early signs of difficulties, and to offer support when it's needed. It can also help to better understand what kinds of support work better for different kinds of people experiencing different kinds of challenges.

## What predicts challenges?

Many psychedelic practitioners already have some ideas about this. Training for psychedelic facilitators often includes a set of risk factors or rule-outs: unsafe or unpredictable settings, little or no preparation, and certain mental health histories or conditions are on this list. And yet, we simply don't have in-depth and high-quality data from enough people who have had difficulties to truly understand what roles these factors play. Do some practices (for example, mixing different psychedelics, or mixing psychedelics with another substance) tend to lead to certain difficulties, or to more severe difficulties?

Our study has taken everything we could learn from the research, from clinicians, from underground practitioners, and from people with lived experience of these difficulties. We used this information to create a set of questions about set, setting, compound, and other possible predictors, supplementing this received wisdom with empirical observation. What we learn can help people make informed choices about how they use psychedelics, and to better inform services for those experiencing challenges. It can also help people who provide psychedelic treatments offer care with more information at their fingertips.

### Our Study In A Nutshell

## What helps?

There are many different, even contradicting, recommendations. To date, few if any of these are backed by scientific evidence. We often hear that integration is crucial for psychedelics. But what do we mean by that? And what approaches to integration are most helpful to someone who is experiencing challenges? Do certain remedies help with specific kinds of challenges? What role do changes in diet or sleep have? Can a second psychedelic experience ever help someone recover from challenges?

When is it a good time to see a therapist, and what sort of therapy might help? Should someone consider pharmacological treatment? Are there meditation techniques or therapy modalities that are more helpful than others? And, are any of the recommendations that people are receiving counterproductive and even harmful?

Our study is designed to generate information that can help provide the programs and clinicians who focus on psychedelic-related challenges, and the people going through challenges, with a helpful evidence base.

To answer these questions, we are recruiting 800 people who have had post-psychedelic challenges. The only way that we can learn about these difficulties is if people with lived experience are willing to share what it has been like for them.

To be in the study a person must be over 18, speak English, and have experienced distress or impairment, or needed professional support, after taking a psychedelic. By psychedelic, we mean the classic psychedelics (e.g., mushrooms/psilocybin, acid/LSD, DMT, ayahuasca, peyote/San Pedro/mescaline) as well as similar compounds like molly/MDMA, ibogaine, and ketamine (because people many treat it like a psychedelic). We are not including cannabis.

If you are reading this and know someone who might have had difficulties after taking one of these compounds, or someone who is going through difficulties right now, we ask that you share about this study with them.

## Here Is What the Study Involves:

The study has several components because not every major question can be answered the same way. Participants will receive compensation for every part of the study they engage in.

### An In-Depth Survey of Post-Psychedelic Difficulties

The first part of the study is an anonymous, detailed self-report online survey that can be done from home. The survey asks about a person's background, different aspects of their post-psychedelic difficulties, any remedies that they might have tried, and whether those remedies were helpful. This information will be crucial for understanding the nature of psychedelic-related challenges.

## A Longitudinal Study to Understand 1-Year Trajectories

We will invite 400 people with recent or ongoing post-psychedelic challenges to participate in a 1-year longitudinal study. Every 2 months we will send an assessment to see what they are experiencing, what remedies they have tried, and whether these have helped. How do people heal, and even grow, from these challenges? Is there anything that makes the challenges worse? This study will provide much-needed answers in real time.

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Are psychedelics safe or risky? Are post-psychedelic challenges adverse events, or are they part of a healing process? Should we be for or against psychedelics? These either/or binaries are not helpful, nor are they realistic ways to deal with psychedelics.

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### Interviews

Survey studies can miss a great deal. To help fill those gaps, we are inviting 40 people to tell us in more detail about their experiences. We will invite people with different kinds of experiences, different trajectories, and different outcomes to provide depth and detail for understanding the things that numbers can't tell us.

### Voice Diaries: In Your Own Words

One of the most important things that we have learned from people who have had post-psychedelic difficulties is how unique and personal their stories can be. For 40 participants, we'll also have the ability to learn what their experiences are like on a weekly basis, in their own words. Using an app called Fabla, people can securely and privately share about their experience by talking out loud, the way they would share with a friend. We think that this will be some of the most important information we gather because it will provide us with a rich and textured understanding of how difficulties unfold over time, and to learn about the concrete things that make people's lives easier as they recover.

## Taking Challenges Seriously Without Losing The Plot

Finding a balanced way to think about harms is difficult even in mainstream treatments. It is all too easy to become polarized when we talk about post-psychedelic challenges. Are psychedelics safe or risky? Are post-psychedelic challenges adverse events, or are they part of a healing process? Should we be for or against psychedelics? These either/or binaries are not helpful, nor are they realistic ways to deal with psychedelics. Most things we do in life carry some risk. Many of our best medicines have adverse event profiles—think of live-saving chemotherapies, for example. The potential for risk doesn't mean we should lock ourselves away from the world or never take a drug with a side effect. It does mean that we should know what these effects are and how to help people who are experiencing them.

There are already some good ways for thinking about the possibility of post-psychedelic challenges: one way is by looking to something as ordinary as exercise. Exercise is widely known to be good for the body and for mental health. People who exercise live longer. But it also carries some risk. For every 1000 hours of running there are between 2.5 and 33 running-related injuries. Experienced runners get fewer injuries, novices get more. If you're a runner (for those who run 1 hour per week, 1000 hours is about 19 years of running), chances are

that you've had an injury at some point. And yes, some of that has to do with experience and know-how: the experienced runners who do everything right get injured less—and yet they still get injured from time to time. When someone is injured what we need to be able to do is to recognize the problem, decide if it needs treatment, and figure out when they are ready to get back on the road. Someone with a torn liga-

ment shouldn't be told to just keep running. They need rehab, sometimes even surgery. Then again, not every sore muscle has to take you out of the race.

This kind of approach is something we're missing in psychedelics. When people have persisting challenges after taking a psychedelic, we often don't know what the problem is, whether it requires intervention, or what kind of support will be most

helpful. Sometimes the answer is time, and sometimes healing takes something more. There's a lot of lore and wisdom out there, but it's often contradictory and it doesn't always make sense. We think that what we learn from this study will help people navigate those difficult moments. If psychedelics come to play a larger role in our society, it is important that we rise to the responsibility that represents.

**Roman Palitsky, MDiv, Ph.D.** is Assistant Professor of Psychiatry and Behavioral Sciences and Director of Research Projects in Spiritual Health at Emory University, and he is faculty in the Emory Center for Psychedelics and Spirituality. His research applies a biopsychosocial-spiritual approach to improving behavioral interventions by ensuring that the treatments we offer are responsive to care seekers' cultural needs and strengths. His work in psychedelic treatment research reflects these commitments by seeking to make psychedelic therapies rigorous, effective, and accountable to the many patient populations who might benefit from them, and to support those care seekers who may experience adverse effects.

**Josh Lipson, Ph.D.** is a recent graduate of Columbia University's clinical psychology doctoral program, and an incoming postdoctoral fellow at the Emory Center for Psychedelics and Spirituality. His dissertation research focused on psychosocial, spiritual, and mood-related predictors of psychedelic experiences and their downstream effects. Over the last several years, he has clinically trained in a range of both acute and long-term inpatient psychiatric settings in New York City. He brings perspectives from both these threads of experience to the study of post-psychedelic challenges and adverse effects. He has also completed Sitting and Integration Training with the Zendo Project.

**Zainab Salako** is a Clinical Research Coordinator with the Lab for Existential Behavioral Medicine at Emory Spiritual Health. She graduated from Emory University in 2024 with a degree in Psychology, where she developed an interest in the intersections of mental health, spirituality, and culture. In her current role, she supports research on spirituality, mental health, and psychedelics, including clinical trials and measure development. Her research interests focus on how religious and spiritual frameworks influence mental health outcomes, symptom presentation, and treatment experiences across culturally and religiously diverse populations. She plans to pursue doctoral training in clinical psychology.

**Deanna M. Kaplan, Ph.D.** is a licensed clinical psychologist and Assistant Professor in the Department of Family and Preventive Medicine at Emory University School of Medicine. Dr. Kaplan has over a decade of experience using wearable and smartphone-based technologies to study the real-world daily dynamics of biopsychosocial-spiritual health. She is the creator and Scientific Director of Fabla, a smartphone app that securely collects voice diaries from participants in research—a tool that she developed specifically for capturing patient narratives in clinical trials of psychedelic-assisted therapy. As faculty in the Emory Center for Psychedelics and Spirituality, she is a co-investigator on four funded trials of psychedelic-assisted therapies, spanning psilocybin, LSD, and ketamine.



# Beyond the Cycle

## Hystelica's Call for Hormone-Informed Psychedelic Medicine in Women

Dr. Grace Blest-Hopley, Ph.D.

### HYSTELICA

**As a neuroscientist and founder** of Hystelica, my path into women's health and psychedelic research was both scientific and deeply personal. My curiosity about the brain began in medical science, but became urgent after witnessing both friends and myself struggle with mental health conditions and poorly understood hormonal symptoms. After years spent studying neuroscience, and even serving as one of the first women in my British Army regiment, I was struck by how often women's unique biology was invisible in research, medical care and society. This realization—and my own journey using science, psychedelic experiences, and community to make sense of complex symptoms—led me to create Hystelica. Women live within a cycle that profoundly influences mood, brain chemistry, and perception—yet in most psychedelic research protocols, this cycle is either ignored or treated as a nuisance. Our mission is to make women's bodies and histories central to psychedelic science, combining lived experience, research, and education to drive change for women everywhere. My goal here is simple: to highlight why centering women's biology in psychedelic research is not optional. It is the foundation for both safety and genuine therapeutic innovation.

### Why Ignoring Hormones is a Risk

The influence of estradiol (E2) and progesterone (P4) on neurotransmitter systems is central to understanding psychedelic pharmacology. These hormones directly shape serotonin, dopamine, GABA, and glutamate pathways—the very same neural networks that psychedelics act upon to produce their effects. Throughout the menstrual cycle, changes in 5-HT<sub>2A</sub> receptor density and signaling further alter how these systems function. This means the same dose of psilocybin at ovulation may feel radically different premenstrually. At Hystelica we have now been able to collect and analyze data from our [Survey of Female Psychedelics Use](#) that begins to uncover the effect of cycle on the subjective experience of the psychedelics.

Ignoring these fluctuations risks more than unpredictable trip reports. It risks misinterpreting clinical outcomes and undermining what could be precise, personalized medicine. Women living with premenstrual dysphoric disorder (PMDD), perimenopausal volatility, or hormone-linked depression may respond very differently to psychedelic therapies depending on their cycle stage. Accounting for those differences is not an inconvenience—it is the key to unlocking both safety and effectiveness.

Animal research offers early proof. Female rodents treated with psychedelics often show distinct cognitive and behavioral changes compared to males (Shadani et al., 2024). These findings suggest meaningful sex-linked differences, yet most mechanistic psychedelic work continues to default to male animals, and the majority of

clinical trials under-represent women—or even exclude cycling women entirely. As I argued with my colleague in our recent paper (Cohen & Blest-Hopley, 2025), this builds research foundations on unsteady ground.

If psychedelics are to live up to their promise, sex must stop being treated as a confounding variable and start being recognized as a defining one.

## The Potential of Timing and Targeted Treatment

With the right approach, the very hormonal shifts that complicate psychedelic outcomes could be harnessed as therapeutic advantages. Aligning treatments with phases of the cycle may improve outcomes, reduce risks, and ensure women receive care tailored to their biology.



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Centering women's biology in psychedelic research is not optional. It is the foundation for both safety and genuine therapeutic innovation.

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Potential therapeutic avenues include:

- **PMDD and PMS (Premenstrual syndrome)**

Early data suggest psilocybin could dampen the cyclical emotional volatility of PMDD by modulating serotonin networks aligned with estradiol fluctuations.

- **Perinatal applications**

Postnatal depression, where we already have promising Phase 2 data.

- **Chronic pain in women**

Psychedelics show potential in resetting dysfunctional pain pathways. Given the higher incidence of autoimmune and chronic pain conditions among women, this area represents a critical focus for advancing health-care and therapeutic interventions.

- **Menopause and aging**

Both psychedelic therapy and estrogen have shown neuroprotective effects. Used together, they could offer innovative strategies to preserve brain health and reduce cognitive decline, while also alleviating mood symptoms of menopause.

Though evidence remains sparse and largely anecdotal, intriguing case studies have sparked curiosity about the impact of classic psychedelics on menstrual function. Reports include women experiencing resumed periods after amenorrhea, earlier-than-expected menstrual onset after psychedelic use, and regulation of previously irregular cycles ([Gukasyan & Narayan, 2024](#)). While these cases suggest a real biological interplay, further controlled research is needed to clarify the extent and mechanisms of psychedelics' influence on menstrual health.

By combining psychedelic pharmacology with an understanding of ovarian hormone biology, we could not only improve safety but potentially develop new, women-specific treatments.

## Research and Cultural Knowledge

To realize this vision, research must evolve beyond a blanket, one-size-fits-all approach. We urgently need:

- **Cycle-conscious trials**

Integrating tracking of menstrual cycle phases, hormonal assays, and life-stage variables (e.g., perimenopause, postnatal states).

- **Women-focused conditions**

Dedicated trials for PMDD, menopause, and chronic pain syndromes.

- **Mechanistic clarity**

Mapping estradiol-serotonin-psychedelic interactions, and integrating biomarkers of menstrual and reproductive health into study designs.

- **Holistic frameworks**

Trials that account for the psychological and sociocultural realities of womanhood, not just the biology.

