Gather your community, start a conversation, and raise funds to make psychedelic therapy a legal treatment.

This April, we invite all of our supporters to host or attend a Global Psychedelic Dinner, joining people around the world in helping raise $400,000 for MAPS’ purchase of one kilogram of pharmaceutical grade MDMA for Phase 3 trials of MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD).

In addition to raising funds for vital research, the Global Psychedelic Dinners are also your chance to share your story about why you support psychedelic science and medicine. You’ll be helping reduce stigma and enhance public understanding of the risks and beneficial uses of psychedelics for science, healing, spirituality, creativity, and personal growth.

Register to host a dinner, find a dinner in your area, and donate at psychedelicdinners.org
maps.org

On April 17, 2016, MAPS hosts its 30th Anniversary Banquet and Celebration in honor of three decades of advancements in psychedelic research and therapy. At this historic gathering, we’ll bring together key figures in the community to celebrate the progress we’ve made since MAPS’ founding in 1986, helping build the future of psychedelic medicine with a fundraiser to support MAPS’ $400,000 purchase of 1 kilogram of MDMA for Phase 3 clinical trials to make MDMA-assisted psychotherapy a legal prescription treatment for posttraumatic stress disorder (PTSD).

Learn more and donate at psychedelicdinners.org/banquet.

30th ANNIVERSARY
Banquet & Celebration
April 17, 2016 • Oakland Scottish Rite Center • California
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From the Desk of Rick Doblin, Ph.D.

This special themed issue of the Multidisciplinary Association for Psychedelic Studies (MAPS) Bulletin, focused on “Psychedelics and the New Economy,” is about integrating into business and philanthropic contexts the insights of psychedelic experiences and therapy. It is also about various approaches to creating legal commercial access to medicinal—and beyond medicinal—experiences with psychedelics and marijuana. This focus on business is about as mainstream of a topic as you can get in the United States.

The first special themed issue of the MAPS Bulletin on “Psychedelics and Creativity” was published in Autumn 2000. It has taken MAPS almost 16 years and 12 previous special themed issues to arrive at the theme of the new economy. We first needed to develop our psychedelic and marijuana research to the point where legal prescription access was a realistic possibility. We are now in the midst of preparing for our End of Phase 2 meeting with the U.S. Food and Drug Administration (FDA) to plan the Phase 3 research needed to develop MDMA-assisted psychotherapy into a legal treatment for posttraumatic stress disorder (PTSD).

We have also begun thinking more proactively about post-FDA approval issues, as a result of the progress being made in the U.S. and around the world towards critically reevaluating our failed approaches of mass incarceration and Prohibition. There are now widespread calls for a new approach anchored in public health rather than criminal justice. At the moment I write this, Natalie Ginsberg, MAPS Policy and Advocacy Manager, is in Vienna, Austria, at the United Nations General Assembly Special Session (UNGASS 2016) on the topic of international drug policy. MAPS is advocating for science over politics in psychedelic and marijuana research, and for psychedelic harm reduction.

Now the time feels ripe for our special issue theme to be about commerce. Completely independently, in May 2016, the annual two-day International Forum on Consciousness in Madison, Wisconsin, which for the last several years has focused in whole or in part on psychedelics, will be devoted to talks about “Awakened Consciousness and the Evolution of Business.” I’ve also spoken recently at Social Venture Network events, which pioneered these sorts of discussions.

I’m hoping readers of this special issue will seriously consider whether our culture can indeed integrate psychedelics and marijuana into the commercial fabric of our society. Legal access could be integrated with more effective and compassionate drug abuse treatment programs, and would result in fundamental benefits for public health, freedom of thought, freedom of religion, the expansion of human rights, and the pursuit of happiness.

In this issue, our discussion of the new economy includes a thoughtful evaluation of issues related to the ethical conduct of business, fair trade and labor practices, environmentally sustainable processes and sourcing of ingredients, and fair allocation of profits. Matt Neal’s article in this issue discusses the fundamental modification of for-profit corporations, which are legally required to maximize profits above anything else, with the alternative corporate structure of public benefit corporations such as the MAPS Public Benefit Corporation (MPBC), which has the legally protected goal of maximizing social benefits over profits.

MPBC—wholly owned and funded by the non-profit MAPS—was created by MAPS in 2014. It’s designed to be the vehicle for managing our clinical research, and soon the FDA-approved sale of MDMA by prescription, to pay taxes on income, and to use profits for mission-related purposes. We are currently in the midst of a process of consultation with ethicists at the University of Pennsylvania to specify exactly which social benefits we intend to produce through MPBC, and to develop a quantitative system for evaluating our progress towards realizing those benefits. (The Spring 2015 MAPS Bulletin has an article that discusses MPBC in more detail.)

While MAPS is primarily focusing on developing MDMA-assisted psychotherapy into an FDA-approved treatment for PTSD, we are also on the verge of starting a Phase 2 pilot study of marijuana for PTSD in 76 U.S. military veterans. This research is funded by a $2.15 million grant to MAPS from the State of Colorado Department of Public Health and Environment, and will be conducted with marijuana provided by the National Institute on Drug Abuse (NIDA).

My article in this special issue evaluates the possible economic implications of MAPS possibly one day obtaining FDA
approval to market the marijuana plant in plant form, to be smoked or vaporized for the treatment of symptoms of PTSD. After such approval, there would be an initial three-year period of data exclusivity where MAPS might be the only source of FDA-regulated marijuana for PTSD. After that, marijuana would become a generic medicine. The eventual availability of generic, low-cost, high-quality, standardized strains of marijuana for a range of clinical conditions could serve the public interest as an additional treatment option beyond those offered by traditional for-profit pharmaceutical companies. These products would be marketed as patented drug delivery devices containing various combinations of cannabinoids and terpenes, at what would likely be much higher prices than similar combinations available in plant form. Sometimes the patented products would be physicians’ first choice for specific patients, and sometimes they would recommend the generic plant.

Unfortunately, the possibility of prescription marijuana in the U.S. is purely theoretical at this point due to the current Drug Enforcement Administration (DEA)-mandated NIDA monopoly on marijuana legal for federally regulated research. NIDA can provide marijuana for research, but not for legal prescription use. Until the NIDA monopoly ends, there is no alternative source of marijuana acceptable to the FDA that could be used in Phase 3 clinical trials or potentially sold by prescription. Fortunately, support for ending the NIDA monopoly is both building and bipartisan.

For a broader, more political view of the benefits of integrating psychedelics into our culture, you can watch the talk I gave recently at Google’s New York City offices maps.org/googletalk.

As MAPS approaches our 30th anniversary, it is time to celebrate the remarkable collaborations we’ve built between MAPS donors, volunteers, staff, government regulators, and scientific researchers around the world. It has been a privilege to work together all these years. The shore is now visible on the horizon.

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

COVER ARTIST: CAMERON GRAY

Front cover: Experience So Lucid Discovery So Clear Digital/Mixed Media

Back cover: Left of Me Digital/Mixed Media

Cameron Gray lives and works in Melbourne, Australia. Known primarily as an emerging visionary graphic artist, Cameron has qualifications in Graphic Design, Photography, Multimedia Design, and Contemporary Arts, as well as a keen interest in new media, sculpture, jewellery making, painting, experimental video and sound design.

His influences and admirations include Troy Ruffels, David Ho, Ryan Larkin, Bill Viola, Ash Sivils, Janelle McKain, Simon Haiduk, Alex Gray, Amanda Sage, Justin Totemical, Android Jones and Pieter Bruegel to name a small selection.

In 2002, with little more than a curiosity for image making Cameron won the AGFA Australia award for best body of photography with his work at Launceston College. In 2003 his works were exhibited in Art Rage and published by the Queen Victoria Museum & Art Gallery. In 2005 Cameron was accepted into the guest gallery of the Museum of Computer Art in New York.

At the age of 21, Cameron published his first book of artwork, Parable Visions; the art of Cameron Gray, and to date has published four more books and collaborated with a range of international magazines, authors, musicians, film studios and independent publishers. He is the founder & editor of Parable Visions Magazine which features underground art and literature from around the world. (currently on hiatus)

In 2009 Cameron graduated from the Academy of the Arts, Tasmania, with a Bachelors Degree in Contemporary Art and was inducted as a life member into the Golden Key International Honour Society, for finishing in the top 15 percent of his studies at the University of Tasmania.

In 2010 Cameron was nominated for an ARIA Award (Australian Record Industry Association) along side Australian artists Birds of Tokyo, Angus & Julia Stone, Blue Juice, and Tame Impala in the category for Best Album Cover Art of the year for his work with Australian rock band Dead Letter Circus and Warner Music Australia.

Cameron’s work is regularly displayed in live music & arts festivals across the globe, the Museum of Computer Art in Brooklyn, New York, and his body of work has been selected for preservation by the National Library of Australia as one of the countries artists of the 21st century.

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Psychedelics and Systems Change
CHARLES EISENSTEIN

Many arguments for the legalization of cannabis and psychedelics draw on their relative harmlessness. Countering the rationale of prohibition, we can point out that compared to legal drugs like alcohol and tobacco, psychedelics are extremely safe. Given statistics comparing the annual number of alcohol-related deaths in the U.S. (88,000) to the number of cannabis-related deaths (zero), the hysterical warnings of prohibitionists that legalization would destroy society as we know it seem ridiculous.

In fact, the prohibitionists are correct. The legalization of cannabis, LSD, MDMA, psilocybin mushrooms, ayahuasca, and the other psychedelics would indeed mean the end of society as we know it. The threat that conservative political forces have identified is real. If these were just innocuous bourgeois play-things, “experiences” that one could consume on weekends to make life-as-usual a little more tolerable, then the guardians of the status quo would have little reason to prohibit them. They recognize, if only unconsciously, the revolutionary social and political potential these substances carry.

Psychedelics can bestow expanded consciousness, perceptions, and ways of being that are incompatible with those that undergird our society. Psychedelics have the power to subvert the alienation, competition, anthropocentrism, linear ordering of time and space, standardization of commodities and social roles, and reduction of reality to a collection of things that propel the world-destroying machine of modern civilization. They disrupt the defining mythology of our civilization, the Story of Separation.

The elements of the Story of Separation listed above also embed our economic system, which means that the spread of cannabis and psychedelics could have negative economic effects—that is, when we define economic benefit as the growth in monetized goods and services. They promise less consumption of goods and services, not more. The modern self, alienated from nature and community, has an endless craving to consume and possess, seeking to grow in compensation for the lost infinity of the interconnected, inter-existent, true self that psychedelics help reveal.

Beware, then, of arguments that legalization is good for the economy. It won’t be, but it will accelerate a transition toward a different kind of economy. The psychedelic experience reveals its lineaments: less quantity and more quality, fewer “services” and more relationships, fewer “goods” and more beauty, less competition and more community, less accumulation and more sharing, less work and more play, less extraction and more healing. This is utterly at odds with the present economic system.

The present economic system compels and requires growth in order to function. Growth here means growth of goods and services exchanged for money; it means quantitative growth, growth in a measurable quantity. It is the external, collective correlate of the ever-expanding ego, the separate self. As we identify less with that self, conventional economic logic
begins to break down. No longer does it make sense that we are fundamentally in competition with each other. No longer does it make sense for scarcity to be the foundational premise of economic life. No longer does it make sense that more for you should be less for me. No longer is security and control of resources the highest priority in making economic choices. Psychedelics can help to reverse the centuries-old economic usurpation of human life, the mentality of the transaction that has encroached on human relations.

For the discrete and separate self in a universe of other, it is quite rational to treat everything outside oneself—animals, plants, water, minerals, and even other people—as instruments of one’s own utility. After all, if you are separate from me, then what happens to you need not affect me. What happens to the honeybees, to the frogs, to the coral reefs, to the rhinos and elephants, need not affect us. We just need to recruit sufficient energy and information to insulate ourselves from the blowback, to engineer new solutions to the problems caused by previous solutions. Nature becomes a collection of “resources,” and no longer a living intelligence. And that is just how our economy treats it.

Clearly, this strategy is a recipe for ecocide, blind to interdependency and ignorant of any intelligence in the workings of the world. Yet it pervades our systems of technology, industry, money, medicine, education, and politics. Psychedelics, therefore, promise to change all of these.

The revolutionary potential of psychedelics lies first and foremost in their power to reveal the Story of Separation as nothing but that: a story. When that happens, nothing built on that story makes sense any more. Yet there seems to be a problem translating that realization into systemic change. Fifty years after the psychedelic revolution of the 1960s, our systems of money, politics, imperialism, and ecological destruction seem more powerful than ever. The world that psychedelics vitiate trundles onward, despite declarations that they would change everything. Here’s Alan Watts, making a similar point to the one I’ve been making:

*Mystical experiences often result in attitudes that threaten the authority not only of established churches, but also of secular society. Unafraid of death and deficient in worldly ambition, those who have undergone mystical experiences are impervious to threats and promises.... Use of psychedelics in the United States by a literate bourgeoisie means that an important segment of the population is indifferent to society’s traditional rewards and sanctions.*

One can hardly read these words, written in 1968, without a twinge of cynicism. Superficially, at least, Watts’ proclamation seems to have been overly optimistic. Looking at the number of hippies who went on to become lawyers and accountants, it is clear that a mystical experience does not necessarily render one
The experience invites us out of the story-of-self and the story-of-the-world that we’d taken for reality itself, but there has been no firmly established new story to greet us. We emerge from the experience surrounded by the infrastructure of the old story. The apparatus of modernity shouts that story at us from every quarter. No wonder vivid mystical realizations gradually fade: into principles one must strive hard to remember and practice; into memories of another realm seemingly snatched from our own; finally into a formless ennui that mutes every ambition and punctuates every accomplishment with a question mark.

Why does this happen? One might cite a psychospiritual explanation: that we are flown to a place that eventually we must reach on foot; that we need to experience the territory in between, and thereby rework the habits and heal the wounds that maintain the inertia of who-we-were. Yet, there is an equally important outer explanation that, we shall see, mirrors the inner: No experience can magically extricate anyone from the matrix of institutions that scaffold our society. We come back from the trip into the same economic system, the same physical surroundings, the same social pressures as before. The Story of Separation has enormous inertia. Its forms surround us and pull us relentlessly toward conformity, however unreal and unworthy of our wholehearted participation they may seem.

In other words, a mystical experience may invite you to quit your job, but even those who have the courage to do it usually face the reality that our economy does not reward the modes of creativity that draw them. I know I am generalizing here, but no one can deny that generally speaking, there is more money to be made by destroying wetlands to build ports than in striving to protect them; more money marketing product than rebuilding community. Leaving the old, there is not usually a “new story” to greet us with ready-made positions, livelihood, and social identity.

Yet Alan Watts was not wrong. It is just that in the psychedelic moment of the 1960s, we underestimated the robustness of the edifice of civilization and could not foresee the trajectory of the transition process. Perhaps there are mystical experiences that immediately and irrevocably change ones life and disintegrate its structures. More often though, the experience goes underground, working us from the inside, hollowing out the psychic infrastructure of the old normal. Its forms remain for a time, but they become more and more fragile.

The same hollowing out is happening on the collective level, as the attitudes that informed prohibition seem increasingly archaic. Listening to politicians, one gets the sense that a great majority of them personally disagree with the drug war, but must espouse the opposite opinion in public for fear of being devoured by the media and other politicians—who themselves privately oppose the drug war too but join in the feeding frenzy so as not to become victims themselves. Not a happy commentary on human nature, but we can take solace from the implication that the ideological core of drug prohibition is decaying. The outward structures of prohibition are a rapidly thinning shell.

