GIVE THE GIFT OF HEALING TRAUMA.

Roxxann witnessed the violent and traumatic death of her husband. MDMA-assisted psychotherapy helped her heal her trauma. Join us today to make psychedelic medicine a reality for millions of people suffering from posttraumatic stress disorder (PTSD).

MAPS.ORG/HEALTRAUMA

“MDMA-assisted psychotherapy illuminated dark recesses in my heart and mind...”
—Roxxann, MAPS study participant
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These days, I increasingly smile at how mainstream psychedelic-assisted psychotherapy is becoming. It’s profoundly satisfying to see this occurring, about half a century after the backlash to the psychedelic 1960s and the criminalization, stigmatization, exaggerated risk estimates, and suppression of research into benefits that followed. Over the course of just one week this October, The Boston Globe published a favorable article about psychedelic psychotherapy research with one of the more witty headlines in decades: “Lucy in the Sky with Doctors”; The Wall Street Journal published a remarkably positive article about our research into MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD); and the American Psychiatric Association also published an enthusiastic article about the promise of MDMA-assisted psychotherapy for PTSD. The concluding sentence in The Boston Globe article summed it all up when it stated that “as the marijuana debate shows, attitude shifts that barely seemed possible can sometimes become inevitable.”

We have finally crossed a threshold of legitimacy as the Multidisciplinary Association for Psychedelic Studies (MAPS) progresses from Phase 2 exploratory pilot studies of MDMA-assisted psychotherapy for PTSD to the pivotal Phase 3 studies of safety and efficacy that, if successful, will result in U.S. Food and Drug Administration (FDA) approval for prescription use. MAPS’ research is now more consequential, widely recognized, and more extensive than ever before. The primary reasons for this great leap are in large part the result of two developments in MAPS’ ongoing relationship with the FDA.

On July 28, 2017, the FDA sent MAPS an Agreement Letter regarding the protocol design for our two pivotal Phase 3 studies of MDMA-assisted psychotherapy for PTSD. The agreement concluded a six-month comprehensive Special Protocol Assessment review process during which MAPS and the FDA discussed, negotiated, and came to an agreement on all the key elements of our study design.

The FDA Agreement Letter was especially important for MAPS since it enabled us to address directly the methodological challenges of conducting successful double-blind clinical trials with psychedelic drugs such as MDMA. Psychedelics are usually, though not always, easy for study volunteers and therapists to distinguish from an inactive placebo (a substitute containing none of the compound being studied). This scientific challenge was made even more difficult when we discovered that what we had thought to be a clever solution of the double-blind problem—using lower doses of MDMA instead of an inactive placebo—completely failed. In our Phase 2 studies, low-dose MDMA did improve the blinding, but to our surprise it came at a cost: Study participants found that the lower doses of MDMA activated their traumatic memories without sufficiently reducing their fearful emotions, thus reducing the effectiveness of the psychotherapy. With this discovery in mind, we proposed to the FDA that our control condition be MAPS’ manualized form of psychotherapy (maps.org/treatmentmanual) combined with an inactive placebo, compared to the same therapy with full dose (80 or 120 mg) MDMA, a solution which the FDA accepted in the Agreement Letter.

Then, on August 15, 2017, the FDA granted MAPS’ application for Breakthrough Therapy Designation (BTD) for MDMA-assisted psychotherapy for PTSD, the FDA’s top-priority program to expedite the drug development research process for what the agency considers to be the most promising new treatments. Breakthrough Therapy Designation grants us additional consultations with the FDA about issues related to commercialization earlier in the drug development process, and shortens FDA timelines for meetings and responses. The FDA only grants about one third of all applications from pharmaceutical companies for BTD, and the majority of drugs granted BTD go on to become approved for prescription use.

From a scientific standpoint, the FDA Agreement Letter
is an even more significant milestone for MAPS’ research than Breakthrough Therapy Designation, since it commits the FDA to basing its evaluation of our Phase 3 data on the statistical significance of the data and on MDMA’s safety profile, accepting the methodological soundness of our protocol design. The FDA’s agreement on our Special Protocol Assessment takes the politics out of the scientific equation, so we can all focus on the evidence-based risk/benefit evaluations to be generated by our upcoming Phase 3 studies.