At Hystelica, we've begun this work. Our recent surveys are the first to shine light on how psychedelics intersect with menstruation, postpartum, and perimenopausal stages. Soon, we'll share early data on cycle-linked differences in experience and outcomes. These insights, though preliminary, already show the importance of bringing these questions into mainstream psychedelic science.

Cultural knowledge also points us forward. In some Amazonian traditions, women are excluded from ayahuasca ceremonies during menstruation (Fotiou 2014). While often framed in spiritual terms, such practices may stem from centuries-old observations of altered psychedelic responses during this time. Rather than dismissing such traditions, we can learn from them—enriching empirical research with intergenerational wisdom.

## Call to Action

### Seizing the Opportunity

The psychedelic field now faces a choice. Do we continue building clin-

ical evidence on under-researched populations—risking repeating medicine's historic neglect of women? Or do we seize the moment to build something better: research that integrates women's biology, psychology, and lived experience from the very start?

Supporting this evolution means supporting organizations like Hystelica, whose mission is to lead a wave of female-centered psychedelic research. That can mean following our work, participating in our studies, or funding our efforts. The stakes are high:

- Adverse reactions to licensed medicines are consistently higher in women, precisely because trials have not accounted for female biology.
- The same oversight in psychedelics could prove disastrous, worsening treatment inequities and eroding trust.
- By contrast, including women fully and equitably promises profound rewards—not just safer treatments, but a paradigm shift in how we understand women's health.

By centering female biology in psychedelic research, we don't just create *better psychedelic medicine*. We create a movement towards healthcare equity, recognition, and respect. This is not secondary. This is the paradigm shift. Psychedelics, after all, are about opening our eyes. Let us not stay blind to women.

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**Dr. Grace Blest-Hopley** is a Neuroscientist with 10 years of experience researching cannabis, cannabinoids, and psychedelics. She is the founder of Hystelica—the first research organization in the world focused on understanding women's biology for safe and effective psychedelic use. Grace currently serves as the Chief Scientific Officer at NWPharma Tech and is also the Research Director at Heroic Hearts Project, a charity connecting military veterans with mental trauma to psychedelic therapy options: ayahuasca, psilocybin, and ketamine.



# Psychedelic Science Meets Global Health at PS2025

Ismail Lourido Ali  
Veronica Magar  
Grace Cepe

At PS2025, global experts, practitioners, and community leaders came together to chart new pathways toward a psychedelic movement grounded in equity, reciprocity, and real-world mental health impact.

## MAPS' Global Origins

**In 1986, MDMA was scheduled** as a controlled substance by the UN Commission on Narcotic Drugs (CND) and the U.S. Drug Enforcement Administration after following the World Health Organization (WHO)'s recommendation that it be placed under international control due to concerns about abuse potential and lack of accepted medical use. In April 1986, the same year, Rick Doblin founded MAPS as a nonprofit research organization to sponsor rigorous research on the therapeutic efficacy of psychedelic-assisted therapy. Since then, for nearly 40 years, MAPS has been conducting research, advocacy, and educational efforts to advance legal, safe, and responsible use of psychedelics for healing, spirituality, and personal growth.

While MAPS' efforts are best known within the United States, Rick has maintained a global perspective since the beginning. Even then, it was clear that transforming drug policy would require international coordination in culturally diverse regions to protect policy advancements in areas where reforms could be made.



Rick Doblin in front of the DEA

With decades of experience sponsoring cutting-edge clinical research, MAPS has leveraged its knowledge base and growing network to strengthen its global advocacy efforts for international policy reform.

In 2016, Natalie Lyla Ginsberg established MAPS' Policy and Advocacy Department and joined Italy's Nonviolent Radical Party as a guest to represent MAPS at the UN Commission on Narcotic Drugs in Vienna. In 2016, Ginsberg, along with Ismail Lourido Ali, then a law school volunteer with MAPS' Policy team, attended the UN General Assembly Special Session on Drugs (UNGASS) in New York City. Shortly after, MAPS secured its own consultative status (meaning the UN now formally recognized MAPS as a participating organization). UN Consultative status allowed MAPS to organize a number of formal education sessions for delegates and civil society NGOs at the annual United Nations CND's meetings in Vienna, eventually co-hosting a session with the government of the Czech Republic about psychedelic research.



Ismail Lourido Ali and Natalie Lyla Ginsberg

By actively engaging global policymakers, MAPS laid the foundation for international cooperation, opening the door to policy reforms first focused on economic, social, and cultural rights as they relate to legal access for psychedelic-assisted therapies for the treatment of mental illness. These efforts have allowed MAPS to engage in global conversations about cannabis, MDMA, and other psychedelics — at times ahead of the curve — advocating to classify them as “essential medicine” and for the relevant UN bodies to reassess the contemporary scientific evidence on MDMA's therapeutic potential. This decade of international efforts has allowed MAPS to build relationships with delegates representing Canada, the Czech Republic, Mexico, Colombia, Israel, and civil society NGOs worldwide.

## Strengthening the Global Psychedelic Movement

As the world has built upon MAPS' breakthrough research agenda, a decentralized, multicultural psychedelic commons community has emerged, and several allied organizations and efforts now engage in the broader international conversation. Globally-focused organizations like ICEERS, Beckley Foundation, OPEN Foundation, Chacruna Institute,

Awe Foundation, and the Indigenous Medicine Conservation Fund advance multinational or multicultural goals by, for instance, advocating for Indigenous rights and defending traditional use of plant medicines, funding research for biomedical advancements and environmental sustainability, or educating the public about ethical and reciprocal collaboration opportunities in multi-regional contexts, like between the Global North and South. Throughout the years, MAPS has also supported the founding of [independent nonprofit affiliates](#) in countries including Canada (est. 2011), Israel (est. 2021), Germany (est. 2021), and Italy (est. 2024). These global affiliates share MAPS' mission and commitment to psychedelic research, education, and policy reform.

Meanwhile, grassroots organizations are producing educational events about the safe and responsible use of psychedelics and sharing them throughout the larger community. Inspired, in part, by the founding of the San Francisco Psychedelic Society, MAPS and Ginsberg helped establish the [Global Psychedelic Society](#) an effort that thrives today with hundreds of community organizations that fuel educational, networking, and advocacy opportunities across the world.

Over the years, MAPS has convened the world's leading experts on psychedelic research, therapy, policy, community, and traditional

<sup>1</sup> According to the [UN's International Covenant on Economic, Social, and Cultural Rights \(1966\)](#), Article 12 recognizes, “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” Additionally, Article 15 recognizes, “the right of everyone to enjoy the benefits of scientific progress and its applications,” and “to benefit from the protection of the moral and material interests resulting from any scientific, literary, or artistic production.”

healing, 35 years after its first small educational event in 1990, Psychedelic Science 2025 (PS2025) was the latest in dozens of summits and conferences — but not the first to ensure robust international and multicultural participation at a MAPS event. In 2017 and 2023, Open Society Foundation and other supporters granted funds to secure scholarships for international community members to attend and contribute to our Psychedelic Science conferences; PS2017's *Perspectives* and PS2023's Momentum Scholarship have been launchpads for dozens of up-and-coming and established voices, many of whom have become key figures in the larger movement.

By 2025, it was clear that the international community was ready for more intentional collaboration and coordination. Mutual connections brought MAPS in contact with former WHO official Veronica Magar, and a cohesive vision began to weave it all together.

## Bridging Science, Community, and Global Health at PS2025

As psychedelic research continued to rapidly expand over the years, MAPS has heard from stakeholders in the public health spheres that mental health approaches imported from those high-income countries often overlook the community-based and cultural dimensions of healing that define much of the Global South. Without intentional inclusion, this movement risks perpetuating social and economic inequities rather than addressing and transforming them.

In the spirit of the work sparked a decade ago, Ismail Ali — now MAPS' Co-Executive Director — and Dr. Magar co-convoked a consultation during the Psychedelic Science 2025 Conference: "Psychedelic Science Meets Global Health: Community-Led Innovation, Research and Policy Change in the Global South." The half-day workshop brought together over fifty participants from across the world — researchers, Indigenous healers, policymakers, and community leaders — to explore how psychedelic-assisted approaches can strengthen global mental health through equity, reciprocity, and cross-cultural collaboration.



Ismail Lourido Ali and Veronica Magar

### Why It Mattered

Global health consultations of this kind have been rare in the psychedelic field so far. Many psychedelic gatherings focus on pharmacology, clinical trials, or regulatory frameworks, or are extremely local, leaving out the multi-regional, community-based, participatory, and traditional knowledge systems that sustain healing in low- to middle-income countries (LMICs). By creating a platform for dialogue across LMICs, the PS2025 consultation filled a critical gap. It recognized that the future of psychedelic science depends not only on scientific breakthroughs but also on the ability to share power, resources, and governance with communities that have long stewarded plant-based and ceremonial healing traditions in different geographies and territories.

### Making Space, Not Leading Alone

MAPS decided to host the conversation, but instead of defining the agenda, it sought to create space for direct exchange among partners from diverse backgrounds. This shift — from leading in isolation to convening in collaboration — was widely recognized as essential for ensuring that the contemporary psychedelic ecosystem evolves as a shared, egalitarian, collaborative movement — not an extraction of information for proprietary gain.



Dr. Stefano Bertozzi, Dr. Anja Loizaga-Velder, and Dr. Raúl Escamilla Orozco

Keynote speakers Dr. Stefano Bertozzi (Former Dean and Professor, UC Berkeley School of Public Health), Dr. Anja Loizaga-Velder (Director of Research and Psychotherapy, Nierika Institute for Intercultural Medicine), and Dr. Raúl Escamilla Orozco (Medical Director, Instituto Nacional de Psiquiatria, Mexico City), framed the dialogue around a defining question:

*How can global psychedelic science improve mental-health outcomes with greater efficacy, safety, and equity while safeguarding cultural integrity?*

Over the course of the session, psychiatrists, activists, therapists, academics, and researchers across areas of scholarship identified challenges to explore, priorities, and next steps toward a more equitable global mental health agenda. The discussion made clear that future access to care and cultural compatibility would not be achieved through symbolic action alone, but that changes would need to be prepared for and built into the structure of global health itself. From ensuring the relevance of emergent research to refining approaches to care delivery, the road ahead would need a map informed by multiple global perspectives. Participants left inspired by a collective sense of possibility: that psychedelics can not only heal individuals but also help repair the systems that fragment communities and knowledge traditions.

At the end of the day (with a whole conference to go), the PS2025 Global Psychedelic Workshop also demonstrated that a community working toward equitable psychedelic science in the context of global health already exists — and that collaboration, humility, and shared stewardship could bring it to another level of influence and impact.

## Looking Ahead

The consultation's vision was clear: a plural, globally inclusive psychedelic ecosystem rooted in scientific rigor, Indigenous wisdom, and community empowerment. As this global network expands, MAPS and its partners are committed to amplifying LMIC-led innovation and ensuring that future dialogues remain open, inclusive, and reciprocal. In 2026, a group of experts will synthesize the findings from the PS2025 consultation into a report that outlines actionable recommendations for funders, regulators, and researchers to achieve health equity and have a real-world impact on mental health.

These commitments point toward a new paradigm, where psychedelic science evolves through active partnership and participatory models, in which communities become co-creators of the evidence and policy that affect them, rather than extractive or individually focused approaches uncritically copied from different circumstances. As this global network evolves, MAPS and its partners are committed to amplifying LMIC-led innovation and ensuring that future dialogues remain open, inclusive, and reciprocal.



The Global Health Workshop at PS2025

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**Veronica Magar** is a distinguished thought leader and advocate in global public health at the intersection of psychedelic science, contemplative practice, and traditional knowledge systems. As an accomplished investigator, published author and respected speaker, she specializes in shaping global policy, taking strategic action, conducting research, and employing community-based approaches that bridge these three areas.

With over 35 years of experience, Dr. Magar has established a legacy, progressing from grassroots community-based work to shaping regional and global policies. She collaborates with diverse partners, employing various research methods including community-based, participatory, quantitative and mixed methods to demonstrate impact. Her expertise also extends to influencing global policies through fostering public discourse on sensitive subjects, resulting in consensus-driven normative guidance. With extensive on-the-ground experience in community, country, regional and global settings, she has worked with UN and other international agencies in over 30 countries across Asia, the Eastern Mediterranean, Africa, and the Americas.

Dr. Magar earned her Doctorate in Public Health at UNC-Chapel Hill in 2000, and a Masters in Public Health and Master of Arts in Latin American Studies from UCLA in 1991. In addition to her extensive experience in the field, she continually invests in ongoing education and expanding her skill set. She is qualified to teach mindfulness-based stress reduction, and is a third-year student in the psychedelic-assisted therapy program at the AWE Foundation.

Dr. Magar is fluent in English and German, with a working knowledge of Spanish, Portuguese and Hindi. She speaks frequently at local, regional and global conferences and seminars as a keynote, panelist and trainer.

**Ismail Lourido Ali's** biography can be found on page 6.



**Grace Cepe** (she/her) serves as the Education Officer for MAPS. She earned her B.A. in psychology *cum laude* from the University of California, Santa Cruz (UCSC). At UCSC, Grace was a research assistant for the social psychology department's Sexual and Gender Diversity Laboratory, an instructor's assistant for an introductory psychology course, and a residential counselor intern for at-risk foster youth. Before joining MAPS as Education Officer, Grace volunteered with MAPS, San Francisco Psychedelic Society, and the Chacruna Institute, and advocated for a local decriminalization bill in Santa Cruz. Since attending MAPS' Psychedelic Science Conference in 2017, she has deepened her interests in culturally-adaptive psychedelic-assisted therapy, careful research methodologies, and honest evidence-based drug education.