Our leaders no longer believe their own ideology, if they have one. Their public statements and private convictions are irredeemably opposed; everyone is trapped in a drama in which few believe. That is another reason why the end of prohibition portends a much bigger shift: it is an admission that the emperor has no clothes. Because what political truism was more unquestionable than “drugs are bad”? The bugbear called “drugs” is now admitted to be a valid form of medicine, psychotherapeutic research, and even recreation. What other unmentionables will be next? After all, public confidence in the fairness and soundness of the economic system, political system, educational system, health care system, global police state, and so on is no less shaky than support for the War on Drugs.

Even as the psychic core of the old world hollows out (thanks in part to psychedelic experiences and research), the external structures that hold us in that world are crumbling too. A mere generation ago, the pursuit of the “worldly ambitions” that Watts refers to reliably delivered at least the semblance of power, security, and control to the bulk of the world’s privileged. No longer. Today, even those who jump through all the hoops still have no guarantee of a place at the ever-shrinking table of normalcy. Play by all the rules, and still the institutions of marriage, healthcare, education, law, and economy often fail us. The infrastructure of the old story that pulls us back from the world that psychedelics reveal as possible is losing its grip. As the hollowing-out from the inside meets the disintegration on the outside, cracks appear in the shell of our world. The impending ascendency of cannabis and psychedelics to legitimacy is one of them, and it will widen the others.

Charles Eisenstein is a speaker and writer focusing on themes of human culture and identity. He is the author of several books, most recently Sacred Economics and The More Beautiful World our Hearts Know is Possible. His background includes a degree in mathematics and philosophy from Yale, a decade in Taiwan as a translator, and stints as a college instructor, a yoga teacher, and a construction worker. He currently writes and speaks full-time. He lives in Asheville, North Carolina with his wife and four children. He can be reached through his website, charleseisenstein.net.
Psychedelic Education, New Modalities, and Coming Opportunities in Mental Health

SAJ RAZVI, L.P.C.

Many readers of this Bulletin may already know or have heard how powerful the MDMA experience can be. To use the phrase “game-changer” in describing how MDMA-assisted psychotherapy will alter the field of mental health is not hyperbole; it is backed by the quantitative data as well as the qualitative reports we have seen in the clinical research trials sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS). These phase 2 results are impressive and show a high degree of promise. Accordingly, we can expect strong interest from therapy consumers that will necessitate an equally strong, game-changing shift in the training of therapists, the modalities we use, and the economics of mental health.

As a clinical sub-investigator in the Boulder, Colorado, Phase 2 MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) trial and also the Executive Director of Trauma Dynamics, a psychotherapy training that focuses on trauma and the body, I was asked by MAPS to write about how Food and Drug Administration (FDA) approval for MDMA will alter the field of mental health. This question has been on my mind since sitting with my first study participant a few years ago and seeing what is possible when psychedelics meet psychotherapy.

One significant shift that will take place in the field of mental health post-FDA approval is the need for therapists to become, at the very least, informed about MDMA. Clinicians who work at hospitals, addiction treatment centers, private practice settings, the Department of Veterans Affairs, or public mental health agencies stand a good chance of working with someone who either wants the treatment, someone who has had the treatment, or someone who ought to receive the treatment as an evidence-based best practice for the condition of PTSD.

Becoming MDMA-informed can mean a number of different things. Generally speaking, therapists will need to alter the theoretical lens through which they understand their clients’ experience. This is no easy task. If therapists have not had their own experience with MDMA or other psychedelics, they may have difficulty connecting with the world their clients are trying to convey and the experiential processing that is integral to this type of healing. We are leaving Kansas in a significant way when it comes to how unique progress and processing can look with psychedelics.

On the occasions when I’ve given presentations to thera-
pists about processing trauma and the topic of MDMA-assisted psychotherapy has come up, I find that many clinicians simply don’t have a category in their mind in which to put it. They often do not believe the results coming out of the trials because the findings are so out of the norm. There is a lot of clinical experience showing that chronic, treatment-resistant patients have a much longer, weaker arc of improvement with psychotherapy, if they improve at all. Psychotherapy often appropriately aims for symptom management in these cases and not a true resolution of a condition, and so the durable remission we are seeing with many study participants in a relatively short span of time is difficult to comprehend.

Another key part of becoming an MDMA-informed therapist is to distinguish between psychedelic medicines and psychiatric medications that are aimed at symptom management like Zoloft, Xanax, or the heroin substitute Suboxone. Current medical education has few reference points for drugs that actually help people engage with themselves more deeply, feel more fully, and work through very difficult states. Furthermore, many people’s only experience with a chemically altered state of consciousness is with alcohol or cannabis and so they will understandably reference these as a way to try to understand MDMA. Entering into a psychedelic process is very different from becoming high or intoxicated. Quite the opposite, MDMA is a highly associative experience.

For therapists who want to train and work with psychedelic medicines, there will be changes beyond simply becoming MDMA-informed. We get hints of how trainings for MDMA-assisted therapy may eventually look from the Therapist Training Program MAPS is already developing to prepare clinicians for Phase 3 MDMA trials (maps.org). They note:

_The Therapist Training Program is a four-module training, 1) a 10-hour online course about MDMA and study design, 2) 7½ day in-person training with lead MDMA therapists, 3) home study assignment to include a workshop or experiential training of therapist’s choice 4) a second week-long in-person gathering bringing all training groups together._

A notable element about training of future MDMA therapists is that MAPS is leaving room for modalities that the therapist may already be trained in or is interested in learning as part of their larger training to work with psychedelics. This is because MDMA has many different pathways for effecting change. There are simply too many variables between individuals (their needs, their biology, their history, their defense structure) to limit the therapeutic pathways this medicine will take. We have seen participants spontaneously engaging in cognitive restructuring during one part of the day, working with disintegrated self-states (parts work) at another time and engaging in deep autonomic processing at yet another point. What is clear is that MDMA is significantly expanding the ways in which we are able to process. While some participants can have a linear, talk therapy focused MDMA session, many do not. Participants can enter a far more visceral reality that may not operate on the same principles as does the rational mind. People report a vivid re-experiencing and renegotiation of memory in a deeply supportive, embodied and often highly relational space.

There is one general rule of thumb that we can say about therapeutic interventions as people enter non-ordinary states of consciousness for processing. No longer is it appropriate to approach healing from structured therapy protocols. As a client’s inherent sanity leads the way, approaches to trauma that follow a step by step structure will not fit with the fluid nature of the mind and body while under the effects of MDMA. As noted by the Principle Investigator for the Boulder Phase 2 trial, Marcela O’Hara, the MDMA therapist will need to be a well-informed, non-directive, yet highly engaged “guide who follows”.

There are a few early adopter programs working to meet the needs created by this mixing of psychedelics and psychotherapy. The Center for Optimal Living offers a harm reduction model of approaching psychedelics by offering psychotherapy and psycho-educational resources for individuals who have had or wish to have psychedelic experiences (psychedelicprogram.com). Clinicians can also turn to this program to learn how to best work with patients who have a history of psychedelic use. While not actually facilitating psychedelic sessions, the goal is to mitigate the potential risks involved and to incorporate the valuable insights from these experiences into psychotherapy.

Scheduled to launch later this year is the Certificate in Psychedelic-Assisted Therapies and Research program at the California Institute of Integral Studies (CIIS) for licensed and pre-licensed professionals and clergy (ciis.edu). This program has roots in transpersonal psychology, consciousness studies, psychoanalysis, comparative mysticism, and anthropology. Impressive is the group of foundational thinkers and researchers in the field of psychedelic studies that have served as advisors to this program. To be clear, CIIS notes that its certificate course “...serves a growing need for the training of skilled therapist researchers who will ideally seek advanced training for future FDA-approved psychedelic-assisted and entactogen-assisted psychotherapy research.” While there is no guarantee that clinicians who complete the certificate program will be given research positions in future FDA trials of psychedelics, CIIS reports a robust level of interest from therapists and one can easily imagine this program as a kernel for a full-fledged masters or Ph.D. track once MDMA is approved.

Lastly, there is the Trauma Dynamics training, which I direct at the University of Denver (traumadynamics.com).
While the skill sets and interventions of Trauma Dynamics or other somatic modalities were developed without the consideration of medication or psychedelics, there is no doubt that the body-oriented, entactogenic (“touching within”) nature of MDMA greatly enhances and supports the processing of trauma that occurs within the autonomic nervous system. As we approach legal medical use (whether that is the expanded access status that MAPS will apply for in the 2018 time frame or full FDA approval around 2021), there is a growing conversation in our trainings about how interventions and therapeutic processes are achieved without and with medicine support. It is our clear intention to embrace MDMA and create a trauma education track specifically designed around this medicine.

We find that MDMA-assisted psychotherapy makes certain aspects of working with trauma become easier, while other aspects become more complex. The initial conditions necessary for processing traumatic memory (such as safety, the establishment of resources and trust), which need to be developed and put into place before a client’s system will allow them to engage in deep healing, are to a large extent facilitated by MDMA. Establishing these initial conditions is a significant part of therapeutic training and can take a good deal of time in therapy (even years for people who are chronically under-resourced from an abuse-filled childhood). In contrast, the MDMA patient is able to begin deep processing in a relatively short time as long as the set, setting, and rapport have been established.

Another example of how processing trauma becomes easier is in the very significant problem of memory linking. Briefly put, linking is when a stressful or traumatic event in a client’s life is tied to other difficult events due to circumstantial similarities. Let’s say the client is talking about a car accident in which they broke their arm (A). This can ping the memory of being seven years old and losing their father in a car accident (B) which can remind them of memories of their father when he was critical and harsh (C) which can link to yet another memory involving dad, cars, or injury to the same arm (D). This type of linking (where A=B=C=D) creates a tangled trauma cluster that is much more difficult to piece out and resolve than any one of those memories would be alone. If you pull one string in a trauma cluster, the whole tangled ball of traumatic memory gets pulled; this can become an overwhelming cascade of memory, and the end result is that nothing moves. This clustering of traumatic events takes great care and skill to untangle and is one of the single most significant reasons why treatment often stalls.

In contrast, one of the true gifts of combining MDMA with psychotherapy is how it uses that same linking tendency of trauma in the nervous system to resolve the entire cluster. With the support of MDMA, we can trust and actually encourage the client’s system as it moves from one linked event to another linked event without becoming overwhelmed and bogged down. MDMA turns one of the most significant problems in trauma therapy into an asset. This is a significant way in which trauma therapy and training therapists becomes far easier with the addition of this medicine.

One way in which MDMA actually adds complexity to psychotherapy is in the need for therapists to address traumatic transference. More so then any other topic, transference and the need for training around it came up in virtually every Phase 2
clinical team meeting we had. Briefly put, transference is when the client places the perceptions, feelings, thoughts, and sensations that are part of their unresolved past onto to the therapist or other current relationships in their life. Countertransference is when the reverse happens, when the therapist places their own unresolved material onto the client. Think of it like a film negative of the past laid over present moment reality. It becomes difficult for the client (and therapist) to discern what perception is coming from where. If this transference is traumatic in nature, the client will believe the therapist may not care about them, or will hurt them in a way similar to how they were hurt in the past. This is one of the reasons the Phase 2 trials operated with a female and male therapist team: it allows for parental transference to emerge. Participants will often quickly and powerfully choose one therapist to hold their hopes and desires for an ideal parent (positive transference) and just as quickly identify the other therapist as either a bystander parent (characterized by being neglectful or incompetent) or as a perpetrator (negative transference). MDMA evokes this layer of traumatic transference very effectively, which is both an extraordinary therapeutic opportunity to heal relational wounds, yet also making it wickedly difficult for the therapist to hold. Without training in transference, therapists can get overwhelmed and become reactive to how they are being seen by the client. Therapists need training in how not to refuse the role being handed to them by the trauma patient. Unfortunately, transference work is no longer taught in the vast majority of graduate schools (it’s not part of CBT’s six-session model of therapy), and shockingly it’s not part of most trauma therapy modalities either. In adapting the Trauma Dynamics model to meet the needs of MDMA-assisted psychotherapy, we have added an entire level of education around working with traumatic transference.

While we have some clarity around the type of skills the psychedelic therapist will need to work with MDMA, we are still learning how the logistics of training and licensure will actually look. The FDA will create its own regulations for the use of MDMA-assisted psychotherapy based on data provided by MAPS’ studies through ongoing dialogue between MAPS and regulatory officials. It’s likely that MAPS will be the governing body that certifies individuals and clinics to work with MDMA. In addition to any other training a therapist has received, it is likely that the in-house Therapist Training Program which MAPS is developing for Phase 3 will also be required for clinicians to gain certification post-approval. To be clear, MAPS’ mission is to make MDMA-assisted psychotherapy available for as many people as possible, and therefore will not try to maximize profits by limiting availability through monopolizing education or limiting treatment center options.

As MDMA-assisted psychotherapy enters the mainstream of mental health, we can expect to see changes to the field beyond the training of therapists. We can expect to see an increase in the effectiveness of psychotherapy for PTSD with improved client outcomes, a decrease in the overall duration of therapy, a decrease in overall treatment costs, and potentially a large increase in the number of people seeking treatment. While MDMA research has focused on trauma patients—and there is good evidence to show that the majority of people entering psychotherapy have symptoms stemming from trauma (see ACEstudy.org)—it is a reasonable assumption that psychedelic therapy will be effective for other conditions as well. The potential use for autism, addiction, attachment disorders, couples counseling, anxiety or depressive symptoms that are not trauma based, or your garden-variety neurosis is promising and should be investigated in future clinical trials.

We can also consider people who enter therapy not because they are suffering but because they want to grow in self-awareness or improve some aspect of their life in which they are already functioning well; think of the person who would never see a therapist but would see a life coach. Might corporations send their management teams off to gain clarity around their mission, vision, and values using MDMA? We have found that in contrast to psychiatric medication that many people tend to keep secretive, many (though not all) MDMA study participants are eager to communicate their experience to family and friends, or with anyone that asks. There is good reason to assume that therapists will have a good deal more clients and opportunities for growth with the introduction of this medicine to the field of mental health.

On a final note, it should be clarified that MDMA is not a magical pill that solves all problems. It is ultimately a catalyst of psychotherapeutic processes and innate healing mechanisms that require a great deal of work, engagement, and skill from both client and therapist to achieve. It uses the same somatic, relational, cognitive, transpersonal pathways that are already available to us. To borrow from George Greer’s thinking, “there’s nothing you can do with MDMA that you can’t do without MDMA; you just might not get to it in this lifetime”.

Saj Razvi, L.P.C., is the Executive Director of Trauma Dynamics and a sub-investigator for the Boulder, CO Phase 2 MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) trial. He leads Trauma Dynamics trainings nationally and at the University of Denver’s Center for Professional Development. Saj is also a national topic expert for PESI Education focusing on complex PTSD, and he is the co-author of a soon to be released text for therapists that is based on the Trauma Dynamics treatment model. He can be reached at saj@traumadynamics.com.

There is good reason to assume that therapists will have a good deal more clients and opportunities for growth with the introduction of this medicine to the field of mental health.
The Synergy of Medicine, Science, and Public Benefit

MATTHEW J. NEAL

As far as we know, we’ve never had the internet before, so this is the first time in human history that information can reach so many, so fast. In the fast-paced information economy of the 21st century, the MAPS Public Benefit Corporation (MPBC)—a wholly owned subsidiary of the Multidisciplinary Association for Psychedelic Studies (MAPS)—will need to consider the social responsibility of being a non-profit pharmaceutical company. With education and healing as a mission, and the economic leverage that will come with making psychedelics and marijuana into legal medicines, we have an enormous opportunity with vast potential.

First, a little about how I arrived at this perspective: I have worked in the regulatory operations and efficiency (not the scientific) departments of research and development (R&D) in the pharmaceutical industry for more than 20 years. It hurts to write that because that means I am getting old. I started around 1996, and since then have found an incredible career path which, ultimately, led me to MAPS. I cannot help but be grateful. I cannot even begin to mention the many brilliant people I have had the privilege to work with and get to know in the pharmaceutical industry—simply incredible. The mission, the science, and the drive are astounding, and make me very proud of my career.