The growing acceptance of MAPS and our psychedelic therapy research has both resulted from and led to unprecedented levels of financial support from many inspiring donors. As of the beginning of November, when I finished writing this letter, MAPS has either raised or received multi-year pledges of more than $18 million of the $26 million we currently estimate we will need for FDA approval of MDMA-assisted psychotherapy for PTSD. That same $26 million may also be sufficient for subsequent approval by the European Medicines Agency (EMA), though we’ll know more after our negotiations about Phase 3 requirements with the European regulators, which we’re just starting now. Our funding needs will also depend on how many subjects we ultimately need to enroll in our Phase 3 studies in order to obtain statistically significant results.

More than 31 years after I founded MAPS in 1986, we are right now about to start the final stage in the work of making MDMA once again a legal adjunct to psychotherapy. With the continued support of our expanding community, we will move forward together to Phase 3, FDA approval, and beyond.

Psychedelically yours,

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

COVER ARTIST: MISPRINT
ARTWORK BY MELISSA WILLIAMS

Front cover: Eclipse 2012
Back cover: Masculine / Feminine

Fusing the digital and the organic, the spiritual and the make believe. Painterly hand drawn imagery, photography and digitally created collages, all remaining deeply rooted to nature.

My name is Melissa Williams, and I am a full time freelance artist and graphic designer from beach side Carrum, a suburb in Melbourne, Australia, with a love for detailed organic illustration and ornamentation. I have travelled the world for some time, becoming more and more inspired by the amount of beautiful art different countries have to offer. Textiles and tapestries play a big role in what I do, as well as music, mindfulness and the eternal supply of intricate features found in the botanical.

My designs are all mixed media and use a combination of hand drawn and painted motifs, photography, collage, digital creation, and UV printing on cotton canvas and waterproof vinyl. Please take the time to look at some of my work, and feel free to contact me for any freelance opportunities or questions.

misprint.com.au
Instagram: misprintart
Etsy: MisprintArt
RICK DOBLIN, PH.D.

It’s my pleasure and my responsibility to present the Annual Report about the finances of the Multidisciplinary Association of Psychedelic Studies (MAPS). Each year, MAPS, a 501(c)(3) non-profit organization, presents its year-end consolidated financial report with details about our income sources and how expenses are allocated and prioritized. We do this as a commitment to transparency and an invitation for dialogue. This report describes our most recently completed Fiscal Year from June 1, 2016 to May 31, 2017 (FY17) and consolidates financial information from MAPS, MAPS Inc. (MAPS’ Canadian operation), and the MAPS Public Benefit Corporation (MPBC), a wholly owned subsidiary of MAPS. The MAPS Board of Directors authorized the creation of the MPBC in December of 2015 to conduct MAPS’ clinical research and eventually to market MDMA as a prescription medicine. Additional information on MPBC can be found at mapsbcorp.com as well as in a MAPS bulletin article, “Introducing the MAPS Public Benefit Corporation” (Vol.25, #1, p. 4–5).

MAPS’ FY17 Annual Report demonstrates our efforts to strategically leverage the resources that MAPS supporters have so generously empowered us to use to transform psychedelics and marijuana into FDA-approved prescription medicines. Medicalization of psychedelics and marijuana is an essential part of our larger mission to mainstream these substances for a wide range of beneficial uses. We’re delighted to report that on August 15, 2017, the FDA designated MDMA-assisted psychotherapy for PTSD a “Breakthrough Therapy.” This is the most important program FDA offers to expedite the development of the most promising drugs.

MAPS’ annual financial reports, audits, and IRS 990 forms can be found at maps.org/about/fiscal. If you have any questions or comments about anything in this financial report, or would like to become more involved, we invite you to contact askMAPS@maps.org.

MAPS needs your help to expedite legal access for many millions of people in the US and around the world to the healing and spiritual potentials of psychedelics and marijuana. You can donate anytime at maps.org/donate.