# Beyond the Clinical Trials

## A Culturally Grounded Research Approach to Understanding Black Learners and Our Psychedelic Training Programs

Dr. Deidra Somerville, MSW • Courtney Watson, M. Ed, LMFT  
Carsten Fisher, MS • Ayize Jama-Everett M.Div, M.A., M.FA

### Context and Purpose

**Psychedelic-assisted therapy** (PAT) is emerging as a promising approach to treating trauma and related mental health disorders, but many of the existing clinical trials, training programs, and research initiatives have neglected to center the needs, histories, and healing traditions of Black communities. While there is growing empirical support for the use of psychedelics in addressing trauma, depression, and existential distress (e.g., Ross et al., 2016), Black practitioners and participants remain vastly underrepresented in this landscape, both as patients and as providers.

Our study seeks to explore how Black healing practitioners who have completed psychedelic-assisted therapy training adapt and resist dominant models of training and care in service of their communities, what the lived experiences of these Black therapists, medical providers, and practitioners are while navigating these training programs, and how institutional and underground psychedelic assisted training programs (PATs) support or fail to support Black healing practitioners. In doing so, our study contributes to the growing but still limited body of literature on cultural inclusion, epistemic justice, and the spiritual dimensions of healing within psychedelic spaces (George et al., 2020; Smith et al., 2022).

Research shows that people of color, particularly Black Americans, are both disproportionately impacted by trauma and often underserved in traditional mental health systems (Williams et al., 2020). Additionally, Black communities have historically used plant medicine and altered states of consciousness in culturally sanctioned healing practices, yet these traditions are rarely acknowledged in the medicalization of psychedelics (Williams et al.,

2021; George et al., 2020). As mainstream psychedelic research and therapy gain legitimacy, this study investigates what gets lost in translation, and how Black healers reclaim space and define their own metrics of success.

## Why This Study Now

This inquiry is especially timely as psychedelics become more integrated into mainstream mental health services. Training programs have proliferated across the U.S., yet there is little research evaluating whether these trainings are culturally responsive, or how trainees from historically marginalized communities experience them. Moreover, studies suggest that firsthand experience with non-ordinary states of consciousness may be essential for therapists working in PAT (Gorman et al., 2021), but there is no standard for how these experiences are facilitated in training, nor how they interact with culturally specific frameworks of healing (George et al., 2020).

For Black practitioners, psychedelic therapy training often involves negotiating predominantly white spaces that may be ill-equipped to engage with racial trauma, ancestral knowledge, and collective healing frameworks (Smith et al., 2022). Black therapists face the dual burden of carrying their community's needs while translating those needs into clinical language that institutions recognize. This study aims to foreground those complexities and contribute to curriculum development that better reflects the pluralism of healing traditions.

This qualitative study is guided by a central research question: How do Black healing practitioners experience and interpret psychedelic-assisted therapy (PAT) training programs? In exploring this question, the study also seeks to understand the ways in which practitioners' cultural, ancestral, and community-based healing traditions shape their approach to PAT. Additionally, it asks how training programs assess cultural responsiveness in their training curricula. Finally, the study investigates the specific barriers and opportunities that arise for Black practitioners as they navigate predominantly white training environments.

## Methodology

This study uses an Indigenous Research Methodology (IRM) framework (Chilisa, 2017; Wilson, 2008), which repositions the role of the researcher as a participant conceptualizer and interpreter of wisdom. This model centers relational accountability not to an academic institution, but to the communities, ancestors, and traditions from which this work arises. The study is conducted under the guidance of a Council of Elders, composed of three practitioners with decades of experience each, in psychedelic-assisted therapy and ceremonial leadership. These Elders serve as epistemic authorities and ensure that the research process honors spiritual, cultural, and methodological integrity.

## Participant Overview

- **Survey Participants:** ~150 Black-identified PAT practitioners across the U.S. and abroad will complete an online survey.
- **Focus Groups:** ~24 participants (selected from the survey pool) will be divided into six geographically stratified focus groups across the country (Southeast, Southwest, Northwest, Northeast, West, Midwest). Each group will meet twice in one weekend—once for the interview and once for member checking.
- **Council of Elders:** 3 ceremonial leaders with 20+ years of experience, selected for their expertise and recognition within the psychedelic therapy field. They will not serve as research participants but will guide methodological integrity.

Participants include therapists, facilitators, medical professionals (such as physicians and nurse practitioners), spiritual healers, and ceremonial guides. The study intentionally includes both formally credentialed and informally trained practitioners—recognizing that cultural legitimacy and lived experience are as vital as institutional certification.

## Data Collection and Analysis

The study will employ semi-structured interviews, focus groups, and surveys to gather data. A thematic analysis (Braun & Clarke, 2019) will guide the interpretation, with careful attention to how power, culture, and spiritual frameworks shape participants' narratives. The research team will engage in iterative cycles of member checking, collaborative coding, and reflection with the Council of Elders.

## Significance

This study seeks not merely to add Black voices to an existing field but to reshape how the field understands legitimacy, healing, and therapeutic effectiveness. By centering Black epistemologies and ancestral knowledge, the research challenges the narrow clinical framing of psychedelic medicine. True transformation requires more than diversity metrics—it requires paradigm shifts in how we define care, who we recognize as experts, and what we count as evidence. The findings of this study will inform recommendations for curriculum reform, training structure, and community accountability in PAT programs. It also aims to elevate the role of spiritual and cultural health practitioners, who have long held the knowledge and courage to guide their communities toward healing—often without institutional support or recognition.

## Call to Action

Our research study is looking for Black psychedelic-assisted practitioners who have enrolled and participated in any psychedelic-assisted training program, to complete [our survey](#). If you are a psychedelic-assisted healing

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True transformation requires more than diversity metrics—it requires paradigm shifts in how we define care, who we recognize as experts, and what we count as evidence.

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practitioner who identifies as Black, or if you know someone who identifies as a Black psychedelic-assisted healing practitioner, please contact Ayize Jama-Everett at: [community@access2doorways.com](mailto:community@access2doorways.com)

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**Dr. Deidra Somerville** is a servant leader and seasoned organizational strategist with 25+ years advancing community-driven healing initiatives. She was trained in research ethics in 2013 and has applied

her skills and training as both a researcher and research administrator in an academic setting. She is trained in Indigenous methodologies and brings expertise in social network analysis, qualitative design and community-centered evaluation. Her leadership ensures this project is grounded in equity, accountability and meaningful engagement with those most impacted by systemic inequities.



**Carsten Fisher** is a behaviorist and clinical psychologist in training. He has experience providing therapy to children, adolescents, and adults diagnosed with a wide range of mental health disorders, and is currently

pursuing a doctorate in clinical psychology. Carsten leverages his additional training in psychedelic-assisted psychotherapy to bring a multidimensional approach to his work as a mental health practitioner and researcher. He is a lifelong learner committed to serving his community, focusing on accessibility and equity of care, and community-centered liberation as guidance for his work.



**Courtney Watson** is a queer Black mother, licensed therapist and founder of Access to Doorways, the non-profit that launched this research project. Grounded in African and Indigenous knowledge systems, her

work bridges clinical practice, ancestral healing and research justice. In this project Courtney draws on her masters of education to support the analysis of culturally attuned curricula and the design of qualitative research methods that center Black practitioners' lived experiences.



**Ayize Jama-Everett** is a community-based therapist, guerrilla theologian and Afrofuturist with 3 masters degrees in Divinity, Psychology and Fine Arts, Writing. With over 20 years of teaching experience his work spaces

adolescent psychology, sacred plant medicines and the history of substance use. Ayize brings deep expertise in cultural narrative, spiritual frameworks and educational design to this research, helping to ensure that Black practitioners' experiences are documented with integrity, depth and historical context.

# From Hope to Disillusionment

## A Letter to the Psychedelic Scientific Community

**Candace Oglesby-Adepoju**

**For those who don't know me**, my name is Candace Oglesby-Adepoju (she/her), and I bring a unique perspective shaped by my experiences and expertise around psychedelic clinical trials. I believe it's important for me to begin this paper by sharing my social location, which includes being a lighter-skinned African-American woman, middle-class, heterosexual, cisgender, advanced-degree holder, urban Baltimore City resident, neuro-expansive, able-bodied, married, therapist, and peacebuilder. I have been a licensed psychotherapist for the past 10 years and have served as a psychedelic clinical trial therapist off and on for the past 4 years. My journey into becoming a therapist was deeply personal, rooted in my own search for resolution and healing from personal and intergenerational trauma.

My motivation for writing this paper is equally personal and systemic. As a peacebuilder committed to addressing systemic oppression, I have spent most of my life advocating for behavioral health equity, which also includes the psychedelic clinical trial space. My experiences as the only Black therapist in the clinical trials I've participated in have been profoundly challenging. I have had to navigate microaggressions, biases, and prejudices while persistently advocating for Global Majority communities. I've been told that issues of diversity and equity are "not a priority" or "something we are working on," only to have these conversations abruptly ghosted or ignored.

The impact of these experiences is not just external but internal. The consistent invalidation of my advocacy and the systemic neglect of people who look like me have left a deep mark, reinforcing the painful message that my Black body—and the bodies of those who share oppressed intersections—do not matter. I am tired. I write this paper as a way of passing the torch, hoping that someone else will take up this mantle and carry this work forward because there is still so much to be done.

## Why This Paper Is Important

### Statistics on Therapists and Clients of Color

The underrepresentation of therapists of color in counseling, psychology, and social work underscores the systemic inequities within the mental health industrial complex. According to the American Psychological Association (APA), only 4% of psychologists identify as Black, 5% as Hispanic, and 4% as Asian. Similarly, data from the National Association of Social Workers (NASW) reveals that 86% of social workers are White, with only 6% identifying as Black and 6% as Hispanic or Latinx. These statistics reflect the lack of diversity among mental health professionals, limiting culturally responsive care for historically marginalized communities.

Moreover, disparities extend to those seeking mental health services. Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that in 2019, 16.6% of White adults received mental health services, compared to 8.6% of Black adults, 7.3% of Hispanic adults, and 4.9% of Asian adults. These statistics highlight significant gaps in service utilization among different racial and ethnic groups, underscoring the need for more inclusive and accessible mental health care.

## The Promise of Psychedelic Assisted-Therapy

Psychedelic-assisted therapy holds immense promise as a groundbreaking mental health intervention, offering pathways to healing that transcend conventional treatments. These therapies have shown promise in tackling issues such as racial trauma, intergenerational burdens, and the effects of social determinants of health. However, systemic inequities remain a significant barrier. A 2018 literature review by Michaels et al. revealed that 82% of participants in psychedelic clinical trials were non-Hispanic White, with only minimal representation from Black (3%), Latinx (2%), Asian (2%), and Indigenous (5%) communities. This stark underrepresentation highlights a systemic exclusion that limits access to transformative healing and perpetuates a knowledge gap about how these medicines might uniquely benefit communities of color.

Research, such as the study by Williams et al. (2020), has underscored psychedelics' potential to reduce symptoms of racial trauma, depression, anxiety, and stress among BIPOC individuals. These findings emphasize the urgent need to address disparities in participation and to prioritize diverse representation among therapists, participants, and researchers. Behavioral health equity within psychedelic research is not only an ethical imperative but also essential for understanding the nuanced ways these therapies interact with varied cultural, social, and historical contexts. Without intentional action to dismantle these inequities, the field risks reinforcing systemic barriers and missing the opportunity to create transformative, culturally informed interventions.

## A Personal Lens

### Observations from the Clinical Trial Space

My introduction to psychedelic clinical trials was filled with hope and optimism. As a Black therapist, I was invited to support diversity efforts, and I eagerly stepped into a space that I believed could offer transformative healing for all communities. My earliest experiences included supporting my first participant in a study—a moment that remains etched in my memory. Witnessing the profound healing this individual experienced was powerful, yet it was also accompanied by deep grief. While I saw firsthand the potential of these medicines to heal, I couldn't ignore the stark reality that members of my own community largely lacked access to such opportunities.

Over time, the systemic barriers in the psychedelic research field became undeniable. My needs as a Black therapist were overlooked, even as I worked in a space that claimed to value diversity. As I transitioned into diversity advisory roles, the veneer of inclusion began to crack. These positions often felt performative, with little meaningful change. When I questioned or challenged the status quo, I was subtly removed from projects or not invited back into certain spaces, underscoring the tokenism attached to these roles. I also had colleagues question my intentions and actions in the space.

Adding to this disillusionment, I observed that no clinical trials are currently being conducted at Historically Black Colleges and Universities (HBCUs) or medical schools. This absence highlights a glaring gap in the

inclusion of Black academic institutions and their communities in this groundbreaking research. When I have had the rare opportunity to lecture at HBCUs or predominantly Black conferences, I am often met with blank stares or surprise when I mention psychedelic-assisted therapy or clinical trials. The lack of awareness is profound and speaks to the systemic neglect of engaging these communities in the conversation.

## Reflections from the Past

I am aware of the tension that comes with being a clinical trial therapist while also challenging the very system in which I take up space. This tension is not just intellectual—it is deeply somatic, residing within my body as a constant reminder of the work that remains unfinished.

One day, while driving in silence and reflecting, an answer to a question I had long asked myself surfaced. For the past four years, I've wondered: why do I continue fighting and advocating in this space despite the challenges and setbacks? While I had often attributed it to the collective trauma surrounding clinical trial research, a quiet voice within me revealed a deeper truth: **my father**.