There is a tremendous amount of work, careful consideration, broad experimentation, and fascinating science at work in the creation of legal therapeutic products that heal and cure. It takes years, millions of dollars, and uncountable hours to generate the amazing medical breakthroughs that we enjoy, and will enjoy. The companies that have created currently available medicines have put their reputations on the line and worked tirelessly to bring them into the world. The incentives to do so are multi-faceted. Certainly there are profits, salaries, and perks for salespeople and executives of those companies—private jets, company retreats, bonuses, etc.—But the mission is always clear—make medicines to help patients using rigorous science.

Now let’s try a thought experiment: What if when pharmaceutical companies found products that help people or cure diseases they made them as available as possible? What if they made them available to the whole world and not just a particular country? It would be like providing clean water, food, and access to information. Is it only a matter of time before basic needs are met everywhere and we can get to the business of being the best curators of the planet and its inhabitants that we can be? I’d certainly like to think so.

Right now, we are on the verge of a new paradigm in pharmaceutical development (at least for mental health treatments)

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1. Maybe there will be more to come:
   - http://www.hcs.harvard.edu/hghr/print/features/medicines360/

2. This is the team that prepares the large volume of information about a pharmaceutical product into a consumable format for global health authorities.

3. This is what we often see on the news, which gets talked about more often than the incredible healing and patient success stories, unfortunately. There are two sides to every story.
where *benefit corporations*\(^4\) in addition to *for-profit corporations* have the ability to get these products out into the world. How MPBC manifests that will not only impact the people who suffer from posttraumatic stress disorder (PTSD), but will also have a ripple effect on the industry as a whole. The income generated from the training of therapists in MAPS’ therapeutic protocol, along with income from the sales of MDMA after Food and Drug Administration (FDA) approval, will increase MAPS’ ability to continue to fund more research. This is the case in for-profit pharmaceutical development as well—the recoup and re-investment into R&D (Research and Development). In the current paradigm, most companies across multiple industries re-invest a small percentage of their funds back into R&D; pharmaceutical companies are near the top in R&D reinvestment.\(^3\) The MAPS Public Benefit Corporation will be putting 100% of its income back into research. That’s an incredible shift.

In addition to the investment of funds, another huge difference between the for-profit and benefit corporation models is the transparency with which research is conducted. A zero-sum game exists in the current model: it’s a race to maximize profit because of the short window of marketing exclusivity (five to seven years depending on the product) needed to recoup the millions or billions of dollars that went into R&D.\(^6\) Once the exclusive sale period ends, the drugs become generic, the prices can change, and other companies can manufacture the drug. The original patent holder, while they can still sell their product, is no longer the only game in town. What if the pharmaceutical industry went “full Tesla”?\(^7\) and open-sourced everything\(^8\) so we could get more minds on the problem?

“Technology leadership is not defined by patents, which history has repeatedly shown to be small protection indeed against a determined competitor, but rather by the ability of a company to attract and motivate the world’s most talented engineers. We believe that applying the open source philosophy to our patents will strengthen rather than diminish Tesla’s position in this regard.”

—Elon Musk

Full transparency does not mean that suddenly hundreds of competitors would show up, but it does mean that barriers to information would go away. We’ve already seen what can happen when great minds come together on open source projects. For example, The Polymath Projects ([polymathprojects.org](http://polymathprojects.org)) seek to solve math problems through crowdsourcing the answer and bringing the mathematical minds of the world together, without international limits, creating a realm of shared knowledge. Working together and merging our vast collective experience can lead to fascinating, unexpected, and (often) faster results.\(^9\)

Back to the thought experiment: I am proposing not that companies create things for free, but rather, they create them for a different reason; to create them because they need to be created, and put them into the world because the world needs them; not to recoup the investment, not to generate profits, but to create benefits for the human race. The question that I’ve wondered about since I found out about public benefit corporations is, shouldn’t all pharmaceutical companies become pub-

\(^4\)A benefit corporation is a new class of corporation that voluntarily meets different standards of corporate purpose, accountability, and transparency. Benefit Corporations: 1) have a corporate purpose to create a material positive impact on society and the environment; 2) are required to consider the impact of their decisions not only on shareholders but also on workers, community, and the environment; and 3) are required to make available to the public, except in Delaware, an annual benefit report that assesses their overall social and environmental performance against a third party standard. Such report does not need to certified or audited by a third party, but use the standard as an assessment tool. Becoming a benefit corporation gives entrepreneurs and investors an additional choice when determining which corporate form is most suitable to achieve their objectives. ([http://benefitcorp.net/faq](http://benefitcorp.net/faq))


\(^6\)This short time window contributes to the pricing issues when it comes to pharmaceutical drugs, not to mention other broken systems such as insurance, healthcare, hospitals, etc.

\(^7\)Tesla puts all of their patent information out on the internet—go ahead, you could build your own. [https://www.teslamotors.com/blog/all-our-patent-are-belong-you](https://www.teslamotors.com/blog/all-our-patent-are-belong-you)

\(^8\)While it is mandatory that clinical trial results are posted to a public website [clinicaltrials.gov](http://clinicaltrials.gov), this is just the final results, not study protocols or other data.

\(^9\)One of my favorite examples involved a group of online gamers who “solved the structure of a retrovirus enzyme whose configuration had stumped scientists for more than a decade. The gamers achieved their discovery by playing Foldit, an online game that allows players to collaborate and compete in predicting the structure of protein molecules.” The most amazing part was that it only took the gamers three weeks.
In April 2010, Maryland became the first U.S. state to pass benefit corporation legislation. As of September 2015, 30 states and Washington, D.C. have passed legislation allowing for the creation of benefit corporations: https://en.m.wikipedia.org/wiki/Benefit_corporation#History. These are called Orphan Drugs. 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.

Isn’t that the right thing to do? The benefit corporation model both enables companies to recoup their investment, to continue to invest in R&D, and to find new and better treatments for improving patients’ lives—but all while being held accountable to creating a better world.

Of course, for-profit companies also put good things into the world. They donate millions of dollars every year through philanthropic endeavors (for example, my company matches a significant number of employee donations to non-profits every year). For-profit companies participate in communities. They sponsor investigative research for rare and unique patient populations. Yet ultimately, they have a fiduciary responsibility to the owners or shareholders. A pharmaceutical company can be considered a failure or even completely dissolve if their profits are not what they expected, or if a clinical trial result is less significant than they predicted, or if their R&D spending is too high compared to their operating costs. These financial checks and balances in for-profit corporations, unfortunately, are not primarily intended to create the most benefit for the most patients.

This thought experiment is simple and extremely aspirational. It applies across everything we do (not just drug development). Can we do things better? Can we do things differently? Can we do things for different reasons than we do under our inherited paradigm of how and why business works the way it does? We were born into this system, but we don’t have to keep it if it no longer applies.

The MAPS Public Benefit Corporation will set a new precedent and continue the mission set forth in 1986 by MAPS to change the paradigm of how medicine gets studied, discovered, and distributed in our culture—these are collective funds in the hands of the global scientific community attempting to solve problems for the human species.

The views expressed herein represent those of the author and do not necessarily represent the views or practices of the author’s employer or any other party.

Matthew J. Neal has been with Amgen, Inc. since 2003 where he is a Director of Operations in Global Regulatory Affairs & Safety with a focus on Human Therapeutics to dramatically improve people’s lives. Prior to that, he lived in Philadelphia where he was one of the pioneering members of the Regulatory Submissions Department for GlaxoSmithKline. Matthew has been publishing and submitting electronic dossiers to the FDA since 1996, and submitted the very first fully electronic NDA for GSK in 1999. Matthew holds a Master’s Degree in Communication from Temple University. He and his wife Beth spend most of their time entertaining their 9 year-old daughter, Claudia, their 5 year-old son, Tobias and their dog, Laverne. Matthew also performs stand-up comedy all over Los Angeles (mattnecd.com), writing and producing various projects, travel, surfing, running, playing golf, and playing the drums in the improv jazz duo Mister Driscoll and other studio projects (marinernine.bandcamp.com). He is also a member of the Founders Circle for the non-profit music engine weathervanemusic.org. He can be reached at matt@mapsbcorp.com.
Medical Cannabis for PTSD as Public Benefit

RICK DOBLIN, PH.D.

MAPS has now begun a new investigative journey towards the creation of a plant-based marijuana medicine to alleviate the symptoms of the millions of people diagnosed with posttraumatic stress disorder.

The MAPS Public Benefit Corporation (MPBC) was established in December 2014 to sustainably reinvest into the Multidisciplinary Association for Psychedelic Studies (MAPS) mission any profits from the successful commercialization of MDMA-assisted psychotherapy, which we currently project will take place in 2021. MAPS has now begun a new investigative journey towards the creation of a plant-based marijuana medicine to alleviate the symptoms of the millions of people diagnosed with posttraumatic stress disorder (PTSD) in the United States alone.

MAPS’ award of a $2.15 million grant by the State of Colorado for the first U.S. Food and Drug Administration (FDA)-approved Phase 2 clinical trial of the safety and effectiveness of marijuana for symptoms of PTSD, has catalyzed MAPS’ ongoing work to help the roughly 7–8% of the population in the United States—approximately 23.8 million people—currently estimated to be diagnosed with PTSD sometime during their lives. Of this population, approximately 8 million suffer from PTSD and PTSD-related issues in any given year.\(^1\) Given the high risk of PTSD for military veterans in particular (an estimated 30.9% of men and 26.9% of women are estimated to suffer from PTSD)\(^2\) MAPS Phase 2 study, which is expected to start in the next month, will be focused entirely on veterans. The study will enroll a total of 76 veterans in two sites, one at Johns Hopkins University in Baltimore, Maryland, and one in Phoenix, Arizona.

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The need for further research and treatment options in this area is underscored by the fact that a 2012 study of 103,500 veterans diagnosed with PTSD by the U.S. Department of Veterans Affairs (VA), the Congressional Budget Office (CBO) found that almost 80% of those veterans diagnosed with PTSD still required VA services at the end of the fourth year of treatment. Popular existing approved treatments for PTSD include psychotherapy—Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure (PE) to name the better known treatments—and antidepressants (such as Paxil® and Zoloft®), while sometimes helpful, are in many cases palliative but not a cure. Interestingly, Phase 2 results from MAPS’ clinical trials have shown that a subset of MDMA-assisted psychotherapy patients do feel “cured” of PTSD after treatment.

In total, the VA’s cost of treating patients with PTSD alone

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3https://www.cbo.gov/sites/default/files/112th-congress-2011-2012/reports/02-09-PTSD_0.pdf Page 26; Figure 1.
averaged $8,300 the first year and $20,200 over 4 years (see Figure 2). While data is not available after the fourth year, the CBO’s research illustrates the relatively slow decline in support costs (from $4,200–$3,800 per annum from years two through four) after the first year of treatment. This averages out to a treatment cost of almost $14/day over the four-year period, and a cost of almost $10.50/day by the end of year four. These trends will tend to continue into the future, as PTSD tends to be chronic when it has continued for this length of time.

In total, the CBO estimated that the VA spent over $1.4 billion treating PTSD-diagnosed patients between 2004–2009. Extrapolating the same level of treatment to the general population would yield an eye-opening estimated treatment cost in excess of $66 billion for the first year alone, and over $166 billion over a four-year period.

MAPS’ marijuana research efforts are directed towards determining whether four different combinations of plant-based cannabinoids tetrahydrocannabinol (THC) and cannabidiol (CBD) can assist in decreasing the overall cost of treatment and provide a substantially improved cost/benefit ratio for both users and society. With each subject being provided with up to 1.8 grams/day (around 2–3 marijuana cigarettes) of medical marijuana to self-medicate their symptoms on an as-needed basis, the study is not only expected to provide an initial baseline for determining effective combinations of THC and CBD for relieving PTSD symptoms, but also to point the way towards further research into more cost/effective treatment modalities, with the eventual goal of gaining FDA approval for the use of specific strains of plant-based marijuana to treat PTSD symptoms.

NOTE: Data covers fiscal years 2004 to 2009 for up to the first four years of treatment.
At today’s compassionate care prices of $5/gram, the cost of using medical marijuana (estimated to be $3,285/annum for usage of 1.8 grams/day) compares quite favorably ($9/day) with the current treatment costs described above by the CBO.

Of course, additional research in this area is going to take time (as much as 7–8 years) and financial support (as much as $21 million) before FDA approval could be obtained for the prescription of a plant-based marijuana medicine to treat symptoms of PTSD. Depending on the outcomes of our initial Phase 2 study, MAPS could continue to conduct clinical research to identify the optimal combinations of THC and CBD to best meet PTSD patients’ needs. If so, MAPS is contemplating the creation of a new benefit corporation specifically to research and market marijuana, initially for PTSD and eventually for other indications as well.

A key prerequisite for any effort by MAPS to develop marijuana into an FDA-approved prescription medication is the end of the monopoly on DEA-licensed marijuana held since 1968 by U.S. federal agencies, currently the National Institute on Drug Abuse (NIDA). The NIDA Drug Supply Program can provide marijuana for use in clinical research, but is not legally authorized to provide marijuana for sale on a commercial basis post-FDA approval. Since the FDA requires Phase 3 research to be conducted with the same drug that is proposed for marketing post-approval, NIDA marijuana is inadequate for use in Phase 3 research. The DEA-mandated NIDA monopoly on federally legal marijuana needs to end, either through the importation of marijuana from abroad that has been accepted by FDA as medical grade (so far, no foreign producers have obtained FDA approval for use of their marijuana in U.S.-based clinical trials) or

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8WO/MEN’s Medical Marijuana Alliance (WAMM) Pricing Survey
through DEA-licensed domestic production, which MAPS has so far unsuccessfully attempted to obtain since 2001 in association with Prof. Lyle Craker of the University of Massachusetts-Amherst, who we think will eventually receive a DEA license.

Assuming that FDA marketing approval is granted at the end of this period, MAPS would use the three-year data exclusivity rights to market any subsequent commercialization of medical marijuana for PTSD through a public benefit corporation. The mission of such a corporation would be to support further research and education into the risks and benefits of marijuana and psychedelics—similar to MPBC’s existing strategy for MDMA-assisted psychotherapy. MAPS believes that it will be able to recover the estimated $21 million in costs to obtain approval and market medical marijuana for PTSD over the life of the data exclusivity period, and to utilize any additional profits for continued mission-related research and educational projects.

To understand MAPS’ optimism, we turn to the 2013 National Survey on Drug Abuse and Health, which estimates that 19.8 million people have used marijuana in the past month, with 8.1 million using it almost every day. Applying this baseline number of 19.8 million (or 6.2% of the United States population of 319 million) to the estimated PTSD market size of 8 million people (i.e., those who are not “resistant without experience” to a plant-based marijuana treatment) the addressable market of previous marijuana users who are also likely to have PTSD is likely to be at least 500,000 people. As a cross-check on this estimate, MAPS reviewed the VA’s own numbers of PTSD patients who used marijuana, which were related to a substance abuse issue diagnosis (SUD) and as such represent extreme use cases at the high end of the spectrum. As figure 3 shows, marijuana use among PTSD patients diagnosed with substance abuse was an astonishing 22.7% of all PTSD patients in 2014. This suggests that many PTSD patients already self-medicate with marijuana, and that their marijuana use cannot be solely explained as substance abuse.