OVERVIEW

MAPS’ net revenue in Fiscal Year 2017 (June 1, 2016 – May 31, 2017) totaled $5,974,041 from nearly 2,380 donors, as well as events, sales, and investments, with $3,090,415 in contributed revenue, $1,194,201 from events/sales, $710,286 from investment.
Begin with the end in mind
then work backward to plan for reaching ambitious goals
—Ashawna Hailey, who left $5.5 million to MAPS in her will

Help create a world where psychedelics are integrated into society by including MAPS in your end of life plans.

Please contact MAPS Development Officer Jade Netanya Ullmann to discuss your plans.

jade@maps.org
831.429.6362
ments, $663,782 from a grant from the Colorado Department of Public Health and Environment (CDPHE) for our marijuana/PTSD study, $299,399 from Fiscal Sponsorship income, and $21,387 in earned income by MAPS’ Zendo Project providing harm reduction services at other festivals. Income in FY17 was higher than in all but one year of MAPS’ entire 31-year history, that year being FY12 when MAPS received a bequest of $5.5 million from Ashawna Hailey. At the beginning of FY17, we anticipated a deficit of -$920,554 in FY17 based on assumptions of income from only known sources and a full speed ahead expense budget. Fortunately, due to income from unanticipated sources, we ended FY17 with a gain of $230,450, with net revenue increased by $787,662 over FY16.

Expenses in FY17 totaled $5,743,591, the largest in MAPS’ entire history. FY17 expenses were over $1.3 million more than FY16, over $2.4 million more than in FY15, and over $3.4 more than in FY14. The dramatic increase in expenses over the last four years is primarily a result of MAPS’ expansion of our Phase 2 studies of MDMA-assisted psychotherapy for PTSD, social anxiety and anxiety associated with life-threatening illnesses, along with our preparation for Phase 3 trials of MDMA-assisted psychotherapy for the treatment of PTSD. In FY17, MAPS increased its net assets by $230,450 to $10,137,264, a great deal of money but not even half of what is needed for Phase 3 trials of MDMA-assisted psychotherapy for PTSD.

For historical information on overall annual income, expenses, and net assets, see Chart 1. Charts 2 and 4 present detailed information on FY17, with Chart 3 projecting annual income, expenses, and net assets for FY18. Chart 5 presents data on which of MAPS’ assets are restricted to which specific projects and estimates these numbers for FY18. Chart 6 is a detailed discussion of MAPS’ expenses for FY17 on a project by project basis. Charts 7-8 show two potential long-term cost estimates for developing Phase 3 MDMA-assisted psychotherapy for PTSD into a legal prescription treatment. One plan shows projected expenses for each year until 2021 for approval in the U.S. by the FDA (MAPS’ America First plan). The second plan is an estimate of these expenses for reaching approval both in the U.S. by the FDA and in Europe by the European Medicines Agency (EMA). At this time, the largest variable that impacts expenses for FDA approval is the number of subjects we’ll need to enroll in Phase 3 which depends on the magnitude of the treatment effect. The largest unknown for expenses for EMA approval is whether the EMA will require additional data than the FDA, or will accept our Phase 3 data gathered for the FDA.

MAPS has a major fundraising challenge ahead as we seek

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### Chart 2. STATEMENT OF ACTIVITIES
Fiscal Year 2016–17 (June 1, 2016 – May 31, 2017)

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actuals (Unaudited)</th>
<th>Projected July 2016 Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals, Corporations, &amp; Bequests</td>
<td>1,798,227</td>
<td>1,405,038</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>1,184,262</td>
<td>1,962,000</td>
</tr>
<tr>
<td>Event Registration</td>
<td>1,031,429</td>
<td>625,000</td>
</tr>
<tr>
<td>Sales</td>
<td>162,772</td>
<td>115,000</td>
</tr>
<tr>
<td>Government Grants (CDPHE Grant)</td>
<td>671,164</td>
<td>1,008,125</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>299,399</td>
<td>100,000</td>
</tr>
<tr>
<td>Harm Reduction Income</td>
<td>129,313</td>
<td>28,000</td>
</tr>
<tr>
<td>Net Investment &amp; Other Income</td>
<td>753,826</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Revenue &amp; Support</strong></td>
<td><strong>$ 6,030,392</strong></td>
<td><strong>$ 5,243,163</strong></td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>56,351</td>
<td>53,894</td>
</tr>
<tr>
<td><strong>Net Revenue</strong></td>
<td><strong>$ 5,974,041</strong></td>
<td><strong>$ 5,189,269</strong></td>
</tr>
</tbody>
</table>