This realization is deeply personal. My father has muscular dystrophy and has lived with the condition for as long as I can remember. As a child, I watched him make the long journey to the National Institutes of Health (NIH) for medical care, and I began to wonder whether he was ever offered opportunities to participate in clinical trials. To better understand, I decided to ask my parents.

My mother shared,

*"I remember them offering your father the opportunity to participate in treatments, including one that involved shots for his hands. At the time, I couldn't understand why he refused something that might help. Even now, resources are occasionally offered, but he often declines them. My father was the same way. As a World War II vet, he had access to VA services, but like your dad, he often turned down the assistance. I*

*do wish they had offered me the opportunity to join a support group. That would have been helpful."*

My father explained,

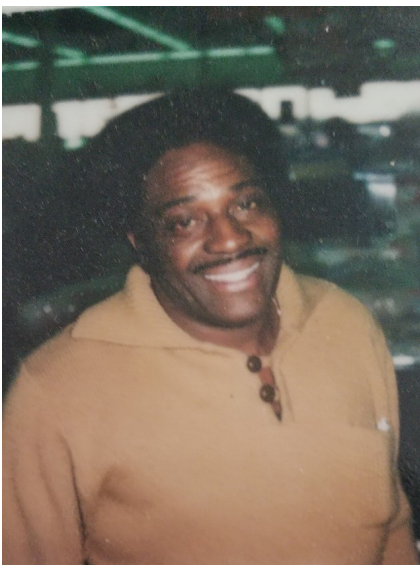
*"From what I understood, the clinical trials—though never directly offered to me—came with risks, including side effects and some people even died. While I did take advantage of support like physical therapy, there were no additional supports or even support groups offered to me."*

Hearing their reflections provided clarity of what was missing: emotional connection and community support. A support group or additional resources might have transformed their experience—not only providing tools to navigate their circumstances but also alleviating the

isolation they carried. This underscores the urgent need for equity and accessibility in the psychedelic research community. True equity extends beyond participation in clinical trials or therapeutic interventions; it requires a comprehensive system of care that addresses individuals' holistic needs. Such care must be culturally attuned, trauma-informed, and designed to build trust and foster engagement.

Reflecting inward, I think of little Candace navigating the complexities of being an only child in a family under immense stress.

Would I have felt less alone or less isolated if there had been resources or support systems for my family and me? While these questions remain unanswered, they fuel my hope and vision for a more equitable and accessible psychedelic research community—one that prioritizes not only research but also the well-being of all individuals and their families. It is this vision, rooted in my own experiences and the legacies of those who came before me, that keeps me advocating for meaningful change. This dreamscape, built on the foundations laid by ancestors and trailblazers, inspires my continued fight for a system that empowers and supports every person it touches.



## Call to Action

The time for performative gestures and token diversity in psychedelic research has long passed. The field must take bold and courageous steps to dismantle the white-dominant Westernized medical model and replace it with community-centered frameworks that prioritize equity, inclusion, and decolonization. Psychedelic research cannot remain confined to capitalism and gatekept systems. Instead, it must adopt collective models that amplify the voices, needs, and lived experiences of those closest to the pain and suffering of the world.

Community-driven access models should actively partner with HBCUs, tribal communities, and grassroots organizations rooted in anti-oppression. These partnerships must go beyond token diversity efforts to foster community-led research that centers healing practices and lived realities. Governance and decision-making power should be

shifted to those most impacted, with community research boards guiding trials with transparency, reciprocity, and accountability.

To honor cultural identities, research must integrate spiritual, ritualistic, and collective healing practices while training facilitators to align with participants' frameworks. Post-trial care should extend to broader communities through trauma-informed, culturally responsive programs. Reparative practices, such as redistributing resources and supporting Global Majority-led initiatives, are essential to address historical harms.

This work demands embedding anti-oppression frameworks into every stage of research. By committing to these actions, psychedelic research can catalyze systemic change and build a future rooted in equity, healing, and liberation.

As Nikki Giovanni once said,  
*"If we don't like the world  
we're living in, change it."*

*"And if we can't change it,  
we change ourselves. We  
can do something."*

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**Candace Oglesby-Adepoju** is a licensed professional counselor (LCPC) and board-approved supervisor in the state of Maryland. She also holds a master's degree in Clinical Psychology. Candace specializes in working with diverse adult populations, specifically women of color, who present with substance use addiction and trauma-like symptoms. Candace is certified in Eye Movement Desensitization Reprocessing (EMDR) and trained in Internal Family Systems (IFS). She is a consultant in training for EMDR. Candace also specializes in providing culturally competent/humility care for black and brown clients who have experienced racial trauma. Candace is also the founder and owner of *Jurnee Mental Health Consulting, LLC*, a consulting business that provides support to individuals and businesses looking to deepen their understanding of mental health and provides support and resources to marginalized communities. Within her consulting business, she hosts healing circles for black women, which is a safe space for like-minded black women to come together to discuss issues around racial trauma

and isolation. Candace is a DEI consultant, research clinical therapist, and featured presenter. The purpose of her work is to help bring awareness to diversity, equity, and inclusion. In addition, Candace is a community ambassador for Black Therapist Rock (BTR) which is a non-profit organization that increases awareness of social and psychological issues impacting vulnerable communities and reducing stigma related to mental health. She is also a proud member of Delta Sigma Theta Sorority Incorporated. When Candace is not acting as psychotherapist, CEO, board member, and volunteer she is spending time with her partner, family, and friends.



# Escaping the Mental Health Silo

## Transdiagnostic Potential of Psychedelic Medicines

### Court Wing

Co-Founder, Psychedelics and Pain Association  
Founder and CEO, REMAP Therapeutics

**After 20 years**, multiple surgeries, and countless pill bottles, [Lynn Watkins](#), a retired US JAG officer-judge, had little hope of walking again without debilitating pain. Only through completing a [protocol of 3 varying doses of psilocybin coupled with neuromodulatory exercises](#) did she finally find relief. Her pain, caused by severe complex regional pain syndrome (CRPS), was complicated by trauma and adverse childhood experiences. Her psychedelic journeys touched on all aspects of her pain, from the psychological identification as a person with unrelenting pain, to the actual mechanics of her gait and mobility, all within each session.

Lynn's story brings into reality the growing body of evidence pointing to the broader, *transdiagnostic*, potential of psychedelic medicines. For decades, studies, case reports, and patient accounts have suggested that psychedelics may relieve chronic pain, neurodegenerative illnesses, and other debilitating physical conditions, with results that are often just as striking as what is seen in the mental health realm.

Psychedelics work through multiple mechanisms—serotonergic, glutamatergic, anti-inflammatory, and neuroplastic pathways that sit at the foundation of core bodily functions. Our growing understanding of psychedelic mechanisms of action and the multiple proposed models for how psychedelics create change, explain why people are experiencing relief across a wide range of conditions and the resurgence of research into psychedelics for physical and neurological health.

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Alongside REMAP Therapeutics, PPA is hosting the [2025 Psychedelics & Pain Symposium](#). [Register to reserve your seat.](#)

## Diverse Conditions Showing Signal

Psychedelic compounds have been shown to be remarkably effective for some of the worst pain conditions known to medicine, and there is strong, emergent signal for other challenging physical conditions. Here is a snapshot of where science is showing that psychedelics may be beneficial treatments outside of mental health:

- Cluster headaches
- Migraine headaches
- Phantom-limb pain
- Complex Regional Pain Syndrome (CRPS)
- Neuropathic pain
- Long COVID
- Lyme disease
- Fibromyalgia
- Chronic pain related to depression and PTSD
- Arthritis
- Non-specific low-back pain
- Peripheral neuropathy
- Lupus
- Spinal cord injury
- Traumatic brain injury
- Post-concussion syndrome
- Cancer pain

The above conditions are not traditionally seen as having common etiologies, and clearly have vastly differing disease manifestations—yet early evidence indicates that psychedelics may be useful treatments for all of them. To highlight how unusual this is, ***every condition listed above has shown symptom improvement, or even resolution, with psilocybin alone.*** Further, a variety of other psychedelics have demonstrated unique efficacy for these conditions, like LSD, DMT, ibogaine, and MDMA. Why this striking, transdiagnostic overlap? The answer may lie in the core disease processes that are shared across these conditions— e.g., inflammation, sensitization of peripheral nerves and pain processing pathways within the spine and brain, degenerative changes to the nervous system, and atrophy of brain structures themselves.

When a single medicine demonstrates therapeutic effect across seemingly unrelated conditions by targeting the underlying biological pathways that drive them, we call that *transdiagnostic*—effective against, and sometimes even revealing, the shared causes of multiple diagnoses. While *transdiagnostic* is most often used to de-

scribe psychiatric co-morbidities (e.g., depression accompanying anxiety disorder), the term has much broader, and quite useful, applicability. In the case of psychedelics for the treatment of complex pain and other physical conditions, these compounds reveal themselves as thoroughly transdiagnostic. Psychedelics offer a unique opportunity to expand the use of this term into the realm of whole-body medicine, reminding us that these are not single-factor drugs, but multifaceted agents capable of addressing suffering at its systemic roots.

## Mechanisms of Action

Psychedelics have multiple targets within the human nervous and immune systems, and may have direct effectiveness on multiple contributors to pathological conditions, mental and physical, including:

- **Psychological Reframing**  
How one perceives their circumstances, their internal resources, and how information is processed between key brain networks.
- **Structural Neuroplasticity**  
Promoting the restoration of nerve trunks, branches, and synaptic connections, locally and in broader networks, influencing how adaptive they are to changing internal and external environments.
- **Anti-inflammatory**  
Effects that reduce damaging inflammatory immune responses to illness or injury that have become chronic and cause damage to the tissues throughout the body, joints, organs, and nerves.
- **Descending Inhibition**  
In the same way that psychedelics can inhibit maladaptive negative thought-loops in depression and PTSD, psychedelics also show evidence of inhibiting nerve sensation that the brain can interpret as pain, which can result in direct reductions in pain levels.
- **Cortical Reorganization**  
When noxious nerve signals become chronic, pain perceptions become a malfunctioning, entrenched response, changing the brain's healthy default adaptability to often hyper-sensitized, negative perceptions. Psychedelics reorganize these networks back to more neutral, efficient, and effective assessments of both internal and external environments.

There are multiple models within research about the mechanisms behind the above compelling changes within the nervous system. Some camps believe this is largely due to *increased cognitive flexibility*, working on the brain's organization of incoming and outgoing information, its responses, and perceptions. Others think of it as an almost chemotherapeutic approach, where these medicines improve the nerve structures themselves, restoring some of what has been lost to dysfunction or disease, and reducing the inflammatory burden that directly interferes with nerve and immune functions. Further, some researchers believe that psychedelics may *audit maladaptive changes to gene expression* as a result of various life experiences, like childhood trauma. In this line of thinking, psychedelics may allow for gene encoding that encourages a less threatened response, reducing a predisposition towards illness and/or psychiatric conditions caused by a genetic bias towards “fight or flight.”

## New Indications and Transdiagnostic Dialogue at Psychedelic Science 2025

In June, the [Psychedelics & Pain Association](#) held a groundbreaking panel discussion at MAPS' Psychedelic Science Conference in Denver, giving a literal stage to the dynamic discussion of psychedelic transdiagnostic potential. Three top researchers, each following different lines of investigation into the mechanisms behind psychedelics' effectiveness for a growing variety of conditions, joined us onstage:

- **Dr. Robin Carhart-Harris**, known for his investigations into how psychedelics improve depression and similar mental health conditions in what is called *computational neurology* or *hierarchical predictive processing*, a.k.a., how the brain processes, sorts, and evaluates information.
- **Dr. Charles Nichols**, considered the world's top expert on psychedelics' anti-inflammatory properties as well as their potential to improve *structural neuroplasticity*, creating avenues of restoration in compromised brain structures and neural pathways, aiding in a return to healthy default functioning.
- **Dr. Candace Lewis**, investigating how psyc-

delics may improve or even reverse traumatic gene expression, *epigenetics*, restoring healthy encoding into how our genes respond to the environment and circumstances.

In describing the framework behind his [REBUS model of psychedelic activity](#) or “[RELaxed Beliefs Under pPsychedelics](#)” in treating conditions like depression or fibromyalgia, creating rapid changes in patients' symptom burdens, Dr. Carhart-Harris shared:

*“The REBUS model is inspired by a dominant model in cognitive neuroscience psychiatry, called hierarchical predictive processing. This says we experience the world through internal predictive models of our environment and how we make meaning of our experiences. REBUS says that psychedelics modulate the strength of encoding of internal predictive models—they dial these down.”*

Psychedelics can create changes in how our internal predictive models “frame” our environment and personal circumstances, downregulating overly alarming predictions that can negatively bias one's nervous system toward perceiving incoming information and/or sensation as threatening, dangerous—or painful. This allows people to move on from reflexively negative expectations to more neutral evaluations and the development of internal resources. Relevant to this discussion, and expanding from the typical mental health frame, maladaptive predictions are often the cause behind complex chronic pain, the body sensing danger or injury long past initial injury, tissue damage, or nervous system assault.

Dr. Lewis shared an emerging view in her lab's research: if traumatic experiences can drive long-lasting negative neuroplastic changes, as seen in PTSD, then [psychedelics such as MDMA may be capable of inducing comparable neuroplasticity that results in durable, positive psychological outcomes](#).