While MAPS can’t know what the true market size will be, it isn’t unreasonable to assume a number in-between the 6.2% from the SAMHSA study and the 22.7% from the VA’s Program Evaluation and Resource Center 2015 study. For pro-

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jection purposes, MAPS assumed that a lower estimate 7.5% of PTSD patients would consider using a plant-based marijuana medication. MAPS then assumed that of that group, somewhere between 4% (in the first year of commercialization) to 8% (at the end of the data exclusivity period) would actually choose that treatment. In real numbers, MAPS assumed that out of 8 million potential patients, an average of 25,000 or 0.3% of the total PTSD population would elect the plant-based treatment in the first year, and by the third year an average of 50,000 or 0.6% of the total PTSD population would elect the plant-based treatment, with an expected average consumption rate of two grams per day, which is similar to the amount being used in MAPS’ upcoming Phase 2 study.

MAPS’ projected revenue ($3/gram) and Cost of Goods Sold (COGS) assumptions ($2/gram) are based on current market rates, and assume that production can either be conducted by a MAPS-funded manufacturing facility or be outsourced to one of the large-scale growers expected to emerge over the next decade. Distribution of the medicine is expected to be done through some of the thousands of pharmacy distribution companies in the United States. A support staff including Medical (to review for adverse events and respond to FDA filing requirements as needed), Agronomy (to continue to develop new strains for further research), and general business support (Sales, Marketing, Accounting, Warehouse and Shipping, and IT) is also assumed. Figure 4 illustrates the impact of MAPS’ assumptions based on its ability to treat patients at these levels.

Whether or not MAPS decides to proceed with the development of marijuana into an FDA-approved prescription medication depends on several different factors. These primarily include the outcome of our initial Phase 2 marijuana for PTSD study to be completed in 2019, and the availability of DEA-licensed marijuana for Phase 3 research coming from a source other than NIDA (whose marijuana cannot be sold on a commercial basis), instead preferably coming from MAPS’ own facility but perhaps from another growing operation. In addition, still be to determined is whether MAPS and MPBC have the organizational capacity to fund and conduct Phase 3 MDMA-assisted psychotherapy for PTSD research concurrently with Phase 3 marijuana for PTSD research.

Rick Doblin, Ph.D., is the founder and executive director of MAPS. He received his doctorate in Public Policy from Harvard’s Kennedy School of Government, and his undergraduate degree from New College of Florida. Rick studied with Dr. Stanislav Grof and was among the first to be certified as a Holotropic Breathwork practitioner. His professional goal is to help develop legal contexts for the beneficial uses of psychedelics and marijuana, primarily as prescription medicines but also for personal growth for otherwise healthy people, and eventually to become a legally licensed psychedelic therapist. He founded MAPS in 1986, and currently resides in Boston with his wife and the only one of their three children who is still in High School.
The rapid growth of the legal cannabis industry is a major political, social, and economic triumph. This swift political change has already saved hundreds of thousands from arrest. It is helping cannabis consumers not live in fear or feel like second-class citizens. It is leading to a renaissance in the acceptance of alternative herbal medicines as a legitimate treatment option. Economically, cannabis legalization represents one of the biggest opportunities of our lifetimes for the creation of wealth, jobs, and tax dollars.

PROFIT THAT DRIVES SOCIAL CHANGE

When Steve DeAngelo and I started the cannabis investment and market research firm The ArcView Group in 2010, we did so because we believed that ending marijuana prohibition meant creating a responsible, politically engaged, and profitable legal cannabis industry. We understood that profit is one of the most powerful forces of change in the world. If we harnessed this power properly, it would hasten the day when not a single adult is punished for this plant.

If you really want something done in this world, one of the most effective ways to make it happen is to make it profitable, because then, people who don’t share your motivations will help you achieve your goal. There will always be a limit to how many people are primarily driven to end injustice and willing to devote time and money to it. Profit, on the other hand, is a universally potent motivator. Fortunately, cannabis legalization happens to be a social justice issue that revolves around a highly profitable product.

ArcView’s strategy was informed in part by my experience in the early renewable energy boom of the early 2000’s. The renewable energy industry was started by activists who wanted to create change in the world, but writing letters to members of Congress and hosting solar panel demonstrations only got us so far. This industry didn’t take off until there were profitable business models supported by savvy investors and entrepreneurs. The same exact story can be told of the booming organic foods industry.

It turns out, we “hippies” keep being right. Some of the best business opportunities of the last few decades bubbled up out of the counterculture from people who were primarily motivated by social change. However, it wasn’t until there was great profit to be made on those ideas that the impact that inspired the originators was realized.

MANAGING THE RISKS OF PROFIT IN THE LEGAL MARIJUANA ECONOMY

While profit, jobs, and tax money are becoming huge forces in helping to end marijuana prohibition, it is important to acknowledge and understand the challenges inherent in these powerful forces so that we can all work towards mitigating them.

One concern is whether businesses might only support legal changes that narrowly benefit their business to the exclusion of others. We witnessed this phenomenon rear its ugly head in Ohio last year, when a group of about a dozen wealthy businesspeople hatched a plan to pass a legalization ballot initiative that granted all cultivation licenses to the few people that donated
large sums to the campaign. Thankfully, Ohio voters were able to distinguish between their majority support for cannabis legalization and their opposition to an oligopoly that would have squashed competition.

It appears that the Ohio situation is an anomaly, since the huge loss made it clear that this was an unsuccessful strategy. In other states, such as Nevada and Arizona, existing cannabis business owners are ponying up large sums of capital to help pass legalization initiatives that strike a fairer balance than the 2015 Ohio initiative. Luckily, this industry comes out of a social justice movement. So far, the movement has done a great job of creating a playing field where the industry requires the backing of the movement to succeed. This provides a remarkable checks-and-balances system, encouraging legislation that is both economically viable and achieves social justice goals.

Another concern about the development of the legal cannabis industry is that business owners may seek to profit from the efforts of activists without donating to change more laws. Current media reports would have us believe that most cannabis-related businesses are making money hand-over-fist and that legalization is inevitable. These two falsehoods form a very dangerous impression. The general population of legalization advocates now think that legalization is inevitable, so they feel like they don’t need to donate or take action. Some major philanthropists who got us this far think that since the industry is now viable, it no longer needs their help. While the legal cannabis industry is starting to donate to legislation change at an increasing pace, it still provides less than 15% of all funding going into such efforts.

There are several reasons for this disparity:

- Since it’s still a nascent industry, many businesses are putting most of their assets back into their own growth.
- Most cannabis-related businesses are so busy navigating local zoning and state-level regulations that they don’t have the capacity to think about changing more federal or state laws.
- Federal tax laws treat legal cannabis businesses like illegal drug dealers which raises their tax rates. Also, many are forced to deal in cash because they do not have access to the banking system. These two factors drastically increase the cost of doing business and reduce profit.
- The act of running a business in the cannabis industry is already a bold act of civil disobedience. Provided it does business responsibly and presents a good image, it is already making a positive contribution to the legalization efforts.
- Many business owners do not feel a sense of responsibility to support the social cause because it is not what motivates them to be in business.

There are a number of efforts underway to address the last challenge in particular. Over the last 3 years, we have raised just under $1 million at ArcView’s investor forums, and we continue
to highlight the importance of responsibility for the movement. Another key effort in this direction came from cannabis consulting firm MedMen, who started the Pledge4Growth campaign to support the Marijuana Policy Project (MPP). MedMen is asking companies to commit to giving 0.42% of their revenue in donations to MPP, offering them all kinds of accolades and benefits for doing so. They are making great progress in getting businesses signed up for the program.

The biggest driver of donations from the industry, however, will likely come from the hunger to open up new markets from companies that have grown large enough to have the capital to make six to eight figure donations and the business infrastructure to actually capitalize on the opportunity that the new laws create. Right now, most companies are struggling to keep up with the growing demand, so they are less motivated to invest in the creation of more opportunities. As the industry matures, and companies develop, this will change.

WILL CANNABIS BE LIKE BIG TOBACCO?
A common fear about the corporatization of cannabis is that we will have another Big Tobacco on our hands. Indeed, this is the main argument being used by legalization’s seemingly only devoted opposition group, Project SAM.

A silver lining to cannabis prohibition lifting state-by-state, as opposed to federally all at once, is that big multinational companies are staying out of it. Any other multi-billion dollar market predicted to grow at a 30% compounded annual growth rate for the next five years would surely have the biggest venture capitalists and multi-national companies making plays, yet due to federal prohibition and international treaties, they are sitting this one out, for now. This means that the small and medium sized players have a very rare chance to be a part of one of the biggest industry booms in history without having to compete much for at least a few years. Indeed, many investors and entrepreneurs in the current market are betting that in four to five years they will have captured enough market share that, when the big players come in, they will seek to acquire existing companies rather than compete with them. This will create huge exits for the companies that accept their offers.

Even companies that don’t accept such offers will still benefit. Think about the craft brewery market. Any list of the top private investment opportunities will include craft brewing and distilling. Consumers’ growing demand for craft beers and spirits is cutting into the profits of big alcohol companies, leading them to get in on it by acquiring companies that meet that demand. Despite this, not everyone sells; many microbrewery businesses stay profitable for many years. I believe the same thing will happen in the cannabis industry.
Unlike Big Tobacco, who are knowingly selling a deadly and addictive product, cannabis doesn’t have the kinds of individual and societal harms that tobacco, alcohol, or pharmaceuticals do. To the degree that cannabis is a replacement for those substances, there will likely be a net benefit to society. Much like it’s considered a huge achievement for environmentalists that many fossil fuel companies are now investing into renewables, so too should it be heralded when big tobacco, alcohol, and pharmaceutical companies start investing in cannabis.

**A NEW KIND OF INDUSTRY**

One of the most heart-warming and motivating aspects of this new legal cannabis industry is that it feels really different from other industries. Many people I know who are getting started in the cannabis industry have spent most of their lives in jobs where they had to hide their love of cannabis and other aspects of who they really are. In this new industry, people are energized and feel part of something larger, for they are making history together. This energy infuses every interaction. At ArcView meetings, it is common for people to hug each other as a greeting. So often, new members will tell me how this phenomenon made them realize they truly entered a new kind of industry. People feel closer to each other in this industry in real ways. I think it has something to do with the fact that after meetings, many people consume cannabis together. Cannabis has a way of increasing empathy and curiosity and can help people remember what is most important to themselves and the world. The future will be filled with moral dilemmas for the soul of the cannabis industry, and thankfully, we have a great plant teacher and a decades long social justice movement to help us continue building a new kind of industry.

**Troy Dayton** co-founded cannabis investment and research firm, The ArcView Group, in 2010 and serves as CEO. ArcView created the ArcView Investor Network where more than 500 high net-worth investors have pumped more than $67 million into 103 cannabis-related ventures and raised more than $815K for the legalization effort. ArcView also publishes The State of Legal Marijuana Markets, the most oft-cited market data and analysis report on the industry. ArcView co-founded Cannasure Insurance Services in 2011 and launched Canopy, a business accelerator in 2015. Troy is a board member of the Marijuana Policy Project and is a founding board member of the National Cannabis Industry Association. He is co-founder of Students for Sensible Drug Policy and also helped launch and served as the first sales director at Renewable Choice Energy, which was recently named the #1 green power provider by the EPA. In 2007–2008 he served as the Director of Development at MAPS. He can be reached at tdayton@arcviewgroup.com.
Psychedelic Philanthropy: Making Medicines and Reclaiming Time
T. CODY SWIFT

"To be radical is to go to the root of the matter. For man, however, the root is man himself."
—Karl Marx

Why do I support work with psychedelic medicines? Because they are radical. Certainly radical in the sense that psychedelics still represent an edge in society, are probably offensive to many Puritans for their association with the war on drugs and indigenous cultures, and have been almost entirely devoid of major foundation and government funding. But psychedelics are radical also in the etymological meaning of the word, which is derived from the Latin “radix”, meaning root. Psychedelics not only have the potential to work at the root level of psychological issues, but if we accept that almost all social problems are psychological in themselves, then psychedelics may help to address the source of almost every other philanthropic effort—from environmental devastation to the volatility in our economic system. To me, these are all core reasons why private philanthropy should exactly be funding this particular niche of work.

For the past eight years, I have been working with the Riverstyx Foundation which has provided financial support to well over a dozen separate studies and organizations to increase our understanding of—and hopefully access to—the therapeutic and spiritual use of psychedelic medicines (I have also guided psilocybin sessions at Johns Hopkins, and currently am conducting qualitative research through both MAPS and Heffter). Running a charitable foundation, I’ve been keenly aware of the fact that most foundation money is untaxed wealth that otherwise would have been taxed and distributed by the government. As such, it represents a unique opportunity to support projects that would likely never otherwise be funded by the government. Directly targeting large-scale issues such as global climate change, depletion of natural resources, overpopulation, and infectious diseases are so massive and complex that even large foundation grants may be but a drop in the bucket in addressing (total private charity in the U.S. accounts for less than .1% of federal budgets). Further, as important as the humanitarian efforts of many large foundations are, these global problems may in fact be symptoms of much more subtle cultural and economic patterns than are usually acknowledged.

One of the biggest threats to the health of our society that I have yet to see any major funding entity explicitly recognize is the broader but unspoken effect of our own anxieties playing out on a collective scale. By anxiety, I don’t mean clinical anxiety necessarily, but more generally the psychological scatter brought upon by the ever-increasing complexities of modern life: our exposure to media and technology, the abstraction of our daily experience from the natural world and other humans, the pressures born from an unjust economic system, the breakdown of guiding religious or spiritual traditions, and traumas and grief left unprocessed over lifetimes. Without guidance to affirm our deeper sources of fulfillment in life, and ritual process to reconcile our grief and these many complexities, it becomes more and more difficult to slow down long enough to remember, and be present with, what each of us finds most precious and beautiful in the world; that which is most worthy of protection. When these individual dynamics play out at the level of hundreds of millions of people, then the systems in which we live, from our families all the way up to our economic and ecological systems, reflect that internal anxiety—the dissociation between what we care for most and what we end up pursuing.

By making the choice to fund psychedelic research, philanthropists and foundations have an opportunity to address some of these more subtle psychological patterns of our modern living. This is because one of the greatest gifts of the psychedelic session or ceremony is something utterly simple, but absolutely precious in the modern day: Time.

In a world where time and attention are increasingly constrained by activity, psychedelics offer an ability to surrender, in the most profound way, to the expansiveness that lies beneath the daily grind. Psychedelics not only offer the opportunity to sort through some of the most potent questions about our own lives and the world, but allow us to deeply immerse ourselves
in the raw and undefined mysteries of life in general, the place from which authentic meaning naturally springs. In a session that can last over eight hours, psychedelics help cut through the morass of psychological schemas and defenses to make manifest a direct experience of our aliveness and all that has been left unattended—from our deepest sorrows to our highest joys—helping us to remember the simple and abundant richness of what life was like before time was filled. Within a psychedelic therapy session, many of the “problems” that were previously dominating one’s time and attention can become—seemingly in an instant—infinitesimally small, compared to the widened awareness that the psychedelic session affords.

Many participants in Heffter- and MAPS-sponsored studies seeking treatment for anxiety related to cancer or chronic substance addictions, for instance, often distinctly report that their sessions had relatively little to do with those targeted problems. As one participant in MAPS’ life-threatening illness study described:

This therapy was not just about me going in and coming to terms with the fact that I have a life-threatening diagnosis, that was just one little item in a whole bowl… How do I proceed, how do I make my life meaningful, enjoyable…[MDMA-assisted therapy] is a slow, well-paced journey through what needs to be addressed.

Not that the concern around cancer entirely disappears, but rather the session allows a shift in attention towards what is most important in life, along with clarity and resolve to pursue it. As one participant in the Heffter-funded cancer-anxiety study at New York University reported of his psilocybin session: “Cancer was nowhere in evidence,” rather during his session he “became aware of this huge, immeasurable, inexpressible vibrancy that was the core of my life, and my life was nothing more than an opportunity to express it.”