### Chart 3. STATEMENT OF ACTIVITIES (PROJECTED)
Fiscal Year 2017–18 (June 1, 2017 – May 31, 2018)

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Projected for FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals, Corporations, &amp; Bequests</td>
<td>1,686,131</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>4,430,100</td>
</tr>
<tr>
<td>Event Registration</td>
<td>50,000</td>
</tr>
<tr>
<td>Sales</td>
<td>60,000</td>
</tr>
<tr>
<td>Government Grants (CDPHE Grant)</td>
<td>1,026,751</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>100,000</td>
</tr>
<tr>
<td>Harm Reduction Income</td>
<td>175,755</td>
</tr>
<tr>
<td>Net Investment &amp; Other Income</td>
<td>37,500</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td><strong>$ 7,566,237</strong></td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>36,000</td>
</tr>
<tr>
<td><strong>Net Revenue</strong></td>
<td><strong>$ 7,530,237</strong></td>
</tr>
</tbody>
</table>

### Expenses

| Research | 6,296,554 |
| Education | 813,467 |
| Harm Reduction | 225,680 |
| Fiscal Sponsorships | 95,000 |
| **Total Programs** | **7,430,701** |
| Fundraising | 377,250 |
| Administration | 589,609 |
| **Total Expenses** | **$ 8,397,560** |

| Change in Net Assets | – $ 867,323 |

This deficit is based on a full speed ahead research plan along with income only from known sources at the time this report was written. We anticipate raising additional funds from new donors such that FY18 will end up with a positive change in net assets as we raise funds for further Phase 3 expenses.
to raise the roughly $26 million we’re projecting we’ll need for FDA approval, with roughly $18 million in hand or in the form of multi-year pledges. Fortunately, we now have a clear path to FDA approval for the prescription use of MDMA-assisted psychotherapy for PTSD so our cost estimates are gradually becoming more precise. Nevertheless, we won’t know how many subjects we are going to need for Phase 3 until the interim analysis of our first Phase 3 study which we anticipate will take place near the beginning of 2019.

**REVENUE REVIEW FOR FISCAL YEAR 2016–17**

MAPS saw an increase in overall revenue in FY17 to $5,974,041. Marked increases were seen in individual contributions, event registrations, and net investments and other income. Individual contributions saw a 32% increase from FY16 to FY17, which included the first $1 million installment of a generous $5 million multi-year pledge from Dr. Bronners. This pledge is contingent on the company’s profits and therefore the total $5 million for this multi-year grant was not booked in FY17. In FY17, MAPS brought in considerable revenue from ticket sales for the Psychedelic Science 2017 (PS17) conference, with over 3,000 attendees, creating a 610% increase from FY16. PS17 was the largest psychedelic conference in history. Despite the overall increase in revenue, there was a 65% decrease in foundation support in FY17 as compared to FY16. This decrease can be explained by the one-time occurrence of two exceptionally large donations from foundations in FY16, including a one-time $1 million donation from Moshe Tov Kreps, which came through his Donor Advised Fund (DAF), and a pledge from the TIDES Foundation of $1.5 million over three years for operational expenses, with accounting rules requiring booking of the entire sum of these multi-year grants in the year the multi-year grant was awarded rather than over the years during which funds will be received.

In FY17, MAPS raised $2,538,009 for research of which $1,862,650 was raised for MDMA-related research and $675,359 was raised for marijuana and other research projects. Major support totaling $1,549,797 was received for MAPS’ Phase 3 MDMA-assisted psychotherapy studies. This includes $97,500 for ongoing training of Phase 3 co-investigators in which 45 male/female co-therapy teams totaling 82 individuals have been trained to conduct MDMA-assisted psychotherapy; $1,042,843 for Phase 3 General Support which has been used to design the Phase 3 protocol and prepare submissions to FDA reporting on our Phase 2 data, select sites, and recruit staff; and $409,454 towards purchase of the GMP MDMA study drug for the Phase 3 research. MAPS also received $312,854 for other MDMA research projects including the therapist training study (MT1).