In speaking to the potential mechanisms behind this, she stated:

*“There's been a deep disconnect not only in psychedelic science but across neuroscience and psychology, that the psychological is different than the brain or the biological—and they're not. They influence*

*each other. We have a large body of literature showing that feelings and experiences of psychological disconnection lead to widespread biological disruption via epigenetic mechanisms. Everything from decreased neuroplasticity, chronic inflammation, dysregulated stress physiology, and altered neurocircuits underlying mood, reward, and cognition can be traced back to stressful experiences altering epigenetic regulation. Is it possible that psychedelics, both their pharmacological actions and their induced psychological states, lead to symptom reduction through similar epigenetic modifications? Our research of both animal and human models with psilocybin, MDMA, and ketamine show epigenetic modifications, similar to how gene expression changes as a result of early life adversity.”*

Dr. Nichols' work has revealed that [psychedelics are potent anti-inflammatories](#), with some compounds 700-800 times more effective than corticosteroids, even at sub-psychoactive doses. He hypothesizes that this potent anti-inflammatory action allows for structural neuroplasticity to thrive and encourages a healthy gene expression. In discussing how these properties can produce lasting improvements in conditions like depression or potentially chronic pain, he shared:

*“Our work with animals in a depressed state, shows that psychedelics lead to a 2-week period with a burst of synaptic plasticity and the ability to get out of the rut. By manipulating the environment of these animals during these 2 weeks, we can create an anti-depressant effect that persists 3-4 months later. There is an epigenetic activation of key molecules that facilitates this neurotransmission. So that when we're looking four months, five months after a single treatment with psilocybin, these animals are still acting like normal, non-depressed, non-stressed animals. We have evidence for epigenetic modifications in our anti-inflammatory models, so it could be that different psychedelics may be targeting different epigenetic markers to produce these long-lasting effects.”*

When asked what was the least understood aspect of their research, their answers were revealing. Dr. Lewis offered:

*“While a lot of media attention has focused on transgenerational epigenetic effects, the majority of epigenetic research really is about the single organism—within their own lifespan. I find the study of epigenetics to be so groundbreaking to understand how psychedelics can make changes to gene expression similar to a wide range of life experiences.”*

Dr. Nichols concluded with:

*“What's really amazing is that the behavioral effects and potencies of psychedelics don't match up with their anti-inflammatory ef-*

*fect. For example, LSD is a really bad anti-inflammatory, but it's a really good, potent psychedelic. We're looking at the signaling pathways now, and we know that the signaling that leads to behavioral effects, are not the primary pathways involved in the anti-inflammatory effect. I'm exploring why some psychedelics are so potently anti-inflammatory, while others aren't anti-inflammatory at all. This is the conundrum that faces me every day."*

In closing, Dr. Carhart-Harris offered:

*"There is a parallelism between mind and body. As a philosophical perspective, you might call that dual*

*aspect "monism" or "property dualism." It's recognizing that mind and body are different in how we experience them, how they look and feel to us. This is relevant because changes in the mind can causally influence changes in the body. This is very relevant to psychedelic therapy work and physical disorders like fibromyalgia syndrome."*

A crucial takeaway from this complex discussion is that no single model fully explains psychedelic action; taken together, they reveal a picture of medicines capable of driving biological changes across both physiological and psychological domains. Where the models converge, we see strong evidence for their

therapeutic potential; where they diverge, we uncover new questions and avenues for discovery.

Looking ahead, the challenge is not only to deepen our scientific understanding but also to translate it into practice. Integrating psychedelics into patient-centered care models means building pathways where research, policy, and clinical innovation meet, so that people living with pain, neurological injury, or other debilitating conditions have access to safe, effective, and whole-person treatments.

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**The 2025 Psychedelics & Pain Symposium highlights the emerging field of psychedelic transdiagnostic potential, register to join the online event on Sept 27 & 28.**

**Court Wing** is the Founder and CEO of REMAP Therapeutics and Co-Founder and Research Lead of the Psychedelics & Pain Association. With over 30 years of experience, Court has helped thousands overcome injury through the use of applied neurophysiology. In 2020, Court participated in NYU's trial of psilocybin for Major Depressive Disorder. By the end of his dosing day, Court achieved full remission from depression AND relief from chronic pain. With his background in neuromodulatory approaches for pain and performance, he realized psychedelics could revolutionize chronic pain treatment, and REMAP Therapeutics was born. REMAP is devoted to formal psychedelic rehabilitation for treating chronic pain, neurodegenerative, and other physical conditions.



# Let's Get That On Paper

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FOR PSYCHEDELIC STUDIES

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**Deborah Parrish Snyder • Betty Aldworth**

**In an age marked by** ecological uncertainty, mental health crises, and a deepening hunger for meaning, the re-emergence of psychedelics as legitimate tools for healing and transformation stands as one of the most compelling cultural developments of our time. With the advent of the War on Drugs, though, both research and publishing of critical developments in psychedelics and psychedelic therapies declined, pushed to the fringes of academia and society. MAPS' founder Rick Doblin saw the opportunity to protect that knowledge—and create opportunities for new learnings to be published—through MAPS.

In 1997, Rick established the MAPS publishing arm with our first book, *The Secret Chief: Conversations with a Pioneer of the Underground Psychedelic Therapy Movement* by Myron J. Stolaroff. Through our imprint, MAPS has amplified the voices of luminaries at the intersection of scientific rigor, cultural advocacy, and spiritual insight, such as Stanislav Grof, Albert Hofmann, Claudio Naranjo, and Beatriz Caiuby Labate.



Twenty years after *The Secret Chief* went to print, the worlds of publishing and psychedelics had changed dramatically. Under the leadership of Betty Aldworth, MAPS sought a knowledgeable partner to guide us through “the trade.” Since incorporating in 1984, Synergetic Press has served as a vessel for revolutionary ideas that challenge societal norms and offer radical alternatives. Headed by Deborah Parrish Snyder for forty years, Synergetic has published works in consciousness studies, psychedelics, biospherics, and social justice—subjects that were far from the catalogs of mainstream publishing.

Our 2021 co-publishing partnership symbolizes the merging of two powerhouse institutions and the birth of a synergistic force accelerating access to psychedelic knowledge across the globe. This strategic partnership between Synergetic Press and MAPS has significantly expanded the availability and accessibility of vital literature in the psychedelic field and into bookstores, with a 600% increase in an-



nual readership of MAPS-published books in the first year alone.

Our first co-publication was a landmark collection on the life and work of Dr. Stanislav Grof, *Psyche Unbound: Essays in Honor of Stanislav Grof*, Edited by Richard Tarnas and Sean Kelly. This volume is a monumental tribute to Grof’s legacy as a co-founder of transpersonal psychology and a pioneer in psychedelic-assisted therapy. Contributors include a constellation of renowned thinkers—Joseph Campbell, Fritjof Capra, Huston Smith,

Frances Vaughan, and Ervin Laszlo—whose reflections underscore the profound impact Grof has had on the understanding of consciousness and inner transformation.

MAPS and Synergetic publish and distribute books about the knowledge and research on psychedelic medicines that span centuries and disciplines. Together, our organizations have invested in building knowledge banks of key resources in interdisciplinary fields, advancing cutting-edge knowledge that is foundational to public health and

**WITH MORE TO COME FROM:**

Each of these titles enriches the field of psychedelic studies and speaks to an intergenerational readership yearning for healing, reconnection, and the re-enchantment of the world.



wellness as interest in—and use of—psychedelics grows. By making these works available to therapists, scholars, seekers alike, we are shaping a cultural literacy around psychedelics that goes beyond the hype and into depth, promoting greater understanding of diverse perspectives on psychedelics.

In many ways, the MAPS–Synergetic alliance is more than a publishing partnership. It is a meeting of minds and missions—an act of stewardship for emerging wisdom. This collaboration helps ensure that

the literature informing broadening acceptance of psychedelics is equitable, accessible, responsible, and deeply rooted in our shared values and MAPS’ Seven Principles.

Over 25 years, many of titles have focused on securing the legacies of early pioneers in psychedelics and psychedelic-assisted therapies. As we look to the future, our ongoing partnership promises more cutting-edge publications to help steer us to new paradigms — nurtured by the wisdom of the past and informed by present knowledge.



**Betty Aldworth** serves as the Co-Executive Director of MAPS, working with colleagues and allies across the drug policy reform movement toward legal and equitable access to psychedelics for healing and personal growth in a post-prohibition context. Having worked in drug policy since 2009, she most recently served as the Director of Communications and Education at MAPS. With the Communications team, Betty worked to share MAPS’ story with our audiences and generate support for psychedelic research and reform through the media. Prior to joining MAPS in 2020, Betty was the Executive Director of Students for Sensible Drug Policy, where she led and supported tens of thousands of students and young people united to build a more sensible future through reforming drug policies to be rooted in safety, justice, and education. She serves as an advisor to DanceSafe and StoptheDrugWar.org and as the Chair of the Board of Directors for the Marijuana Policy Project and MPP Foundation.



**Deborah Parrish Snyder** has published over 40 books through her publishing house Synergetic Press, Ltd. in global ecology, regenerative agriculture, ethnobotany, psychedelics, and social justice, since establishing it in 1984. In 1986, she was on the team that designed and built a large-scale closed ecological system, Biosphere 2, developing the publications and educational programs for the complex. In 1990, she started The Biosphere Press, an imprint of the Biosphere 2 project, producing a dozen books and a classroom curriculum for children on biospheres and biomes. While at Biosphere 2, Deborah met Richard Evans Schultes, the grandfather of contemporary ethnobotany. She went on to publish his two books of photographs he made documenting people’s use of plant medicine in the NW Colombian Amazonia. Deborah is a director and VP of the U.S. non-profit, the Institute of Ecotechnics, based in Santa Fe, New Mexico at Synergia Ranch. The Institute owns the RV Heraclitus, an 84-foot ferrocement Chinese Junk design that sailed 270,000 miles around Planet Ocean, with two years up the Amazon on an ethnobotanical expedition inspired by Schultes (1980-1982). Deborah currently lives at Synergia Ranch organic farm and retreat center where she lives, contributes to the farm operations when she can, and continues publishing books.

# Music at MAPS

## Connecting Our Community Inside and Out

**Kevin Cranford, Jr.** • Communications Officer

**Sia Henry, J.D.** • Senior Policy Associate

**Devon Phillips** • Community and Partnerships Officer

**In the psychedelic ecosystem**, where human connection is at the forefront, music is a profound bridge linking our internal community and the broader public. At MAPS, music is more than just played in the background; it is a vital element that enhances our cultural initiatives, fosters a sense of organizational unity, and amplifies our message to the world.

### Connecting Outside Our Company

#### The Power of Shared Playlists

Music is a universal language that transcends cultural and linguistic barriers. When I came up with the idea of curating [Spotify playlists](#) for our monthly campaigns—such as Black History Month, Women's History Month, and Asian History Month—I wanted to create an avenue for deeper engagement with diverse communities. These playlists are not merely compilations of songs; they are carefully crafted narratives that celebrate the richness of various cultures and histories through their musical heritage.

Our playlists serve several important purposes. First, they educate and inform our audience about the cultural significance and contributions of different groups which are often overlooked in the psychedelic music genre. By featuring artists and genres that highlight the experiences and stories of other communities, we foster a greater understanding and appreciation among listeners.

Second, these playlists act as a tool for building bridges. They invite our audience to explore and experience the beauty of diverse musical traditions,

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Music, for me, has always been a bridge, and we want to use that same bridge to expand the perception of psychedelics to what they truly are: a space that always has been—and still is—deeply meaningful for Black people and our communities.

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fostering a sense of connection and empathy. As listeners dive into these curated selections, they embark on a journey that enhances their awareness and broadens their cultural horizons.

Finally, our shared playlists help to amplify the voices of marginalized and lesser-known artists. By promoting their work, we contribute to a larger movement of recognition and celebration of diverse talents, supporting the growth and visibility of these artists in the global music scene.

## Strengthening Internal Bonds

### Music around the office at MAPS

Inside MAPS, music plays an equally significant role in creating a vibrant and cohesive workplace culture. I serve as the DJ during our weekly All Hands staff meetings. I bookend the gatherings with carefully selected musical pieces, to set the tone for the collaborative spirit that drives our mission forward.

Opening these meetings with music serves to energize and unify our staff. It creates an inviting atmosphere that encourages engagement and participation. Whether it's a funky new psychedelic jam that came to me from the Spotify algorithm or a classic anthem that resonates with our older employees (that's how I got the name DJ DadRock), the music we choose reflects our collective identity and aspirations.

Closing the meetings with music provides a moment of reflection and connection. It allows everyone to wind down, process the discussions, and leave with a sense of harmony and purpose.

Incorporating music into our meetings allows me to showcase the diverse musical influences within our team. It celebrates the varied tastes and backgrounds of our staff, highlighting the richness of our internal culture. This practice not only fosters inclusivity but also sparks conversations and connections among employees, strengthening our internal bonds.

## Reflection on MAPS' Black History Month Playlists

**Sia Henry, Esq.**

Senior Policy Associate

Black people influence everything. We created many of the American musical genres, including gospel, country, jazz, rock and roll, R&B, soul, and rap. And yet, "America's love for [B]lack culture, but not [B]lack people has erased African Americans' role in pioneering American music."<sup>1</sup> The same can be said for so many other aspects of our culture from clothes to food, dances, and language. MAPS' Black History Month playlists are important because they allow an opportunity for us to highlight the breadth of diversity, innovation, and artistic genius within the Black community. Doing this in the psychedelic space

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<sup>1</sup> <https://vinedixonportfolio.com/app/black-music-history/>

is especially unique as, oftentimes, the music we hear at psychedelic-centric concerts and festivals, conference after-parties, and even psychedelic-assisted therapy playlists do not seem to be by us or for us.