It is also common for participants to remember long-forgotten feelings of childhood during their sessions and to reconnect to the sense of timelessness of their early years, which can serve as a guiding re-orientation for their lives in the months and years to follow. As another participant described of her psilocybin session at NYU:

It was surreal because I never remember my childhood. I never remember anything about my childhood…[In the session] I got that sense, that whole feeling of, like, everything is just right…No daily grind, there’s no cancer, there’s no nothing. It’s just this pleasant childhood where I ran around after school and played. I literally ate from the trees!…We forget what’s really important; we get carried away with work and making our money and paying our bills, and this is just not what life is about. It’s about enjoying what’s here as well, and it doesn’t have to be extravagant.

For many participants, these effects last well beyond the session with tangible lifestyle shifts aligned with this new perspective. Some participants reported simply feeling less compelled to immediately return incoming emails, waking up more slowly in the morning before work, reconnecting more deeply with family and friends, and more easily able to let stressors simply “sit for a day.” As one participant poignantly described: “I just sort of let go of being so organized around time. If I have an appointment…I get there when I get there.”

Someone awaiting a social revolution might dismiss these anecdotal transformations as trivial in the face of so many of today’s dire humanitarian and ecological crises. But I believe that even the most subtle differentiation from the compulsive patterns of work and relating—when born out on a collective scale—could lead to great slowing down of the exact systems that are most threatening life. In other words, the sense of completeness and spaciousness that psychedelic therapy can afford may be the most basic antidote to an economic system fueled by our accelerated disconnection from that which is most nourishing: life itself.

Perhaps we can find solace in the psychedelic movement, expanding access to the tools that can help us to step far outside the increasingly rapid flow and scatter of modernity, to give space to reaffirm the awe and depths of life as it is, and to provide the strengthened resolve to cultivate this widened awareness in our daily lives and in the world. Through this resolve, how we spend our resources, our time, our votes, and our ways of relating may all be informed by this deeper place of connection. As this current economic system continues to squeeze people of time, the greatest role of philanthropy—which itself is a direct result of our economy’s excesses—may be helping to create opportunities for the radical reclaiming of time and being—in this case, within the sacred space of a psychedelic therapy session or ceremony.

As we continue to gain a better understanding of the impact of anxiety playing out on a global scale, and yearn to address the roots of our modern crises, I believe that more and more people will begin looking for tools with promise for our collective healing (which may explain the very recent increase in funding for psychedelic science and therapy). For me personally, as I look out into the infinite array of social issues and non-profits, this is truly one of the few movements radical enough to give me an abiding sense of hope.

*T. Cody Swift has a MA in existential-phenomenological psychology from Seattle University and is a director of the Riverstyx Foundation, which has helped fund psychedelic research since 2008. He is also on the board of the Heffter Research Institute, and is conducting several qualitative studies to better our understanding of the psychological and spiritual changes in participants involved in Heffter, MAPS, and CSP funded research. Recently, he has gratefully traveled to Mexico and Texas with the Native American Church to explore long-term sustainability of the peyote sacrament. He can be reached at cody@riverstyxfoundation.org.

*All quotes were taken verbatim from qualitative interviews conducted with participants in MAPS and Heffter studies.
Crowdfunding Psychedelic Science

BRYCE MONTGOMERY

I didn’t understand how much work science took until I began working for a non-profit research organization. I’ve been hearing news about major scientific breakthroughs my entire life, so I assumed science just happened. I felt entitled to a continuously improving world, since I didn’t know how the world worked. Now I know that it takes an incredible amount of money and effort to conduct scientific research and develop new medical treatments, so I’m proud to contribute to a better world through crowdfunding. Since 2012, the Multidisciplinary Association for Psychedelic Studies (MAPS) has inspired people from around the world to donate over $400,000 in support of psychedelic research, education, and harm reduction through internet-based fundraising initiatives.

Crowdfunding is the process of raising money from many individual people who are interested in supporting something they care about. According to the 2014 Crowdfunding Industry Report, billions of dollars have been raised through crowdfunding since 2011, and the number is rising rapidly each year. This method of fundraising is becoming an increasingly valuable tool for non-profit organizations to make their ideas become reality, build communities, strengthen people’s voices, and establish public support for projects.

Through my work as Web and Multimedia Manager at MAPS, it has often been my duty to film crowdfunding campaign videos and help create campaign pages that capture the stories we want to tell about our psychedelic research and harm reduction programs. To produce these videos, I’ve traveled around the country to interview researchers and study participants involved in this new wave of psychedelic science. This has been one of the most rewarding aspects of my work with MAPS: meeting the people on the frontlines of establishing legitimacy for the healing potential of psychedelics.

In order for MAPS to conduct research into the risks and benefits of psychedelics and marijuana, each study must receive approval from the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA), Institutional Review Boards, and other agencies, though none of them are financially sponsoring our work. All the research we’ve conducted so far has been entirely funded by generous individual donors and family foundations who feel called to support MAPS’ mission.
Although MAPS has been receiving donations from the public since our founding in 1986, our first online crowdfunding campaign for psychedelic research was launched in June 2012 on the Causes platform. In an effort to support our research into MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD), we created a campaign page celebrating the 100th anniversary of MDMA’s creation, featuring history and facts about MDMA. MAPS staff members rallied together to spread awareness about the crowdfunding campaign by reaching out to friends, family, and people connected to MAPS via email or social media. A total of 54 people made donations to the Causes campaign, raising $2,508 to support psychedelic research. This was a small but important start for us, helping us learn more about asking for support through the World Wide Web and social media.

As crowdfunding platforms like Kickstarter and Indiegogo began to increase in popularity, their viability as legitimate fundraising platforms became undeniable. By 2013, there were constantly new crowdfunding campaigns going viral, and raising thousands and even millions of dollars. The donors who contributed to our first crowdfunding campaign were mostly already MAPS supporters, so launching a campaign on Indiegogo was our first intentional effort to use online fundraising to find new donors who had never before financially supported our work.

This time, we decided that this crowdfunding campaign would support the Zendo Project, the MAPS-sponsored psychedelic harm reduction program. To make the campaign a reality, I filmed a relatively simple video of MAPS Director of Harm Reduction Linnae Ponté speaking directly to the camera about how the Zendo Project provides compassionate care for people undergoing difficult psychedelic experiences at festivals and events around the world. The final video also featured images of Zendo Project volunteers and spaces set up for guests. Through this video, we told a complete story and illustrated the impact that individuals could have by donating to and sharing the campaign.

Our first campaign page on Indiegogo was much more robust in comparison to our Causes campaign page. We told a clear story about the Zendo Project’s mission, described exactly how the money would be spent, and featured a collection of “perks” for people who made donations. Coming up with perks is a fun process, though we had to be mindful about how much it cost to produce each perk in relation to the donation amount. The perks for this campaign included branded stickers, water bottles, and bandanas, plus picnics, donated art, our psychedelic harm reduction training manual, and more items related to psychedelic harm reduction.

With a completed campaign page and video, we were ready to launch our 30-day campaign in June 2013 in order to receive the funds before the Zendo Project traveled to Black Rock City, Nevada, to provide psychedelic harm reduction at Burning Man 2013. We set an initial fundraising goal of $10,000 to help pay for transportation costs for the structure, equipment, and volunteers, as well as water, snacks, pillows, and other materials to make the space even more comfortable and welcoming.

An outpouring of community support helped us surpass our original goal of $10,000 in just 11 days, which encouraged us to create additional “stretch goals” that explained how funds beyond our initial goal would improve the project. By the end of our 30-day campaign, 245 funders from nine countries had donated a total of $17,786 to support our psychedelic harm reduction services.

Our success using Indiegogo for the Zendo Project crowdfunding campaign in 2013 inspired us to create another Indiegogo crowdfunding campaign that year, this time for MAPS’ study of MDMA-assisted psychotherapy for veterans, firefighters, and police officers with PTSD.

I wanted to increase the production quality for this campaign video, so this time I used two cameras and conducted proper interviews. My first interview was in Los Angeles with MDMA-assisted psychotherapy study participant Rachel Hope, who was the first person I had ever met who had been a part of MAPS’ research. I’ll never forget the moment when she told me that she had been “cured” of PTSD. Rachel is living proof that MDMA-assisted psychotherapy can provide significant healing, and she was willing to share her story with the public so that MAPS can help more people overcome PTSD.

After filming the interview with Rachel, I traveled to South Carolina to interview MAPS-sponsored researchers Michael and Annie Mittheofer, the lead therapists involved in our
MDMA-assisted psychotherapy studies in Charleston. I remember feeling a major shift in energy when I walked into their treatment room, knowing that Rachel and many others had experienced such healing within those walls. This was the room where study participants revealed their trauma, received MDMA-assisted psychotherapy, and began the process of overcoming PTSD. After documenting the site location and filming interviews, I traveled back to California to edit the video, process other interviews that I captured, and help complete the rest of the campaign.

On Veterans Day, November 11, 2013, we launched Healing Trauma in Veterans with MDMA-Assisted Psychotherapy, our second crowdfunding campaign on Indiegogo. By December 31, 2013, more than 420 contributors from 19 countries raised over $44,000 out of our ambitious $50,000 goal to help complete our ongoing study of MDMA-assisted psychotherapy for veterans, firefighters, and police officers with PTSD. While we didn’t quite reach our goal, we were able to show a significant amount of public support for psychedelic research, and more than doubled our previous crowdfunding record.

While brainstorming our next major online fundraising initiative, we realized that having a broader message could help our campaign reach more people. Our last campaign had a long and specific name, so we wanted to create something short and memorable. We decided on the name Legalizing Psychedelic Therapy since it was bold and communicated MAPS’ mission well. We improved our campaign creation skills by implementing a consistent branding for the campaign, including a logo with multiple orientations and color options. From images, to videos, to email signature—this beautiful logo was everywhere by the time we launched the campaign.

As part of our intention to increase production quality, we asked Emmy Award-winning journalist Amber Lyon to be the host of the video, a task that required providing general information about research into the healing potential of psychedelics. We were honored that she agreed. This video also included more interviews with study participants, which for me made this project even more inspiring than the last one. After my interview with study participant and veteran Nicholas Blackston in Kentucky, I flew to Boulder, Colorado, for additional interviews. In one day, I met three women who had all overcome PTSD after receiving MDMA-assisted psychotherapy in MAPS’ Colorado study. This was the single most inspiring day of my career at MAPS so far; thereafter I made it my mission to convey their healing through the use of video.

We launched Legalizing Psychedelic Therapy on August 11, 2014, with $50,000 goal, which would complete the funding for our largest study of MDMA-assisted psychotherapy for PTSD in U.S. veterans, firefighters, and police officers. By October 9, after a steady flow of online marketing, over 1,400 funders from more than 40 countries had donated $141,888—over 2½ times our initial goal! We reached out to the general public, the drug policy community, and established MAPS supporters so that our campaign would have the widest reach possible. Over 75% of those who gave were first-time MAPS donors, which was a major confirmation that crowdfunding could be a viable way for us to raise funds from and connect with new supporters. We reached our $50,000 goal in just 16 days, completing funding for our largest clinical trial to date, and ending our five-year, $1.38 million fundraising effort for the study.

On February 26, 2015, the community news website reddit awarded $82,765.95 to MAPS and nine other non-profits chosen by the reddit community. During a one-week period from February 18 to February 25, over 80,000 reddit users casting more than 250,000 votes for their favorite charities to each receive 1% of reddit’s advertising revenue receipts from 2014. I worked on a one-week promotional blitz by reaching out to any one I could find who had a reddit account. We received significant support from our social media presence and drug-related communities on reddit, which helped us be nominated as the #6 top-rated non-profit on reddit, and securing a substantial—and unexpected—donation from reddit. While this wasn’t a crowd-
funding campaign, it did show how community activism on the internet can generate significant support for psychedelic and medical marijuana research.

The Zendo Project had expanded a great deal in the roughly two years since our first Indiegogo campaign, so in 2015 we decided to launch another campaign to raise funds to expand the program. We continued our successful formula, and produced a high-quality video, campaign page, and new perks for donors. From June 23 through July 24, 2015, 437 individual donors in 32 countries gave $69,406, exceeding our initial $50,000 goal to expand the Zendo Project’s psychedelic harm reduction services at festivals and events worldwide. This successful campaign allowed us to establish a second harm reduction structure at Burning Man 2015, so that both sides of Black Rock City had psychedelic harm reduction available 24 hours a day. This was our second campaign where over half of the donors—70% this time—had never before given to MAPS.

We’ve also discovered that our capacity to raise money through crowdfunding is not reliant on established crowdfunding platforms. In December 2015, we used our website and crowdfunding experience to raise over $73,000 to complete funding for our Phase 2 study of MDMA-assisted psychotherapy for PTSD in Boulder, Colorado. This campaign succeeded without perks, so it is refreshing to know that people will support our work without receiving an incentive, other than knowing that they are contributing to MAPS.

In February 2016, MAPS announced the Global Psychedelic Dinners, a peer-to-peer fundraising campaign centered around gathering communities, hosting open conversations about psychedelic science and medicine, and raising funds for MAPS’ $400,000 purchase of one kilogram of pharmaceutical-grade MDMA for our Phase 3 trials of MDMA-assisted psychotherapy for PTSD and other MDMA research worldwide. Our hopes for this initiative are to reduce stigma and enhance public understanding of the risks and beneficial uses of psychedelics for science, healing, spirituality, creativity, and personal growth. By asking our supporters to create their own crowdfunding pages on Razoo, host a dinner, and raise funds for MAPS, we are giving people a much more active and engaging role in legalizing psychedelic therapy.

MAPS is not the only organization that is using crowdfunding to support psychedelic science. Researchers from Imperial College London raised £33,790 ($47,034 USD) for a LSD brain-imaging study on Walacea, a crowdfunding platform with a focus on science. Scientists in Brazil also raised over $14,000 for an MDMA study in Brazil using the same platform.

After pledging to donate at least $100,000 to psychedelic research in 2016, author Tim Ferriss helped the Heffter Research Institute raise $87,000 through a crowdfunding campaign in support of a study at Johns Hopkins University School of Medicine into the use of psilocybin for treatment-resistant depression.

Documentary filmmakers seeking to spread awareness about psychedelics have also been able to raise money using crowdfunding, such as for MDMA: The Movie and From Shock to Awe. The film Neurons to Nirvana went from being a successful crowdfunding campaign on Kickstarter, to a popular documentary on Netflix, which has helped psychedelic medicine gain lots of public exposure.

Allies of MAPS have also launched crowdfunding campaigns centered around psychedelic education and advocacy, including projects by Students for Sensible Drug Policy (SSDP); DanceSafe; Entheogenic Research, Integration, & Education (ERIE); the Women’s Visionary Congress (WVC); and Sublime Visions.

Our continued success with crowdfunding is strongly enhanced by our growing presence on social media platforms such as Facebook and Twitter. In the past four years since our first campaign, our total number of Facebook followers has multiplied five times, helping tens of thousands of new people become aware of our work. Since our campaigns attract so many first-time donors, it is hard to ignore the correlation between the growth we’ve seen in social media and new donors.

If we want psychedelic medicine to become widely available, we have to work hard for it. MAPS is expecting MDMA-assisted psychotherapy to become an FDA-approved prescription medicine by 2021, though that projection will not become a reality without the addition of many new supporters and funding sources, which is why crowdfunding is so important for MAPS at this time. An Internet connection and the desire to accelerate change may be two of the most important tools available for the future of science, medicine, and psychedelics.

Bryce Montgomery studied film production at West Valley College, where he also developed an interest in marketing. Bryce joined MAPS as a Social Media Intern in the summer of 2011, bringing his background in film production and social media to public education about psychedelics. Bryce now serves as Web and Multimedia Manager, a position that combines all of his passions; ranging from using the internet to reach people worldwide to creating visually stimulating media projects. He can be reached at bryce@maps.org.
R/evolutionary Medicine: Psychedelics, Trauma, and the Pharmaceutical Industry

NATALIE LYLAL GINSBERG

"We can change policies all day but if the fight to get there was full of trauma, was replicating oppressive dynamics, abusive dynamics, then what is the point?"
—Patrisse Khan-Cullors, Black Lives Matter co-founder

Recently, prescription drug overdoses overtook car accidents as the number one cause of accidental death in the United States. Americans lead the world in prescription drug use, and we are no healthier or happier than comparable nations without such high rates of prescription drug use. As MAPS studies continue to demonstrate the therapeutic effectiveness and safety of MDMA (especially compared with currently approved treatments developed by for-profit pharmaceutical companies), our society will deepen its questioning of the current profit-driven drug development system’s ability to produce the safest and most effective treatments.

In 2015, MAPS founded a new wholly owned subsidiary, the MAPS Public Benefit Corporation (MPBC), to ensure that we are always guided by public benefit, not by profit, as we work to develop MDMA and cannabis into prescription medicines. MPBC is an alternative model designed to exist within a capitalist, profit-driven system. Benefit corporations reduce the harms of capitalism, as well as pick up capitalism’s slack. For example, most psychedelic compounds such as MDMA, psilocybin, and LSD cannot be patented (they are either naturally occurring or their patents have expired), which hinders their profit-making potential. This is one of the reasons that for-profit pharmaceutical companies have not yet invested in psychedelic research. By contrast, since MPBC’s aim is public benefit—not profit—psychedelic research remains its priority. As a non-profit organization, MAPS has been able to afford MDMA-assisted psychotherapy research because we were able to use approximately $300 million in research (and over 5,000 published scientific papers) to make the case for our Phase 2 studies. Thanks to government-funded research from around the world that sought to demonstrate the dangers of MDMA, there is ample research demonstrating its relatively high safety profile.

For-profit pharmaceutical companies often operate at the expense of their customers’ health and finances. With profit guiding drug development, pharmaceutical companies are incentivized to market patentable products that consumers depend on for years. Drugs are also developed to cure ailments in small doses, but in the United States these drugs usually come with a hefty price tag. By contrast, psychedelic therapy can be an effective treatment with as little as one dose accompanying psychotherapy, though most participants require two to three MDMA-assisted psychotherapy sessions. Yet in the United States, medicines are almost exclusively developed with the goal of maximizing profit for the producers. Why aren’t we aiming for a system that maximizes healing and minimizes cost for the patient?

In their curated 2014 exhibit at the Reijksmuseum, Art is Therapy, philosophers Alain de Botton and John Armstrong write: “Health involves the capacity to think creatively about ways that things could be better. That’s what depression cuts off.” Psychedelic therapy helps people to “think creatively,” while pharmaceuticals, as psychiatrist Dr. Julie Holland told The New York Times in March 2015, can “promote apathy and indifference.” She continues:

SSRI’s [the most commonly prescribed antidepressants] tend to blunt negative feelings more than they boost positive ones…Some people on SSRI’s have also reported less of many other human traits: empathy, irritation, sadness, erotic dreaming, creativity, anger, expression of their feelings, mourning, and worry.

Psychedelic therapy asks participants to confront the source
of their pain, while pharmaceuticals tend to numb patients’ feelings. Having numbed feelings can certainly serve a valuable role in some treatments. But, messaging promoted by pharmaceutical companies that mental illness is simply a “chemical imbalance” that can be remedied with medicine, in combination with blunted feelings, often prevents patients from understanding a more holistic perspective of their pain. Conversely, psychedelic therapy often leads participants to start examining both the personal and societal sources of their trauma. As psychiatrist Dr. Robert Lifton told The Washington Post in November 2015, “For the healing process to take place, the veteran needs to confront what they have been a part of.” Garrett Reppenhagen, a retired Army sniper who served in Iraq, explains to Salon in February 2015:

I was taken aside more than once at the VA during group therapy and told that the VA is not a platform to express my political views. [To me] my recovery hinged on the fact that I felt guilt and shame over committing atrocities against an occupied country. We went over there and brutalized and oppressed, and that is part of my psychological and moral injuries. If I can’t talk about it at the VA, then the VA can’t help me.

Though many Americans find relief from pharmaceuticals, psychedelic therapy encourages a more comprehensive approach to healing.

Cannabis has also long suffered at the hands of the pharmaceutical industrial complex. The for-profit pharmaceutical industry (along with the prison and alcohol industries) funds anti-cannabis campaigns and politicians. They are understandably threatened: Cannabis is a far safer, and often more effective, alternative to a large number of pharmaceuticals. A 2014 study in the Journal of the American Medical Association showed states with medical cannabis laws to have 24.8% lower rates of opioid-related deaths. Disturbingly, the leading anti-cannabis funders are pharmaceutical companies who produce opiates. They include Purdue Pharma (OxyContin®), Abbott Laboratories (Vicodin®), Alkermes (Zohydro®, a controversial new opiate reportedly 10 times stronger than OxyContin®), and many other opiate manufacturers. These companies fund organizations such as the Partnership for Drug-Free Kids (formerly the Partnership for a Drug-Free America), who recently urged the Attorney General in a public letter to keep cannabis listed as a Schedule 1 drug, indicating no medical use and high potential for abuse. Prescription opiates, however, are in a significantly less restrictive category, despite dramatically higher documented abuse rates than cannabis and astronomical overdose death rates, a sharp contrast to cannabis’ non-lethality.

There is currently no direct path to developing cannabis into prescription medicine, because of a Drug Enforcement Administration (DEA)-enforced National Institute on Drug Abuse (NIDA) monopoly on the production of federally legal research cannabis in the United States. MAPS is preparing to conduct a Phase 2 study of cannabis for symptoms of PTSD, to be funded by a $2.1 million grant from the State of Colorado and using NIDA cannabis. If Phase 2 studies are successful, for Phase 3 we will need cannabis from a non-governmental source since NIDA cannabis cannot be used for prescription. As a result, we are advocating for the elimination of this DEA-enforced cannabis monopoly. Even NIDA Director Nora Volkow testified in a Senate hearing in June 2015 that eliminating their DEA-enforced monopoly would be “beneficial.” The DEA is acting in solidarity with law enforcement agencies which strongly oppose medical cannabis, and which also receive federal grants tied to drug enforcement laws.

The therapeutic potential of psychedelics and cannabis oblige us to create new models that diverge from those followed by the for-profit pharmaceutical industry, because they inspire us to prioritize human wellness over profit. If a system designed to develop medical treatments prioritizes making a profit above genuine healing, inevitably all other aims will suffer in the service of accumulating capital. As Gabor Maté argues in his upcoming book, capitalism inevitably creates trauma, because capitalism by definition places profit above all else. The process of valuing capital more than human life is inherently traumatic, and this manifests in countless ways as it filters through our society and bodies. The pharmaceutical industrial complex is one such egregious example.

Psychedelic therapy works by helping individuals to address the root cause of their difficulties. Precisely because it works this way, psychedelic therapy can also illuminate the societal and political sources of trauma. Psychedelic research, therefore, has the tremendous potential to influence systems and policies to prevent and heal—rather than create and perpetuate—trauma.

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Current research shows promise for a new intervention for posttraumatic stress disorder (PTSD) known as methylene-dioxymethamphetamine (MDMA)–assisted psychotherapy. This paper explicates the present state of research into clinical trauma related to the experience of racism in America, and the potential contribution MDMA-assisted psychotherapy might make to the efficacy of present interventions.

POSTTRAUMATIC STRESS DISORDER IN MINORITIES

Allen was a young African American man working at a retail store. Although he enjoyed and valued his job, he struggled with the way he was treated by his employer. He was frequently demeaned, given menial tasks, and even required to track African American customers in the store to make sure they weren’t stealing. His work experiences consisted mostly of hostile actions intended to communicate his inferior status due to his race (i.e., racial harassment). He began to suffer from symptoms of depression, generalized anxiety, low self-esteem, and feelings of humiliation. After filing a complaint, he was threatened by his boss and then fired. Allen’s symptoms worsened and his interpersonal relationships became strained. He had intrusive thoughts, flashbacks, difficulty concentrating, irritability, and jumpiness—all hallmarks of PTSD. Allen was found to be suffering from race-based trauma (from Carter & Forsyth, 2009).

PTSD is a severe and chronic condition that may occur in response to any traumatic event. The National Survey of American Life (NSAL) found that African Americans show a prevalence rate of 9.1% for PTSD versus 6.8% in non-Hispanic Whites, indicating a notable mental health disparity (Himle et al., 2009). Increased rates of PTSD have been found in other groups as well, including Hispanic Americans, Native Americans, Pacific Islander Americans, and Southeast Asian refugees (Pole et al., 2008). Furthermore, PTSD may be more disabling...
for minorities; for example, African Americans with PTSD experience significantly more impairment at work and carrying out everyday activities (Himle, et al. 2009).

CHANGES IN THE DSM-5

Changes to PTSD criteria in the DSM-5 have been made to improve diagnostic accuracy in light of current research (APA, 2013; Friedman et al., 2011). Previously, a person was required to have directly experienced a discrete traumatic event for a diagnosis. Under the new criteria, if a person has learned about a traumatic event involving a close friend or family member, or if a person is repeatedly exposed to details about trauma, they may now be eligible for a PTSD diagnosis. These changes were made to include those exposed in their occupational fields, such as police officers or emergency medical technicians. However, this could be applicable to those suffering from the cumulative effects of racism as well.

The diagnostic requirement of responding to the event with intense fear, helplessness, or horror has been removed in the new version of the DSM. It was found that in many cases, such as soldiers trained in combat, emotional responses are only felt afterward, once removed from the traumatic setting. The criteria have changed from a three-factor to a four-factor model. The proposed factors are now (a) intrusion symptoms, (b) persistent avoidance, (c) alterations in cognition and mood, and (d) hyperarousal/reactivity symptoms. Three new symptoms have also been added: persistent distorted blame of self or others, persistent negative emotional state, and reckless or self-destructive behavior. These symptoms may be also seen in those victimized by race-based trauma.

RACISM AND PTSD

One key factor in understanding PTSD in ethnoracial minorities is the impact of racism on psychological well-being. Racism continues to be a daily part of American culture, and racial barriers have an overwhelming impact on the oppressed. Research has documented that both implicit and explicit racism create barriers to health care (Penner, Blair, Albrecht, & Dovidio, 2014). Much research has been conducted on the social, economic, and political effects of racism, but less research recognizes the psychological effects of racism on people of color (Carter, 2007). Chou, Asnaani, and Hofmann (2012) found that perceived racial discrimination was associated with increased mental disorders in African Americans, Hispanic Americans, and Asian Americans, suggesting that racism may in itself be a traumatic experience.

Bryant-Davis and Ocampo (2005) noted similar courses of psychopathology between rape victims and victims of racism. Both events are an assault on the personhood and integrity of the victim. Similar to rape victims, race-based trauma victims may respond with disbelief, shock, or dissociation, which can prevent them from responding to the incident in a healthy manner. The victim may then feel shame and self-blame because they were unable to respond or defend themselves, which may lead to low self-concept and self-destructive behaviors. In the same study, a parallel was drawn between race-based trauma victims and victims of domestic violence. Both survivors are made to feel shame over allowing themselves to be victimized. For instance, someone who has experienced a racist incident may be told that if they are polite, work hard, and/or dress in a certain way, they will not encounter racism. When these rules are followed yet racism persists, powerlessness, hyper vigilance, and other symptoms associated with PTSD may develop or worsen (Bryant-Davis & Ocampo, 2005).

Many clinicians only recognize racism as trauma when an individual experiences a discrete racist event, such as a violent hate crime. This is limiting given that many minorities experience cumulative experiences of racism as traumatic, with perhaps a minor event acting as “the last straw” in triggering trauma reactions (Carter, 2007). Thus, the conceptualization of trauma as a discrete event may be inadequate for diverse populations. Furthermore, minorities may be reluctant to volunteer experiences of racism to White clinicians, who comprise the majority of mental health care providers. Patients may worry that the clinician will not understand, become defensive, or express disbelief. Additionally, minority patients may not link current PTSD symptoms to cumulative experiences of discrimination if queried about a single event.

IMPLICATIONS FOR TREATMENT

Racism is not typically considered traumatic by mental health care providers. Psychological difficulties attributed to racist incidents are often questioned or minimized, a response that only perpetuates the victim’s anxieties. Thus, patients who seek out mental healthcare to address race-based trauma may be further traumatized by micro-aggressions—subtle racist slights—from their own clinicians when they encounter disbelief or avoidance of racially charged material (Sue et al., 2007).

Clinicians assessing ethnoracial minorities are encouraged to directly inquire about the patient’s experiences of racism when determining trauma history. Some forms of race-based trauma may include racial harassment, discrimination, witnessing ethnoviolence or discrimination of another person, historical or personal memory of racism, institutional racism, micro-aggressions, and the constant threat of racial discrimination (Helms et al., 2012). The more subtle forms of racism may be commonplace, leading to constant vigilance, or “cultural paranoia,” which may be a protective mechanism against racist incidents (Whaley, 2001). However subtle, the culmination of different forms of racism may nonetheless result in traumatization.
Unfortunately, many clinicians are unprepared to address cultural issues due to social taboos surrounding racism, discrimination, and White privilege. This will in turn prevent open dialogue with patients about potentially relevant trauma-related experiences. Thus it is important that all clinicians are well trained in the delivery of culturally competent care to enable them to properly serve diverse patients (Miller et al., 2015).

IMPLICATIONS FOR STUDY RECRUITMENT
Identifying the specific aspects of racism that tend to be psychopathogenic for individuals is difficult in light of individuals’ tendency to vary in their reactivity to stress and perceptions of racism (Williams et al., 2014). Thus some of the complexities facing modern psychological research and practice include both limiting the misidentification of race-based stress and trauma and continuing research toward the effective and culturally authentic treatment of trauma reactions stemming from the experience of racism (Helms et al., 2010).

Additional complexities pertain to ongoing research and the gathering of new data. Several studies have chronicled the successful recruitment of members of minority groups into clinical trials (e.g., Williams, Tellawi, Wetterneck, & Champman, 2013); these studies highlight the significant underrepresentation of minority group members involved in current research studies. The importance and clinical necessity of cross-cultural involvement in current research cannot be overstated. Data gleaned from culturally exclusive research studies may reduce treatment success for certain ethnic groups, including African Americans (Williams et al., 2014). However, conducting culturally inclusive studies involves intensive recruitment phases which are complicated by the perception among many minorities that the American healthcare system, including psychological researchers and practitioners within that system, is a racist institution, favoring Whites and perhaps even causing minorities deliberate harm (Suite et al., 2007).

In light of this, barriers to recruiting minorities for research studies are evident. Williams et al. (2013) found that successful recruitment of minorities often involves building personal connections with members and leaders of local communities, and using multiple culturally specific advertising venues. Additionally, compensating participants may encourage the involvement of those who would otherwise be made to take time off of work, and would thus be unable to participate.

Developing therapeutic approaches to the treatment of race-based trauma is an important research goal. Cultural knowledge and sensitivity by the clinician are essential pieces in the understanding and effective treatment of race-based trauma (Chapman et al., 2014; Williams et al., 2014). Indeed, several studies have shown that a strong positive ethnic identity is correlated with higher self-esteem, the development of effective coping skills, the experience of optimism, and fewer psychological symptoms (Smith et al., 1999; Williams, Chapman, Wong, & Turkheimer, 2012). However, individuals with a strong sense of belonging to their native cultural identity are more likely to experience significant distress in the face of racism (Yip, Gee, & Takeuchi, 2008). Thus, cultivating familiarity with clients’ ethnic heritage and demonstrating respect for and sensitivity to their cultural background is an essential part of adapting evidence-based treatments to meet their needs.