Being from Brooklyn, New York, I grew up on rap music, a genre that requires an immense amount of creativity, wit, and humor. Rap has also historically been a powerful channel for communication, connection, validation, and reflection on the social, economic, and political state of our environments.

When we talk about being inclusive, especially when it comes to healing and wellness, it is important we design spaces that are genuinely for everyone, and that includes musically. Some may notice 2024's Black History Month playlist was a little different from last year's. In 2023 we largely selected more "mainstream" (read: "safe") music by Black artists. I think this is reflective of how a lot of Black people enter predominantly white spaces: with caution and fear of being misunderstood, stereotyped, and demonized. But, in 2024, it felt important to create a playlist that was more reflective of the diversity of Black experiences, especially those of people who are often not in psychedelic conversations and are less likely to have access to meaningful and culturally appropriate mental health support.

Can some of the songs in the 2024 playlist be considered "violent" or otherwise problematic? Maybe. But they were also reflective of many people's realities, particularly those living in heavily policed, urban areas. They also demonstrate a wealth of creativity, confidence, and resilience, all things Black folks have had to embody to survive throughout the centuries and still today.

This year, as we see major efforts, led by the Trump Administration, to dismantle DEI efforts and remove legal protections for historically oppressed and exploited communities, we chose to create a [2025 Black History Month playlist](#) that focuses on Black resilience, resistance, and joy.

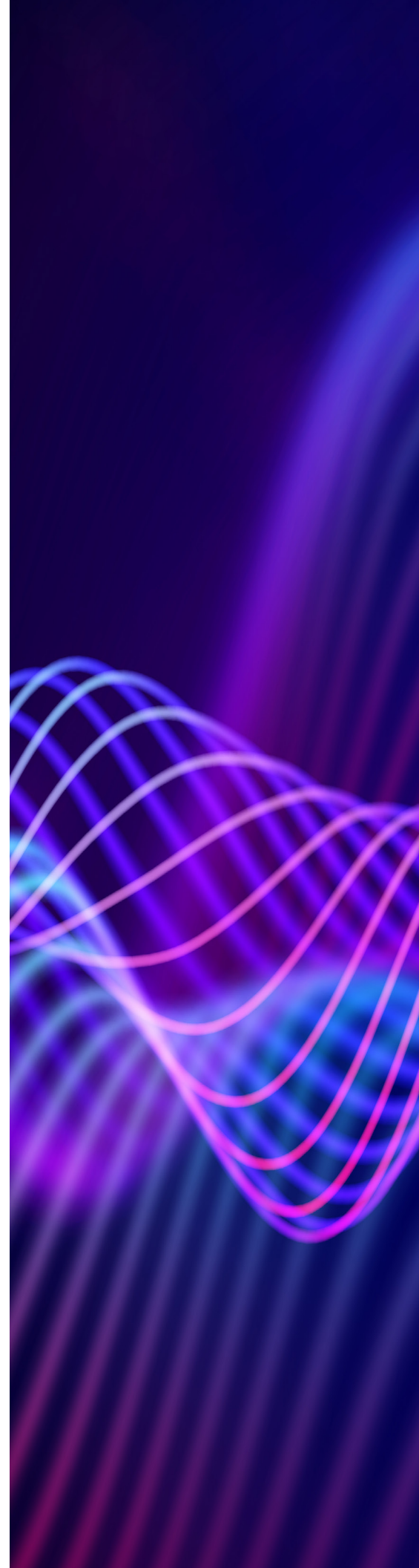
To put it simply, if we want to build a psychedelic movement truly meant to support healing for all people, we have to create space to honor and acknowledge the value, contributions, and needs of Black folks from the "hood." Failing to do so perpetuates white supremacist practices of only deeming acceptable the Black people who make white people comfortable, something that often requires us to [code switch](#) and mute parts of ourselves, behaviors that are [exhausting and harmful](#).

## Blending Beats and Psychedelics for a Transcendent Future

**Devon Phillips**

Community and Partnerships Officer

Music is the bridge. It's the creator, the expander, the provider, and the unifier. It is both the professor and the student. As with most Western concepts, Black usage of psychedelics—culturally, musically, and recreationally—has been overshadowed. Not only has this deprived our community of its history (a far too familiar story), but it has also created a gap in access to psychedelic education during this 're-emerging' psychedelic era.



This brings us to the lessons we've learned through Black music: tools that change society are the ones that reach the basketball courts, the barbershops, and the spaces that mold us. Last December, we launched 'Music is the Bridge,' pairing artist-curated playlists with free psychedelic resources, such as our integration workbook and psychedelic fundamentals course.

So far, over 2,500 new people have downloaded these resources and begun their journey into psychedelics. In addition to this Black history playlist, we will release new playlists curated by a range of Black artists to highlight their experiences and expand access to these resources by meeting people where they are.

Nobody buys a yearbook they can't see themselves in. I'm a Black

kid from Texas, shaped by the sounds of Otis Redding, Funkadelic, and Biggie—who, at some point, just happened to try acid. Music, for me, has always been a bridge, and we want to use that same bridge to expand the perception of psychedelics to what they truly are: a space that always has been—and still is—deeply meaningful for Black people and our communities.



**Kevin Cranford** serves as Communications Officer for MAPS. Kevin earned his bachelor's and master's degrees from Morgan State University, the premier HBCU in Baltimore, Maryland. After an early career spent at ESPN

and ID Discovery working as a production assistant, Kevin comes to MAPS after a decade in the legal services field, traveling the country's courtrooms as a trial presentation consultant.

But drug policy has always been his passion. While in Maryland Kevin spent years as a cannabis advocate and organizer in the DMV area, working with Maryland NORML, the National Cannabis Festival, and the Minority Cannabis Business Association. Now he is excited to bring his passion for communications and drug policy here to MAPS!

Outside of his professional life, Kevin enjoys hiking and ultimate frisbee, music, and his United States of America accounts. He lives in the suburbs of Connecticut with his wife, two sons, and their dog Bohgart.



**Sia Henry** is deeply committed to liberation and racial justice and has spent a decade in the criminal legal system reform and abolition spaces. She comes to MAPS with the goal of ensuring Black, indigenous,

and other communities of color have meaningful access to transformative healing opportunities. Sia previously worked with the Restorative Justice Project at Impact Justice, supporting community-based organizations and criminal legal system partners around the country in establishing pre-

charge restorative justice diversion programs that, without relying on prosecution or incarceration, bring those who have caused and been impacted by harm into healing and accountability processes. She also spent a number of years on conditions of confinement work, engaging in impact litigation and training to improve conditions for incarcerated people with physical and developmental disabilities and mental health issues and those most at risk of sexualized violence.

Sia serves on the Board of Directors for Mount Tamalpais College (formerly the Prison University Project) at San Quentin State Prison (the country's first, tuition-free and independently accredited college situated inside a prison). She also founded the Hood Exchange to introduce formerly incarcerated, Black communities to international travel throughout the African diaspora. Sia graduated from Harvard Law School and Duke University.



**Devon Phillips** is the Creative Strategist for the Multidisciplinary Association for Psychedelic Studies (MAPS) and Co-Founder of the Harm Reduction organization "More Life". With his work, Devon develops

cultural facing strategies to answer the question "How do we responsibly mainstream psychedelics?". His background is in Behavioral Neuroscience and Human-Centered Design but has a deep love for art, music, and fashion. Before joining MAPS, Devon founded a virtual reality software start-up that was later acquired in 2018. Devon describes himself as a culture nerd that loves the complexity of humanity and wants to be the bridge between our cultures and consciousness exploration.

# Dancing Psychedelics

## Between Ecstasy and Worldmaking

Ana Flecha

**At the MAPS Psychedelic Science conference** in Denver, 2025, I had the privilege of being part of the panel *Between Ecstasy and Escapism: Raving as a Contemporary Ritual*. The speakers examined how raving, sometimes framed as escapist hedonism, actually functions as a historic and ongoing site of community, healing, and contemporary ritual practice. I was on the panel to contribute insights from my [research on the Santo Daime bailado](#), a ritual dance performed in the *força* (force or energy) of ayahuasca, referred to as *daime* and considered a sacrament.

Santo Daime is considered to be a school, and in this school, the *daime* sacrament is the “professor of all professors” accessible upon ingestion through teachings received by practitioners. Many of us may have negative associations with school from our childhoods remembering traumatic experiences of discipline, oppression and tedium as we were forced to sit still and ingest



Santo Daime practitioners performing the bailado in the Cathedral of the Queen of the Forest in Céu do Mapiá for Madrinha Rita Gregório de Melo's one-hundredth birthday. Photo by Kleu Melo.

information we may not have found at all interesting. Based on my research on the Santo Daime *bailado*, in this article I highlight the potential of dance in the quest for healing with psychedelics as part of a different kind of school that values corporeality and corporeal knowledge in the larger quest to build new, alternative worlds from the one we are currently living in.

To understand the deep and enduring socio-cultural values of any dance, it is necessary to consider the historical context it came from. Santo Daime was founded in the 1930s in Acre, Brazil combining Indigenous Amazonian plant knowledge with Afro-Brazilian spiritualities, esoteric European traditions, and Catholic influence as part of what I consider to be a *Caboclo* knowledge system. The term *Caboclo* refers to an Indigenous person of mixed ancestry. As the chief agents of the rubber boom years in

the Amazon basin, *Caboclo* expertise, familiarity with the forest, and ability to accumulate new knowledge contextualizes the choreography of the Santo Daime *bailado* as an eclectic educational activity of the Forest.

Beneath its formal repetition, the *bailado* is a dynamic practice of alignment and transformation. To dance in the force of *daime* is to encounter an altered body-mind relationship in which sensations and self-awareness are heightened, time bends, and space is charged with perceptual and affective fluidity. Deceptively simple, the effects of performing the *bailado* across extended periods of time are profound, invoking visions, insights, and emotional revelations.

In performances of the *bailado*, the body is animated and agentic calling in, receiving, and realizing visions, emotions, and cosmological insights through patterned



One of the *bailado* from the centennial celebration in Mapiá

movement so they can be studied and incorporated into the formation of desirable worlds through sound and movement. The dance itself is deceptively simple with minimal steps performed swaying from one side to the other in tightly ordered lines, guided by the rhythm of hymns sung while playing *maracás*, handheld shaker instruments. The *bailado* thus enacts a choreography of intersubjective coherence in which individuals sync their steps to each other, to the hymns, and to the plant spirit world, creating a collective vessel for navigating the stormy seas of the ayahuasca experience and of life more generally.

On the surface, [rave floors and Amazonian temples might appear worlds apart](#). One pulses with strobe lights and bass drops, the other with hymns and candlelight. Yet both [bring people together through dance, rhythm, and state-altering medicines](#), crafting worlds that reconfigure relationships to self, community, and the cosmos. Both reveal that dance, especially when joined with psychedelics, is capable of going beyond entertainment or diversion. Dance is a method of knowing, a catalyst for transformation, and a collective act of worldmaking.

## Dance as Method

Psychedelics have long been framed through the language of chemistry, neurology, and therapeutic intervention. In contemporary Western contexts, their value is often measured in terms of biomarkers and clinical outcomes, stripped from the ritual, aesthetic, and relational worlds that have shaped their use for generations. Yet when we look beyond the clinic to embodied practices like dance, psychedelics reveal themselves not merely as substances but as forces that choreograph relations between bodies, environments, and imaginations. In the Santo Daime *bailado* as in raves dance is not an accessory to psychedelic experience but a central technique of navigation, transformation, and world-making. Dance as method implies investigation as well as expression. Practitioners take on roles of both audience and performer in this dance, contributing to the calling in of what are known as *currents*, expansive, visceral states of knowledge circulation between seen and unseen realms.

Santo Daime currents are amplified in *bailado* works allowing for direct multi sensorial engagement with one's corporeality and consciousness as a spectrum. The



Panelists for "Between Ecstasy and Escapism: Raving as a Contemporary Ritual," at the MAPS Psychedelic Science Conference in Denver, June 2025. Panel members from left to right: Stephanie Karzon Abrams, Ana Flecha, Michelle Lhooq, Taylor Bratches, and Mia Sarno. Photo by Joanna Magdalen Skorupa.



Santo Daime practitioners performing the *bailado* in the Cathedral of the Queen of the Forest in Céu do Mapiá for Madrinha Rita Gregório de Melo's one-hundredth birthday. Photo by Kleu Melo.

*bailado* shows us that learning in psychedelic spaces is not only cognitive or verbal, but proprioceptive, felt through joints, breath, subtle shifts of balance, and sensorial discourse. *Proprioception* is our body's ability to sense its own position and movement, how each gesture feels from the inside, and where our various parts and limbs are in space and time. It is how we know ourselves corporeally composing a live tracking of movement from within. Amplifying our proprioceptive senses, dancing with psychedelics may therefore help us cultivate self-awareness as part of a quest for healing, perceiving ourselves as whole and as part of the worlds we move through.

## Corpo-Imaginal Myth-Making

In the *bailado*, participants enact a new cosmology as part of a method of self-study, studying their feelings, desires, projections, habits and patterns of knowing within a community that spans human and nonhuman beings alike engaging with and expanding their imaginations. The hymns sung while dancing call upon spirits, plants, rivers, and celestial beings to tell original stories. As participants perform the steps repetitively, they both contribute to and draw upon the current they are invoking through their performance weaving what I call *corpo-imaginal myth-making*.

Blending bodily experience and visionary imagination into shared worlds of meaning, this work links people to the forest, the sea, to ancestors, and to divine figures offering an important corrective to dominant psychedelic models that reduce medicines to chemical interactions in the brain. Psychedelics are also social and mythic technologies that generate shared worlds. The multidimensionality of dance as an embodied practice expands these processes so we may be more conscious of our agency in shaping these worlds in alignment with our dreams and collective desires beyond individual healing.