Although the clinical efficacy of pharmacological and psychotherapeutic interventions for PTSD is well established (Foa et al., 2009), the literature reveals deficiencies in modern treatment capacity for psychological trauma (Cloitre, 2009). Such deficiencies include a tendency for persons who enroll in clinical trials to prematurely discontinue treatment at an alarmingly high rate (Hembree et al., 2003), and dropout rates for minorities may be higher yet. For example, Lester and colleagues (2010) found that African Americans were 1.5 times more likely to drop out and three times more likely not to initiate PTSD treatment, despite being more hopeful about treatment benefits prior to therapy. The study authors attribute findings to potentially faster improvement among African Americans, stigma related to treatment, and lack of cultural sensitivity in the assessment and treatment process. The latter two attributions are more likely, given the literature surrounding treatment issues and African Americans. Such significant deficiencies in existing approaches to effective treatment raise questions of alternative interventions. Often, the experience of emotional intensity in relationship to traumatic memories precludes the efficacy of psychotherapeutic intervention for trauma symptoms (Jaycox & Foa, 1999).
THE PROMISE OF 
MDMA-ASSISTED PSYCHOTHERAPY

Methylenedioxymethamphetamine (MDMA) is a psychoactive drug historically used in conjunction with psychotherapeutic intervention. Although MDMA was classified as a Schedule 1 controlled substance in 1985, several comparatively recent studies have found that the administration of MDMA for the purpose of trauma-related psychotherapy correlated with positive outcomes. Individuals whom were administered MDMA experienced an increase in oxytocin, a hormone implicated in trust and emotional perception (Domes et al., 2007; Kirsch et al., 2005). Also, Dumont et al. (2009) found that elevated oxytocin was associated with greater sociability. That is, the administration of MDMA may help with building human connection, including rapport within the context of psychotherapeutic interventions.

Additionally, MDMA produces temporary modifications in neurological activity. Liechti (2000) found that volunteers who were administered MDMA had increases in activity in the ventromedial frontal and occipital cortices, and decreases in the left amygdala. Such neurological modifications were associated with a reduced sense of fear as it pertained to trauma-related memories. Thus, the administration of MDMA in conjunction with psychotherapy, Mithoefer et al. (2011) postulated in a recent study, may specifically allow for effective processing of traumatic material. That study comprised two randomized groups, MDMA (n = 12) and placebo (n = 8). The onset of MDMA-effects was concurrent with psychotherapy for each volunteer. Thus, the research study included both 125 mg of MDMA (or placebo) and two, eight-hour psychotherapy sessions. The primary outcome measure was the Clinician-Administered PTSD Scale (CAPS; Blake et al., 1990), a gold-standard assessment of PTSD used by the military. Clinical response was defined as a greater than 30% reduction in baseline of symptom severity as measured by the CAPS.

A clear divergence emerged between the two groups. 83.3% of those in the MDMA group showed clinical response to treatment, versus 25% of those in the placebo group. Additionally, the ten subjects in the MDMA group no longer met diagnostic criteria for PTSD. Thus, MDMA-assisted psychotherapy was demonstrated to be an effective intervention for PTSD in these participants. In a follow-up study, Mithoefer et al., (2012) found that therapeutic gains were longitudinally durable as evidenced by CAPS scores at two-month follow-up and up to 74.3 months following treatment. Thus preliminary data demonstrates that MDMA-assisted psychotherapy can be an effective intervention for successfully treating PTSD and maintaining therapeutic gains over time.

One of the major challenges facing research on MDMA-assisted psychotherapy for the treatment of PTSD is the scant amount of data demonstrating its efficacy in ethnic minority patients. That is, among the published studies involving this experimental treatment for PTSD no participants were ethnic or racial minorities. In recently completed Phase 2 trials, minority inclusion was improved but still low (15.2%). Further, Mithoefer et al. (2013) did not specifically address the implication of MDMA-assisted psychotherapy for the treatment of race-based trauma. Thus, the degree to which MDMA-assisted psychotherapy can be helpful for race-based trauma has not yet been empirically demonstrated. To further explicate the dilemma, successfully conducting cross-cultural research toward culturally authentic treatments is compounded by the history of racism in the American healthcare system, making stigmatized minorities reluctant to volunteer for clinical trials (Suite et al., 2007; Williams et al., 2013).

While there is apparent promise implicit in the above data, there is also significant challenges inherent in the present research: We are not certain as to how relevant existing data is to the non-White population, including those suffering from race-based trauma. Additionally, researchers need to employ culturally specific—and sometimes extensive—strategies to ensure stigmatized minorities are included in clinical trials.

SUMMARY

Although changes to the DSM increase the potential for better recognition of race-based trauma, more awareness is needed among clinicians to properly identify it. More research is needed to develop a culturally competent model of PTSD to address how culture may differentially influence trauma experiences of stigmatized minorities. In the meantime, clinicians must be educated about the impact of racism in lives of their ethnic minority patients, specifically the connection between racist experiences and trauma. To that end, interventions to increase awareness and improve clinical dialogue should have the same value as other aspects of medical training (Penner, Blair, Albrecht, & Dovido, 2014).
There is an urgent need to develop empirically supported interventions for those suffering the effects of race-based trauma, and MDMA-assisted psychotherapy may be an important next step. Prior research focused on treatment of stigmatized minorities suffers from low inclusion and high dropout rates, although minorities suffer from disproportionately high rates of PTSD. As a compassionate society, we must find or make ways to reach all segments of our society with promising new treatments, so that everyone has an optimal chance of recovery and an excellent quality of life.

REFERENCES


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One out of three people suffering from posttraumatic stress disorder (PTSD) do not respond adequately to treatment.

**Can MDMA-assisted psychotherapy help?** [mdmaptsd.org](http://mdmaptsd.org).

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Spring 2016
The Ayahuasca Industry and Global Healing in an Experience Economy

SITARAMAYA SITA

When I was invited to write an article for this special MAPS Bulletin edition on psychedelics and the New Economy with a look at the “ayahuasca industry,” it struck me as an unusual pairing of words: ayahuasca with industry. Thinking conceptually about industry and reflecting on my own experiences with ayahuasca for the last 18 years, I realized that the words do fit together to describe many components of the current activity surrounding ayahuasca—from economic activity directly related to drinking ayahuasca; to tourism in the Amazon where ayahuasca retreat centers now proliferate; to the merchandizing of ayahuasca arts, crafts and clothing; to events, workshops and conferences focused on ayahuasca. While the emergence of ayahuasca into the global realm of goods and services for sale is a modern commercialization, I encourage us to not forget that ayahuasca produces, médicos, vegetalistas and practitioners in mestizo and indigenous communities continue to engage in the barter, trade, and sale of their plant preparations and healing services. So how can we, as a contemporary ayahuasca drinking culture, respectfully and sustainably grow and participate in this ayahuasca industry?

First, the good news: The existence of an ayahuasca industry has the potential to be a forward-moving, transformational reclamation of our innate desire and ability to connect and heal with plants, and to experience ourselves as part of nature. Particularly when we allow ourselves to be guided and inspired by deeper understandings of our interconnectedness, we can thoughtfully envision a new paradigm for our economy, an economy where commercialization does not emphasize profitability at the expense of quality but instead represents the availability and preference for experience over “stuff”: a New Economy beyond the New Economy\(^1\)—the Experience Economy\(^2\). And, in this paradigm, the ayahuasca experience feels like a natural fit.

Now, the concerns: Much has already been written about the sustainability of the plants, the commodification of culture, impacts on indigenous cultures, carbon footprints associated with travel, and safe practices for ayahuasca use. While I was intro-

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\(^1\)The term “New Economy” is often used to describe the current post-industrial service-based economy.

\(^2\)While I came up with “Experience Economy” to describe my personal vision as I was writing this article, the term Experience Economy was first described in an article published in 1998 by B. Joseph Pine II and James H. Gilmore, titled “The Experience Economy”. An early example is the book of Alvin Toffler, Future Shock, which Pine and Gilmore quote in their work. Toffler criticized how “economists have great difficulty imagining alternatives to communism and capitalism,” and how they could only envision the economy in the terms of scarcity of resources. He talked about the upcoming “experiential industry,” in which people in the “future,” would be willing to allocate high percentages of their salaries to live amazing experiences.
duced to ayahuasca in the north, I have been traveling extensively in the Amazon since 2000, working with, learning from, and engaging with local people who use ayahuasca in ways that draw from traditional practices. I am not an expert nor have I conducted a rigorous scientific investigation. I can, however, offer my observations, thoughts, and experiences about a few of these areas of concern.

On the sustainability of the plants: The demand for ayahuasca vine (*Banisteriopsis caapi*) and chacruna (*Psychotria viridis*) and chaliponga\(^3\) (*Diplopterys cabrera*), the primary component plants of the ayahuasca brew, has certainly increased in the wake of ayahuasca tourism and prices have steadily increased in the last ten years. Speaking with Peruvian Amazonian locals, it seems that for the most part, price increases are not a reflection of shortage or capacity to sustainably grow and produce plants for ayahuasca preparation, but rather a reflection of economic opportunity. In communities where people have wildcrafted and grown medicine plants for generations, they are recognizing the demand and opportunity to earn a living from surging interest in medicine plants.

Whereas these plants formerly were primarily wildcrafted from the forest, or procured from small medicine gardens, they are now being grown to supply ayahuasca retreat centers. And, as is typical of economic growth, jobs are springing up. Amazonians that I have talked to are enjoying the new business opportunities and particularly so because what the growers are offering is not just a meaningless product but something that helps to keep traditional plant knowledge alive. In a world of globalization, where Amazonian campesinos and jungle dwellers might otherwise move or commute into the city to learn “new” skills, they can offer what they know, right where they live and receive value.

At the same time, there are pitfalls as the growth of the ayahuasca industry has an impact on local cultures. While culture and tradition are ever-changing, transforming, and growing, the impetus for this particular “growth” was not initiated by the culture of origin but rather, by people from other cultures, mainly North Americans and Europeans coming in and declaring a value. Nonetheless, Amazonians have generally responded favorably, enjoying the opportunity to participate in a global community by offering and supporting a particular kind of healing and transformational experience, and in the best case scenario, having their traditional plant medicine skills valued and validated. This is in stark contrast to the era of *conquistadores* who sought to eviscerate culture and demonize plant medicine practices. The concern is that in this fast-paced shift, we will skip over the profound underpinnings of Amazonian plant medicine practices, thereby creating a watered down version. We already see this happening with people going to the Amazon and drinking ayahuasca for a few months, and declaring themselves practitioners or shamans. We also see how Amazonian medicine practices are being influenced by European and North American culture. This is mostly in the area of how ceremonies are offered to non-Peruvian ayahuasca seekers versus how

\(^3\)Also known as chagropanga or huambisa.
indigenous communities participate in ceremonies within their native communities.

I recently produced a conference in Los Angeles on plant-based entheogens. Mestizo and Shipibo artisans and artists wanted nothing more than to be a part of it, to showcase their art and generate sales. Is this a “bad” thing? I can’t say I have the answer. I can say that I definitely promoted this element of commerce. I promoted it mostly because attendees find meaning in having a handcrafted item closely linked to ayahuasca and because the Peruvians want their works to be out in the world.

What about the ayahuasca artist who does not drink ayahuasca, or the craft person who so wants to please the customer that she tells a story about the item that the customer wants to hear? Some consumers do not want to hear that the designs on Shipibo crafts stem from tradition-rich stories about creation, community, festivals, and maps. It is much more appealing to be told that the design represents a plant someone has di- eted, or that the design is a song, or something more mystical or connected to a visionary ayahuasca experience. Is there harm being done here? I think a little, because of the watering-down and changing of the story to suit the outsider. I wonder if future generations will know the true origins and meanings of the Shipibo designs, or will those stories become part of a lost ancient history?

The bell has been rung, and people across the planet are hearing the call of ayahuasca. As this happens, the global ayahuasca community needs to ask itself some serious questions: What do we want to preserve and amplify for future generations regarding ayahuasca? Whatever that is, do our actions now support this? How can we honor ayahuasca culture and tradition and safely, lovingly steward the inevitable changes that come from the globalization of ayahuasca? Is drinking ayahuasca outside the Amazon, in our native communities, the answer to reducing our carbon footprint? How can we utilize our tourism dollars to support local Amazonian businesses and services that engage in sound ecological prac- tices? What do we demand, require, or encourage of the transportation, lodging, and tourism sectors? How do we, as seekers and participants, or pasajeros as we are referred to at Peruvian ayahuasca centers, do our part to insure that we are safe?

I think that some of the answers lie in educating ourselves about ayahuasca, determining our risk tolerance when traveling to the jungle, asking questions, and maintaining our critical faculty. As I find myself often saying, just because someone is pouring doesn’t mean you have to drink. I am hopeful that ayahuasca will not be a fad and that coolhunters will fade into the background, opening the path even wider for the emergence of ayahuasca as a global healing resource.

Sitaramaya Sita with a Shipibo woman discussing the history and significance of hand embroidered, plant dyed Shipibo cloths called telas. San Francisco, Peru.

**Sitaramaya Sita** is a PlantWisdom Practitioner trained in the Shipibo tradition. She shepherds a powerful community in Los Angeles and globally of healers, seekers, visionaries, and creators. She works with individuals and groups, in ceremonies, events, lectures, and tours bridging the chaos of modern life with the wisdom of indigenous spiritual practice. She produced the groundbreaking event Visionary Convergence: Los Angeles in September 2015. She can be reached at convergence@plantteachers.com.
Psychedelic Harm Reduction in the Festival Industry: An Interview with Do LaB Co-Founder Dede Flemming

WITH LINNAE PONTÉ, MAPS DIRECTOR OF HARM REDUCTION AND ZENDO PROJECT COORDINATOR

Linnae Ponté, MAPS Director of Harm Reduction, spoke with Dede Flemming, co-founder of festival and event production company The Do LaB, to talk about growing support in the festival industry for psychedelic harm reduction services at events.

* * *

Linnae Ponté (LP): On a personal level, how did you get involved in festival production and what about it inspires you?

Dede Flemming (DF): Well, I stumbled upon working in the festival world with my brothers. We always entertained and threw parties and did fun stuff growing up, and when we all moved out to Los Angeles at various different times we ended up together. When we started Do LaB it was kind of an art collective, just creating big art. After doing that, and being inspired by Burning Man and Coachella we wanted to throw our own festival. We ended up doing that back in 2004, really, and it was just kind of something that we were inspired to do. We liked the idea of large gatherings, but we liked it even better to be able to throw our own and do it the way we really want to do it. That’s where it started and, you know, it’s just grown.

LP: I get a taste of that when I get some friends together and go camping, and I think, well, if we brought ten friends and our friends who do music, this could be a small festival. Is there anything in particular in the next few years that you are planning to see evolve with the company that you’re especially excited about?

DF: The company over the last couple of years has grown tremendously. LIB [Lightning in a Bottle] has grown in size, we started Woogie Weekend, we partnered with Dirtybird [record label] and came out with the Dirtybird Campout. So, for the future what we’re looking at is taking those three brands, honing in on them, and making them as best they can be. We are flirting with the idea of going to the East Coast to try something. We’ve been talking about a new event that we want to do for years that has been stalled a little bit because it’s a much larger event. We’re still excited about the possibility of that—that’s what the future holds as of now.

LP: Would you say that you based the model of Lightning in a Bottle and the other two smaller events on Burning Man, with its principles of radical self-reliance?

DF: Not entirely, because we are certainly not telling people that they need to be radically self-reliant. We have food vendors, merchant vendors, and camps that they can come to where everything’s set up for them. So it’s different in many regards from Burning Man. I think the similarities are the type of people that are attracted to our events, who are also very much attracted to Burning Man. It’s very much a creative community of people—individuals not necessarily looking to other people for permission for their creative expression, but who are just willing to get out there and be themselves. So, that’s what makes the common denominators whether it’s the art, the people, the customs, the music, or the energy. Burning Man is still part of our
lives every year. But there are differences, mainly that we’re an almost fully curated event while Burning Man leaves it up to the people to curate it.

**LP:** This may seem like a generic question, but I’m really interested in how you personally see the role that festivals have in our society and culture today, and how they are evolving together.

**DF:** Yeah, it’s interesting watching it happen. Some people just go to one festival a year, and some don’t go to any, but more and more people are going to many festivals each year. They are forgoing their vacation time to go to a beach somewhere, or to go to Europe and travel around. Instead, lots of people are spending their hard-earned money going to multiple music festivals a year. This is their vacation. This is their education. This is their place to explore and be with their friends and many are spending their most formative years going to these festivals. Whether the festivals know it or not, or acknowledge it, or take advantage of it, or harness that responsibility, they are, in fact, shaping this generation.

Obviously, these things are multi-generational, but for the bulk of the audience, they’re millennials. There is a little bit of responsibility here. How do we present the best product that’s going to get the best result, that’s going to make people feel really good about themselves? Let’s teach them something—that’s a big part of what we do. Give them a memorable experience. Give them a place where they can make friends, make lovers, you know. I think everyone involved has a certain level of responsibility to appreciate what it is that we have the opportunity to do, or what it is that we are doing.

**LP:** For me that totally encapsulates it. I work with a really great, progressive non-profit, and still, when it comes down to it, it’s a 40-hour a week job, and having the opportunity to get away by going to a festival and have a full-on immersion experience with my friends is something that me and other people of our generation absolutely crave. Festivals provide this adult playground space where we can co-create, and dream, and envision together.

**DF:** That’s just it. We’re trying to have fun. It’s like you said: We have created a pretty cool place for people to work and I think my job is pretty awesome, but it is a job and there’s a lot that goes into it. It’s running a business at the end of the day, and if we don’t take time to step back and have some fun, goofy moments then what are we doing it for?

**LP:** Yes, having fun and working hard go well together! Of course, we both know that festivals can also be challenging environments for some people, especially when psychedelics are involved. What does psychedelic harm reduction mean to you, and why did you invite the Zendo Project to Lightning in a Bottle last year? What do you see as the benefits?

**DF:** We look at the Zendo Project as just as important as our medical teams and our security teams because, although we don’t condone drug use at our events, we have to be prepared for dealing with everything. Whether it’s someone that tripped and broke their leg, or someone that’s having a rough psychedelic experience, we have to make sure that we have the appropriate tools to address these things. We’re working with MAPS and the Zendo Project since it’s the best out there for providing the necessary team and tools and safe space. Year after year, we get the reports back and we see how important it is that we have you and your team out there, because you are the experts in this field. I think it would be incredibly irresponsible of us to look the other way and say, “No, drugs are illegal, we don’t condone drugs, so we’re going to pretend that they just don’t exist.” I think that’s a scary place for a lot of people in our position, because it’s really easy for them to say, “Okay, well, we’re just not going to put the appropriate teams in place because we are going to get in trouble or people are going to look at us funny.” We see it as a responsibility and something that we owe attendees to make sure that they’re safe.

We put a lot of energy into our attendees’ experience, so its been tremendous working with all the different harm reduction teams we have in place. That’s especially true for the Zendo Project since there’s benefit not just in handling the negative side of things, but also in being able to educate people and just having people stroll up to your booth. That it’s out there and available for people to ask questions is really rewarding, and also incredibly important because, in my experience, many bad drug experiences come down to people who aren’t educated about drugs making really poor decisions.

**LP:** Lots of first-time festival-goers.

**DF:** Yes. You know, a lot of attendees are young kids who think a festival is a lawless playground, and whether that’s the case or not—and it’s usually not—that’s the way they are looking at it so they end up putting themselves in compromising positions.

**LP:** One thing that I really have loved about working at Lightning in a Bottle is that there are a ton of people who don’t know about the services we offer. Last year especially, I realized, wow, we have the opportunity to educate these people when they’re first discovering festival culture.

**DF:** We recognized that very same thing. The crowd was younger last year, and certainly a lot of first timers. We’ve always been wanting to educate our audience and really make them aware of what to expect and what the expectations are, like the things going on at the festival, where to go and get help, and not to be shy and not to be afraid to ask for help.

**LP:** You really briefly touched on barriers to providing psychedelic harm reduction, such as worrying about liability and about law enforcement being on board. What made the Do LaB step forward and say, “Okay, this is what we want, we are ready?”

**DF:** We’ve never really been against harm reduction in principle, but it became a practical issue. In one particular venue, we were told there wouldn’t be any interference from police, and there was nothing but interference. Our teams didn’t feel
supported, and didn’t feel like they could do their jobs, because law enforcement was so eager to throw attendees in the back of a police car and drop them in jail or in a hospital where they don’t necessarily have a good understanding of what that person may need. So, we just said, “This is what we do and these are situations that we are seeing and this is how we can make them better.”

We felt that we were able to bring harm reduction on board because we’ve been doing this for so many years, and established ourselves as a very responsible and organized company. We’re a festival, that when venues, or law enforcement, or medical directors see our track record they can say, “All right, let’s see how we can work together.” And that has really been a wonderful thing.

In the early years when we were establishing ourselves as a smaller festival in Orange County and Silverado, we had incredibly supportive local fire, sheriff, and health departments. Since we had all of that support and showing in real time that we could handle it when things went wrong, that gave us confidence moving forward. With the exception of one year, we’ve had a tremendous response from those groups.

LP: It sounds like you have really developed the skills to have a good relationship with the local health departments and law enforcement. Do you provide any direct support or other benefits to local communities where Do LaB events take place?

DF: Yes, we do. In 2014, a few months prior to Lightning in a Bottle in Bradley, California, we had a town hall meeting and everyone was welcome to come. In that meeting, we got an opportunity to see who in the community has businesses that we could support, and we were able to redirect a few sizeable contracts to the local community. For example, we were able to get all the wine for the festival from the local community, and all the signage for the festival from the local signage vendor up there. We were able to support a few different nonprofits in the local community, and we continue to do so. We also have different initiatives at the event to raise money for charitable organizations. So, we definitely try and be part of the community.

This year, we actually built a really awesome outdoor classroom for art education at the local elementary school. It was a fun way for us to give something lasting back to the community. Not just “here’s a check” but here is a tangible thing where kids can learn something for many years to come.

LP: When you spoke at the Drug Policy Alliance’s Reform conference last November in Washington, D.C., you shared a really great example of how police are no longer weirded out by attendees who want to give them a hug at events. What do you think is their perspective on drugs, and are they prioritizing safety?

DF: Yes. I personally get to work closely with law enforcement every year. I get to see that they are just like you and me and they are just doing a job. There are always a few people in any group that just kind of blazes their own trail, then you have some individuals that just have a personal stance or belief. Law enforcement, nine times out of ten, are great to work with. I have really fun and light-hearted conversations with these guys and gals, and then when I see them on shift they look like that...
tough hard-ass because that’s their job. They talk to each other about attendees, and the costumes, and about the goofiness and they laugh about it. It is so far from anything that they normally experience in their lives that they are just kind of impressed by it. That doesn’t mean they are going to throw on a tutu on the weekends, but we’re opening their eyes to a whole new world, which is cool.

When it comes to drugs, in my experience you don’t get a lot of law enforcement that want to go out there and crack down on every little thing they see. They want people to be safe. They want people to have a good time when they’re at a music festival. If they feel like they need to step in, then they will absolutely step in and that’s fine with us. At the end of the day they are providing a tremendous service to us and the attendees, and the better the relationship we have with them the more successful the event is going to be.

LP: Do you have any advice for others who are interested in event production and want to implement harm reduction into their event?

DF: I would say, talk to the people who have been doing it. A lot of times it’s scary for people because of liability, or because of law enforcement, or their venue, or it’s just cost-prohibitive—but the reality is, one bad thing can happen and then you’re never doing an event again. The best insurance policy is to make sure you have a safe event. You may not see the value until something goes terribly wrong and you weren’t able to deal with it appropriately.

LP: Thank you. In closing, is there anything in the 2016 festival season that you’re especially excited to share with our readers?

DF: I’m most excited about going to Lightning in a Bottle. [laughs] Really, it’s all one long crazy season for me, whether it’s our events or other people’s events whether we’re working or just enjoying. The most exciting part is seeing what changed since last year, and what got better, and how did everyone improve? I am excited to see what Woogie Weekend turns into now that we have done it once, and Dirtybird was just such an awesome success and so much fun that I can’t wait to see what happens next year.

Dede Flemming is a co-founder of The Do LaB and Lightning in a Bottle Arts and Music Festival. While focusing on many of the aspects of the Do LaB’s festivals Dede overseas the day to day operations of the company. He can be reached at info@thedolab.com.

Linnaé Ponté is Director of Harm Reduction and Zendo Project Coordinator for the Multidisciplinary Association for Psychedelic Studies (MAPS) and can be reached at linnae@maps.org.

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4 Principles of Psychedelic Harm Reduction

**Safe space**
If someone is having a challenging experience try to move them into a comfortable, warm, and calm environment.

**Trust. Let go. Be open.**

**Breathe. Surrender.**

**Sit, not guiding**
Be a calm meditative presence of acceptance, compassion, and caring. Promote feelings of trust and security. Let the person’s unfolding experience be the guide.

**Talk through, not down**
Without distracting from the experience, help the person connect with what they are feeling.

**Difficult is not bad**
Challenging experiences can wind up being our most valuable, and may lead to learning and growth.
MAPS: Who We Are

**Rick Doblin, Ph.D., Founder and Executive Director.** Earned his Ph.D. in Public Policy from the Kennedy School of Government at Harvard University. Doblin was also in Stan and Christina Grof’s first training group to receive certification as a Holotropic Breathwork practitioner.

**Natalie Lyla Ginsberg, Policy and Advocacy Manager.** Earned her Master’s in Social Work from Columbia University in 2014, and her Bachelor’s in History from Yale University in 2011. At Columbia, Natalie served as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical marijuana in her home state of New York, and worked to end New York’s racist marijuana arrests. At MAPS, Natalie advocates for unbiased research.

**Jenni Vierra, Operations Assistant.** Earned her B.A. in contemplative psychology degree as she aspires to be a doctor aiding in traumatic injuries. Jenni has always had an interest in the neurological effects of psychedelics and is thankful to have the opportunity to work in a field in which she is passionate.

**Sarah Jordan, Publications Associate.** Earned her B.A. in Environmental Policy with a minor in Journalism from the University of California at Santa Cruz. Prior to joining MAPS, she was Communications and Development Assistant at Firelight Foundation in Santa Cruz, CA.

**Brian Brown, Communications and Marketing Manager.** Studied medical anthropology and visual culture at the University of California, Santa Cruz where he researched social prospects for psychedelics using a community centered approach. Brian is now developing MAPS’ membership base by assisting with education and outreach efforts.

**Jade Netanya Ullmann, Development Officer.** Is the former executive director of Ramenu, an ambassador for the Social Venture Network, and a member of the Threshold Foundation. She received her B.A. in contemplative psychology from Naropa University. Jade is enthusiastic about inspiring others to recognize and support the visionary research and healing work of MAPS.

**Brad Burge, Director of Communications and Marketing.** Earned his B.A. in Communication and Psychology from Stanford University in 2005 and his M.A. in Communication from the University of California, San Diego in 2009. His graduate work focused on the political, scientific, and cultural changes required to make illicit drugs into legitimate medicines.

**Erik Brown, Development Manager.** Earned his B.A. in English Literature from the University of Wisconsin Madison, where he also received awards for his poetry and research. His research combined art criticism, psychoanalysis, and disability studies. Erik comes to MAPS from serving in AmeriCorps VISTA and working as a grant writer in Texas.

**Tess Goodwin, Accounting and Development Consultant.** Has a B.A. in Psychology from the University of California, Santa Cruz, where she focused most of her time on social psychology and newspaper production. She is a mycophile, artist, and language enthusiast.

**Cara LaChance, Web and Multimedia Assistant.** Earned her B.A. in Environmental Policy with a minor in Journalism from the University of California at Santa Cruz. She assists in communicating about MAPS’ psychedelic and marijuana research, provides public education, and contributes to multimedia projects. Cara envisions continual progression of psychedelic and marijuana research, and the possibility of a post-prohibition world.

**Erik Brown, Communications and Marketing Manager.** Studied medical anthropology and visual culture at the University of California, Santa Cruz where he researched social prospects for psychedelics using a community centered approach. Brian is now developing MAPS’ membership base by assisting with education and outreach efforts.

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**Bryce Montgomery, Web and Multimedia Manager.** Studied film production at West Valley College, joining MAPS as a Social Media Intern in the summer of 2011. Bryce now serves as Web and Multimedia Manager, bringing his background in film production and social media to public education about psychedelics.

**Berra Yazar-Klosinski, Ph.D., Clinical Research Scientist.** Earned her Ph.D. in Molecular, Cell, and Developmental Biology from University of California Santa Cruz, where she also served as president of the Graduate Student Association. After attending Stanford University, she worked as a Research Associate with Genentech and Millennium Pharmaceuticals.
Amy Emerson, Executive Director and Director of Clinical Research, earned her B.S. in genetics and cell biology from Washington State University. She has worked in clinical development and research for the last 15 years in the fields of immunology, oncology, and in vaccine development. Amy has worked with MAPS since 2003 facilitating the development of the MDMA clinical program.

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

Sarah Sadler, Study Coordinator, studied psychology at the College of Charleston, is a certified yoga instructor, and has interests in child development, human health and wellness, gardening, and design. She started working for MAPS in 2010 as Study Coordinator for MDMA/PTSD studies in Charleston, SC conducted by Dr. Michael Mithoefer and Annie Mithoefer, as well as providing administrative support for their work on the MAPS Therapist Training Program.

Ben Shechet, Clinical Research Associate, received his B.A. in Psychology from Princeton University, where his work included research on motor learning in children, investigation of flow state phenomena, and a thesis that developed a neuroeconomic framework for understanding the phenomenon of boredom. Prior to joining MAPS, he worked as a Clinical Research Coordinator at a private clinical trials site, investigating potential treatments for Alzheimer’s Disease.

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

Sarah Sadler, Study Coordinator, studied psychology at the College of Charleston, is a certified yoga instructor, and has interests in child development, human health and wellness, gardening, and design. She started working for MAPS in 2010 as Study Coordinator for MDMA/PTSD studies in Charleston, SC conducted by Dr. Michael Mithoefer and Annie Mithoefer, as well as providing administrative support for their work on the MAPS Therapist Training Program.

Rebecca Matthews, Clinical Trial Leader, earned her BA at UC Berkeley in 2000. Prior to joining MAPS, she worked in clinical research and development at Chiron/Novartis. In 2009, she became a part-time contractor for MAPS’ MDMA/PTSD studies. In 2015, she joined MPBC full-time to work on Marijuana/PTSD studies as well as continuing to support MDMA studies.

Allison Feduccia, Ph.D., Clinical Trial Leader, assists in coordinating operations at multi-site trials and applies her translational perspective to the development of new study protocols. She earned her Ph.D. in Neuropharmacology from the University of Texas at Austin. She has worked on clinical trials investigating novel therapeutics for alcoholism and human fMRI studies oriented to understanding the neural underpinnings of addiction.

Colin Hennigan, Clinical Data Manager, brings a background in research design methodology and database management to MAPS. He earned his B.A. in Political Science at the University of Chicago, and his M.A. in Political Science at University of California, Davis. He is currently working on the creation of MAPS’ online clinical database and the implementation of the Therapist Adherence Program.

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.

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