## Beyond Set and Setting

Much of psychedelic research today emphasizes the importance of “set and setting”—the psychological mindset of the individual and the physical and social environment of the experience. While this framework was groundbreaking in the 1960s, it now risks oversimplification, framing context as a backdrop or container rather than as the substance of psychedelic experience. Dance practices like the *bailado* and rave culture reveal the limitations of this model. In these spaces, context is not external but is created through movement, rhythm, and collective intention. The dance is not a setting for psychedelic experience but is the psychedelic technology itself. To reduce such practices to “set and setting” misses their richness, their histories, and their power as modes of survival, resistance, and renewal.

Studying the *bailado* raises critical questions about the politics of knowledge in the field of psychedelic science. Much of the current excitement around psychedelics in the Global North emphasizes medicalization, commodification, and individualized therapy, often erasing the embodied, collective, and Indigenous-rooted practices that have sustained these substances

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Unlike a pill taken in silence, the *bailado* insists on participation, on collective rhythm, on the arduous yet joyous labor of synchronizing with others.


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for centuries. The *bailado* intervenes as a counterpoint to this hegemonic narrative demonstrating that psychedelics are not reducible to molecules acting on brains but are part of complex systems of ritual, music, movement, and myth. To understand psychedelics only through the clinic is to perpetuate colonial patterns of extraction, stripping the plants from their cultural ecologies and ignoring the embodied knowledges that give them meaning. Dance makes this explicit revealing dimensions of psychedelic experience that cannot be captured in brain scans or clinical metrics and showing us that psychedelics are not only substances, but catalysts for relational, mythic, and choreographic work.

Unlike a pill taken in silence, the *bailado* insists on participation, on collective rhythm, on the arduous yet joyous labor of synchronizing with others. It resists the privatization of healing and instead enacts an ethic of relationality. Healing happens in and through community, through shared steps and songs, through myth made of movement.

In a time when many feel disoriented by overlapping ecological, political, and existential crises, the lessons of the *bailado* are urgently relevant, revealed step by step, breath by breath, body to body. Raves and the Santo Daime *bailado* both remind us that in dancing together, we practice futures otherwise. We perform ways of being in community, ways of relating to the Earth, ways of imagining ourselves into being corporeally and sensorially. These are not escapes from reality; they are performances that form desirable worlds.

Psychedelics open doors. Dance teaches us how to walk—or sway, swagg, or samba—through them.



**Ana Flecha** has a Ph.D. from the Latin American and Latino Studies Department at the University of California, Santa Cruz, situating her research in critical dance studies and studies of Brazilian popular culture. She directs the *Espaço Flecha do Mar*, a cultural center in the Northeast of Brazil, where she teaches and hosts dance and music events, contributing to the local arts scene and receiving cultural workers and teachers from around the globe. Through her research and creative work Ana advocates for proprioceptive justice, each one's right to bring their whole self to research, performance, and educational endeavors. She works to expand definitions of dance, and ways dance is conceived and consumed.

# Ketamine States

## A Journey Through the Mind

### Guidelines for the Personal and Clinical Use of Ketamine

Mark Braunstein, D.O.  
Phil Wolfson, M.D.

**Ketamine can be a wonderful** and enticing experience. It often promotes a better mood, vivid imagination, and relief from anxiety, trauma, rumination, and depression. It can be sensual, elevating, and lead to a sense of communion with the divine, fostering greater tolerance and closeness in relationships. These are the qualities that make ketamine compelling and potentially transformative.

But ketamine is also highly variable. Its impact depends on dosage, route of administration, individual sensitivity, the setting, and the emotional state brought into the experience. In some clinical contexts, ketamine is intentionally under-dosed to avoid psychedelic effects, making the experience subtle or even imperceptible.

The most important therapeutic benefit is often the time out from ordinary mind—what we call ego dissolution. This provides a break from persistent mental patterns and a chance for reorganization of self-perception.

## Low-Dose

### Relaxation and Insight

At lower doses, ketamine tends to produce emotional and somatic relaxation. It fosters communication and emotional openness—similar in some ways to MDMA—and can allow difficult feelings or traumatic memories to surface in a manageable way. We call this the psycho-revelation process. With skilled facilitation, these low-dose experiences can lead to meaningful emotional breakthroughs and growth.

## Medium to High Dose

### The Transformational Space

As the dose increases, so do the anesthetic and dissociative effects. Eventually, the user enters a deeply internal state—lasting about 20–30 minutes—where all connection with the external world is suspended. Traditionally referred to as the “k-hole,” we prefer the term Transformational Space.

In this space, one is entirely immersed in inner consciousness. The five senses are muted, and memories of the experience may be limited. Having a sitter or skilled therapist present is essential, especially because external agitation or “enactments” may occur without awareness. These moments, while potentially alarming to an observer, are often remembered by the participant as profound or even ecstatic.

The Transformational Space is powerful but unpredictable. Journeys may include contact with archetypes, dreamlike scenarios, or sensations of cosmic unity. Common themes include: dying without fear, reunion with deceased loved ones, immersion in natural elements, and feelings of universal connection. The experience may also surface painful memories or provoke anxiety, especially in unsupervised settings.

**The Ketamine Research Foundation's  
Comprehensive Consumer and Practitioner  
Ketamine Guide**

Guidelines for the Personal Use and  
The Clinical Administration of Ketamine  
Safety and Standard of Care  
Phil Wolfson, MD and Mark Braunstein, DO

**ketamine**  
research foundation

AVAILABLE FOR DOWNLOAD NOW  
[WWW.KETAMINERESearchFOUNDATION.ORG/GUIDELINES](http://WWW.KETAMINERESearchFOUNDATION.ORG/GUIDELINES)

## The Risks of Full Ego-Dissolving Journeys

At high doses, the risk of physical disconnection from the environment becomes acute. Errors in judgment may occur—choosing an unsafe setting, attempting to drive afterward, or taking more than intended, particularly when using powder. Potency and absorption can vary widely, especially with insufflation.

Furthermore, repeated deep journeys can lead to diminishing returns. The more frequently ketamine is used, the more likely it is that the experience becomes self-absorbed, disconnected from relational life, and reinforcing of grandiosity. It's critical to integrate these experiences to make use of their healing potential.

## The Importance of Integration and Support

Every ketamine experience is unique. You may feel you've received a message, seen a new reality, or tapped into a part of yourself previously unknown. But if these revelations aren't integrated—shared, reflected on, and supported—they can become disjointed or even destabilizing.

Having a therapist or sitter skilled in integration is invaluable. Talking through the experience, writing a “trip report,” or even recording your narrative can help preserve insight and prevent confusion. This is especially true after deep journeys, where memory may fade quickly.

Ketamine is, at its core, a meditative medicine. It facilitates access to otherwise unreachable states of consciousness. With care, intention, and support, it can become a tool for profound healing and self-discovery.

The overwhelming number of people who use ketamine don't get hooked. For most of us, the ketamine experience is not just an easy ride. Like most psychedelic experiences, there are inevitable stresses and rough aspects. While our experience may say ‘there is more to be learned and experienced from ketamine,’ we do not wish to be seduced to a compulsive repetition.

Most studies report no cases of misuse in the clinical setting, indicating that an appropriate and safe container significantly reduces the risk for dependence.

The allure to escape into an altered state and experience enhanced sense of well-being that accompanies a ketamine experience is powerful.

Among ketamine users, there are those who follow a course of increasing use and get hooked. You may start slowly, at a party, with friends, at home alone. It is not an instant hook, but rather a crescendo of use that varies for each person. K has that capacity to be captivating and a lure to its use. We don't want to respond to that. A considerable risk factor is easy access to ketamine. Too frequent use is a recipe for dependence. Ketamine experiences need to be integrated into daily life and relationships—serving us for healing, growth, and consciousness.

K dependency is not a pretty experience. It is a state of being elsewhere; residing in a universe of the 'elsewhere'; absent the ability to ground in this reality; with loss of connection to our friends and loved ones; with loss of connection to the core of our lives lived, however difficult those lives may be.

It tends to be a state of grandiosity, complete or near complete self-absorption, with a feeling of separateness, importance, and Mission. It is intensely illusional, and hallucinatory, and has an appeal to it that is hard to dismiss. The theme song of being hooked goes like, 'This is it and I don't want to be anywhere else.'

There are dangers—ketamine may well impair memory while you are high and, in the aftermath,—forgetting when and how much your last dose was and leading to having taken more than you want to—and more frequently. There are the problems that come along with ketamine intoxication in the wrong setting; and making errors in judgment that risk your safety—like getting in a hot tub when you are about to go ketamine unconscious; or getting in an altercation when you are socially impaired; or driving much too soon. Stupid mistakes can be injurious or even fatal.

Ketamine dependence is difficult to overcome. It is hard to let go of; hard to let others in; hard to admit to oneself that one is hooked as the unhook is so unappealing. To accept your personal use as problematic is to challenge your own feelings and beliefs. In the return to a shared reality, we may re-gain awareness of the reality we were seeking to escape. It is typical to fight off interventions no matter how well meaning. The involvement and concern of the family is often necessary to affect change. And once an intervention is made and is successful, ketamine cravings may cause relapse(s).

## The First Guideline is:

Life requires each of us to have a functioning Mind—and a connection with that mind—and with people outside of us. Purpose, meaning, kindness, and functioning in the world are imperatives. If personal use is all about me, my drug inflated, introverted, private cosmos will ultimately be my ruin, and not my liberation.

The depth of a ketamine experience depends on several factors: The amount of ketamine you ingest. The more you take—by any route of administration, the deeper your experience will be. Leaving this reality entirely for the deep ketamine journey space is referred to as the k-hole and k-holing. We prefer The Transformative Space. As you will not be responsive to your environment or others, it is an imperative that you be accompanied, cared for, and watched over—if you choose to go to that depth; or if inadvertently you take an amount of ketamine that puts you there. Users naïve to ketamine can get agitated and uncomfortable without any knowledge of their actions or safety. The same is true for experienced users who may be surprised by the depth of their experience. Ketamine is fairly unpredictable, and each experience is different—both in depth and the qualities of that experience—where you go, who you are in it.

## Warning Signs of Impending or Actual Dependence

- If you are experiencing cravings, you are in danger. Cravings are your body's signal that it is becoming dependent on the changes brought on by ketamine and is struggling to self-regulate. It is a clear indicator that a dependency is starting.
- **STOP!** If you are having urinary tract/bladder symptoms such as painful urination, pelvic floor pain, or difficulty controlling your bladder.
- **STOP!** If you are becoming confused, grandiose, losing touch with your life, family and friends.
- **STOP!** If you find yourself using ketamine in secret or are avoiding accountability measures.
- **STOP!** If you cannot successfully remain abstinent for a predetermined period. Intentional periods of

abstinence are the most effective way to assess your personal use and assess the impact it is having on your mental health, social health, and life in general. Resuming too quickly will put you right back on the road to dependency. Periods of abstinence are best intended to last for multiple weeks if not months.

- If you find that you cannot successfully maintain a period of abstinence do not be ashamed. Know that help is available and that recovery is possible.
- Crystalline ketamine is here and more and more abundant. It is often mixed with other drugs like fentanyl, cocaine, or MDMA. Don't snort untested powder. Ketamine lozenges are also being sold over the Internet legally and indiscriminately.
- It is important to check any illicit ketamine for fentanyl adulteration. Check out DanceSafe for information about testing your ketamine. Remember most dealers are in it for the money—only some are concerned with your safety and only a few with your frequency of use. Don't purchase from someone you don't know, or on the street. Don't be naïve—dealing in whatever form it may take—on the net or on the street—is about money—not about you.
- Getting rid of your stash is a good first step that typically must be followed up by engaging in a detox, inpatient, or outpatient program. This allows for social support and a physical barrier between you and your use. Many find that it is paramount to break contact with your source, leave the company of your fellow users, and learn to lean on those who are invested in your recovery.
- Injury through errors of judgment while under the influence is a risk factor that exists whether a person is dependent or not. While ketamine itself is a safe medicine with anesthesia occurring before reaching a lethal dose, passing out under dangerous circumstances can and has been life threatening.
- If these apply to you, you may well be done with ketamine. Resumption will tend to put you back on the risk road. Indeed, you may think you are back in control of your use after a significant break. Generally, this is not the case.

## In the Clinical Setting

### A Consumer and Practitioner Guide

(check out the 'Guidelines')

Carefully designed treatment protocols can significantly reduce dependence risk while maximizing therapeutic benefit:

- Ketamine treatment is maximized for its therapeutic benefit when provided as assisted psychotherapy in non-medicalized settings that focus on knowing you and being interested in your experience and its impact and meaning for you.
- Ketamine-Assisted Psychotherapy (KAP) is beneficial for many diagnoses, problems, and relational issues.
- Starting with lowest effective dose
- Individualized dosing based on sensitivity and needs
- Clear protocols for acute vs. maintenance phases
- Integration of experiences with scheduled sessions following ketamine administration
- Skilled therapists and prescribers providing psychotherapy and support.
- Development of insights and meaning beyond symptom reduction
- Building of non-drug coping strategies
- Ethical considerations in ketamine treatment include clarity about professional boundaries with attention to the vulnerability created by non-ordinary states of consciousness, avoiding any exploitation of their patients.

— an excerpt about Dependency

(Read the entire story in our 'Guidelines')

## Conclusion

The Ketamine Research Foundation Guidelines for Clinical Use represent an important step toward establishing standards of care in ketamine treatment. By implementing comprehensive screening, informed consent, structured protocols, integration support, and ongoing monitoring, clinicians can help ensure that ketamine's therapeutic potential is realized while minimizing the risks of dependence.

As ketamine continues to expand in both therapeutic and recreational contexts, the clinical community has

both an opportunity and a responsibility to establish standards of care that maximize benefit while minimizing harm. Through thoughtful implementation of these Guidelines, clinicians can navigate the complex balance between providing access to this promising treatment while protecting patients from the potential harms of dependence.

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## The Ketamine Research Foundation

<http://ketamineresearchfoundation.org/>

To access the full guidelines please visit:

<https://ketamineresearchfoundation.org/guidelines/>

To sign up for upcoming webinars regarding ketamine use and misuse, please email [krfguidelines@gmail.com](mailto:krfguidelines@gmail.com).



**Dr. Mark Braunstein** graduated medical school in 1997, then completed a General Psychiatry Residency at the University of New Mexico and then a fellowship in Child and Adolescent psychiatry at Maine Medical Center in 2002.

Upon graduation from his fellowship and becoming board certified in general psychiatry he established a private practice in Durango, Colorado, where plant medicine became part of his everyday integrative psychiatric practice.

In 2005, Dr. Braunstein integrated psychiatry into a residential wilderness setting, recognizing the advantages of plant medicine and nature in contrast to the limited efficacy and high side effect profile of traditional psychiatry. Although he is skilled in traditional psychopharmacology, his niche is in deprescribing psychiatric medications while optimizing patients' lifestyles through elements such as exercise, diet, spirituality, and plant medicine.

Having studied under Dr. Phil Wolfson at the Ketamine Training Center, Dr. Braunstein now collaborates with his mentor, leading training globally. He maintains a bespoke psychedelic practice licensed in 13 states and fosters relationships for psychedelic care in Central and South America, Africa, Europe, Israel, and Asia.



**Dr. Phil Wolfson** is a pioneering psychiatrist, psychotherapist, and leader in psychedelic-assisted therapy. He served as Principal Investigator for the MAPS-sponsored Phase 2, FDA-approved clinical trial

of MDMA-assisted psychotherapy for individuals facing significant anxiety due to life-threatening illnesses. His clinical work with ketamine led to his foundational role in the development of Ketamine-Assisted Psychotherapy (KAP), and his landmark book *The Ketamine Papers*, published by MAPS, remains a cornerstone in the field.

A lifelong activist and seeker, Phil has been a fixture in the Bay Area for nearly four decades. He is the author of *Noe—A Father/Son Song of Love, Life, Illness and Death* and has published extensively on psychedelics, transformation, and consciousness. In addition to teaching at institutions like JFK University, CIIS, and UCSF's Department of Psychiatry, Phil has participated in MDMA research since the 1980s and was a founding member of the Heffter Research Institute. He holds five patents for unique herbal medicines and has been widely featured in publications including *The New Yorker*, *Vanity Fair*, and *Wired*.

As founder and CEO of the Ketamine Research Foundation, Phil is committed to the ethical expansion of psychedelic psychotherapy. With over 50 years of clinical experience, he continues to champion a humanized, compassionate approach to care—especially for those navigating loss, grief, and the profound terrain of the psyche.

# The Living Legacy of Sasha Shulgin

**Wendy Tucker**

*Board Chair, Shulgin Foundation*

**Standing in that beautiful old church** in Denver, watching over 500 people gather to celebrate what would have been Sasha Shulgin's 100th birthday, I felt the profound weight of legacy and the electric energy of possibility. The Kirk of Highland, with its stone walls and soaring ceilings, looked like a castle. It was so perfectly fitting for honoring a man whose curiosity had opened entirely new kingdoms of consciousness.

But this wasn't just a memorial. As I looked out at the crowd I saw chemists and artists who'd traveled from around the world, therapists carrying forward my mother Ann's work, researchers building on my stepfather Sasha's foundations. I realized we were witnessing something essential: the living continuation of a lineage that runs directly from my stepfather's laboratory to Rick Doblin's vision for MAPS, and into a future where these medicines might finally serve healing on a global scale.

The timing was perfect, almost poetic. June 17, 2025, marked Sasha's centennial to the exact day, and we celebrated with simultaneous gatherings: one intimate celebration at Shulgin Farm in Lafayette, California, with young chemists from 11 countries, and that magnificent tribute at the Kirk of Highland in Denver.

That's why the [Shulgin Foundation](#) took such an unprecedented leadership role at Psychedelic Science 2025. This wasn't about nostalgia or ceremony. As MDMA faces new regulatory challenges and the field grapples with commercialization versus community values, we stepped forward because the movement needs to remember not just what Sasha discovered, but how he discovered it, and why that approach matters more than ever.

## The Thread That Changed Everything

When people ask me why the Shulgin Foundation matters to organizations like MAPS, I tell them a story. In the 1970s, Sasha didn't just resynthesize MDMA; he approached it with the same meticulous care he brought to all his work. He self-assayed it carefully, documented its effects with scientific precision, and in 1977, he [shared it with psychotherapist Leo Zeff](#).





Wendy Tucker and Peter Vitale

Leo recognized something extraordinary. He postponed his retirement and began quietly training hundreds of therapists in MDMA's use. For nearly a decade, this underground therapeutic network flourished, proving the compound's remarkable healing potential.

But when MDMA spread beyond clinical settings into nightlife, backlash was inevitable. In 1985, the [DEA placed it into Schedule I](#), effectively ending legal therapeutic use overnight. It was directly in response to this prohibition that Rick founded MAPS in 1986, with the explicit mission of bringing MDMA back to medicine through rigorous, FDA-approved clinical research.

The lineage is unmistakable: Sasha's fearless exploration > Leo's therapeutic vision > government prohibition > Rick's determination to restore MDMA to legitimate medicine. Every breakthrough MAPS has achieved traces back to that moment when Sasha first decided to investigate a forgotten compound with characteristic scientific rigor and deep respect for its potential.



The audience at Sasha Shulgin's birthday



The Shulgin Legacy Panel at Psychedelic Science 2025 with Amy Emerson, Mariavittoria Mangini, and Wendy Tucker, moderated by Brad Burge

## A Birthday Celebration Like No Other

Our Denver celebration perfectly captured this living lineage. I watched three generations of the psychedelic community come together. The evening began with an exhibition of visionary art before we all gathered in the sanctuary for the main event.

What followed was magical. Paul Stamets took the podium first, sharing a story about crossing an international border with Sasha for a conference. When customs asked about their destination, Paul nervously lied, saying they were attending a restaurant conference. Sasha scolded him: "Never be an apologist for your interest in psychedelics!" The audience erupted in knowing laughter. That was Sasha—never afraid to own who he was or what he did.

Rick Doblin echoed this theme of Sasha's courage, noting how he would present human-subject data on psychedelics even in front of DEA officials. "It was one of the more heroic, in-the-lion's-den moments I've ever seen," Rick said.

Then Leonard Pickard took the stage. "First, a confession: I'm a drug dealer," he drawled to whoops and

cheers. Speaking slowly and quietly about his last phone call with Sasha from prison, Leonard captured something essential about Sasha's poetic spirit. "The last thing he said: Where there are heavenly harmonies, there are heavenly harmonics."

Zach Leary brought his own perspective, describing Sasha's chemistry as "a bit like jazz" and sharing how, as a young man visiting the lab, Sasha had casually handed him a new 2C compound to try. "We spent the next several hours tripping—two or three too many, which we communicated back to him," Zach laughed. He ended by pointing out that we really are the originators and keepers of this knowledge tradition, the founders of a diffuse but vital culture that began with Sasha, Leo, and others and continues to evolve across the globe.

## Our Panel

### Bridging Past and Future

Three days later, our panel drew over 250 people to a packed room, demonstrating the field's hunger for the wisdom Ann and Sasha pioneered. Brad Burge moderated beautifully, weaving together insights from our distinguished speakers. Amy Emerson brought a crucial per-

spective from shepherding MDMA through FDA trials as former CEO of Lykos Therapeutics. She spoke about how the Shulgins' systematic approach—combining rigorous chemistry with careful documentation of subjective effects—provides a model for modern research that we ignore at our peril.

Mariavittoria Mangini offered her deep knowledge of psychedelic culture and the therapeutic frameworks that continue informing best practices. She emphasized how Ann's therapeutic insights remain vital guides as we scale these approaches.

I shared more personal perspectives on my parents' work and our mission to preserve their legacy, not as museum pieces, but as living tools for today's challenges. We examined the scientific innovation of their systematic approach, the enduring wisdom of Ann's therapeutic frameworks, and the critical importance of community building during this period of rapid industry growth.

The room was electric with engagement. People stayed afterward, crowding around to ask questions, share their own stories, and make connections. As the formal discussion concluded, something beautiful happened that I'd never quite seen at other conference panels: all the speakers warmly embraced each other on stage. I'd witnessed similar shows of affection at other events, but this felt different. There's something about the Shulgin tradition that is distinctly open, curious, inviting, and fully authentic, reflecting that quote from Sasha to Paul about never being an apologist. People still resonate deeply with their teachings, wisdom, and the container within which they did their work and built community.

It felt like those Friday night dinners at the farm, where chemists and therapists and artists would gather around our dining room table, sharing knowledge across disciplines.

## The Notebooks That Moved People

Throughout the conference, our booth became an unexpected pilgrimage site. We launched the [Sasha Shulgin Pharmacology Notebooks Project](#) with Hurtwood Press, a collection of facsimile "new originals" of Sasha's meticulous documentation. These are more than just beautiful artifacts; they're reminders of how this work should be approached. Sasha's notebooks include data, yes, but also poems, comics he found amusing, deeply personal reflec-



Exhibit booth at Psychedelic Science 2025 with Wendy Tucker, Peter Vitale, Jonas DiGregorio, and Jamis MacNiven



Exhibit booth at Psychedelic Science 2025 with Paul Daley, Dennis McKenna, and Jamis MacNiven



Alex and Allyson Grey



Peter Vitale and Liana Gillooly

tions. They show us that rigorous science and human sensitivity have to be essential partners.

But it was the response that truly moved me. Many people sought us out, especially after the Kirk event and our panel, wanting deeper conversations about Ann and Sasha, eager to discuss their work in relation to the continuing legacy, and simply to commune with like-minded community. Seeing Sasha's actual lab books was an added thrill that

really bowled people over. At least two people said versions of "this is the coolest thing at the show." Our lab pop-up drew crowds too, with many pictures taken.

These interactions reminded me why this preservation work matters so much. People hunger for authentic connection to this lineage, for ways to understand not just what the Shulgins discovered but how they approached the work itself.

## Why This Work Is Essential

Meanwhile, at the Farm itself, something equally beautiful was happening. Sixty young chemists from around the world gathered for the "Sashacentennial"—hiking Mount Diablo, discussing future projects like "the journal of self-experimentation," and holding presentations on chemistry, philosophy, and archiving. They performed pieces mentioned in [PiHKAL](#) and showcased impressive chemistry panels featuring researchers doing bench work with both traditional "Sashamines" and novel compounds.

These young scientists represent hope. They understand they're not just following protocols but carrying forward a tradition of careful inquiry, ethical experimentation, and open sharing of knowledge.

That tradition matters because today's psychedelic renaissance sometimes feels like it's losing touch with these principles. We see companies racing to patent naturally occurring compounds, researchers reluctant to discuss their own experiences, and a focus on pathology rather than human potential. The Shulgins never patented their discoveries. Instead, they published detailed syntheses in [PiHKAL](#) and [TiHKAL](#) as gifts to the world.

## Building the Bridges We Need

The Shulgin Foundation's leadership at Psychedelic Science 2025 wasn't about claiming credit or dwelling on the past. We wanted to build bridges across a community that sometimes

feels fractured—clinical practitioners separated from research chemists, therapists isolated from policy advocates, newcomers unable to access experienced mentors' wisdom. Our events brought together luminaries like Alex and Allyson Grey, Maria Mangini, and many others alongside emerging researchers. As Leo Zeff taught Rick during their work together, effective advocacy means building bridges, not burning them.

As we transform Shulgin Farm into a center for psychedelic education and community, we're creating permanent space for this bridge-building work. I envision chemistry lessons in Sasha's preserved laboratory, therapeutic training using Ann's frameworks, difficult conversations happening in the neutral, welcoming space they created.

Our [Seed Crystal Steward Campaign](#) embodies this community approach. Rather than depending on a few wealthy individuals, we're inviting everyone to become stakeholders. Each contribution, like a seed crystal in supersaturated solution, enables something beautiful to emerge.

Rick Doblin founded MAPS to bring Sasha's rediscovered compound back to legitimate medicine. Today, the Shulgin Foundation continues that mission by preserving and sharing the methodologies, ethics, and community spirit that can guide the psychedelic renaissance toward its highest potential. The thread that began in Sasha's laboratory runs through MAPS' clinical trials and extends into a future where these medicines serve healing and human flourishing on a global scale.

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Never be an apologist  
for your interest in  
psychedelics!

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To learn more about the Shulgin Foundation  
and join our community, visit:

[shulginfoundation.org](http://shulginfoundation.org).



**Wendy Tucker** is Ann Shulgin's daughter. She worked for many years with Sasha, doing research, working with him in the lab, and running Transform Press. She is an artist like her mother, husband, and daughter, owns Transform Press, and manages a chiropractic office. She has spearheaded the effort to preserve the farm, the home of Sasha and Ann and the location of the historic lab, and has created the nonprofit Shulgin Foundation.

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