For research other than with MDMA, MAPS raised $663,782 for our study of marijuana for treating PTSD in 76 US veterans, funded by a $2.15 million cost reimbursable grant from the Colorado Department of Public Health and Environment (CDPHE), the income of which will be recognized monthly as received over the next three years; $10,000 for future work on the impact of Marijuana on opioid addiction, $492 in Ibogaine funding to complete reports on observational studies in New Zealand and Mexico, and $1,084 for Ayahuasca/PTSD research.

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**Chart 4. STATEMENT OF FINANCIAL POSITION**

**Fiscal Year 2016–17 (June 1, 2016 – May 31, 2017)**

<table>
<thead>
<tr>
<th>Assets</th>
<th>31-May-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Equivalents</td>
<td>627,474</td>
</tr>
<tr>
<td>Pledges and Receivables</td>
<td>2,145,673</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>7,779,714</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 10,552,861</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
</tr>
<tr>
<td>Board Restricted (1)</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
</tr>
</tbody>
</table>

| Total Liabilities and Net Assets | **$ 10,552,861** |

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1) Funds restricted to MDMA-assisted Psychotherapy Phase 3; Includes $941K GMP MDMA
MAPS received additional revenue of $1,460,725 from its educational initiatives. These include $129,313 for psychedelic harm reduction, $1,024,197 for conference and events, and $299,399 in Fiscal Sponsorships (see Chart 6).

The balance of MAPS’ funds raised in FY17, in the amount of $1,785,850, was designated for unrestricted use.

**SOURCES OF REVENUE IN FISCAL YEAR 2016–17**

About 50% of net revenue was contributed by 2,380 individual donors and family foundations. In FY17, when looking at donors and donations at each giving level, most levels either stayed roughly the same or experienced some increase. The only levels that experienced a notable decrease in donors or amounts raised was the $1-$99 “grassroots” level and the over $500,000 level (due to the impact of accounting rules requiring the booking of the full amount of multi-year grants in FY16).

The most notable increases in donors or donations in FY17 were seen at the upper grassroots giving level ($500-$999) and at “the middle” giving level ($1,000-$4,999). At both levels, there were considerable increases in number of donors (+29% and +36% respectively) and total amounts raised (+37% and +23% respectively). There was also a 37% increase in number of donors giving major gifts in FY17 ($20,000-$499,999), and the amount raised overall at this level remained stable.

These data show that there have been very successful cultivation efforts at the mid-level which can be attributed to an increase in small donor-hosted fundraising dinners and a robust year-end fundraising campaign. Fundraising dinners raised over $345,000 in FY17. The year-end campaign raised $288,704, with 23 first-time donors giving $1,000 or more and 34 returning donors giving $1,000 or more.

Over 956 donors in 33 countries donated to our 2016 year-end campaign for the manufacture of one kilogram of GMP MDMA. There were nearly triple the number of donors in this campaign compared to our former 2015 campaign, and nearly double the number of countries from which donors gave. To date, this is MAPS’ most successful crowdfunding campaign in dollars raised, coming at a crucial time when MAPS is preparing its move into Phase 3. Over 60% of donors were first-time donors. In total, there were 52 donors who gave $1,000 or more, which is more than triple the number of major donations made to our 2015 campaign. Nearly 40% of all donors were returning and raised 57% of funds, showing that, on average, returning donors give more. Matching grants were provided by Justin Rosenstein ($15,000), Britt Selvitelle ($30,000), and The Sarlo Foundation ($10,000).

MAPS hosted six funder’s briefing events in FY17. These events are often in the format of a small to medium fundraising dinner or reception. These events included a 4/20 Reception and Comedy Banquet during Psychedelic Science 2017 ($128,475), ‘Future of Psychedelic Medicine’ in NYC ($82,208), July 2016 Funder’s Briefing in the Hamptons ($4,600), December 2016 Funder’s Briefings in San Francisco ($27,300), and May 2016 Funder’s Briefing in San Francisco ($82,350).

The Psychedelic Science 2017 conference (PS17) was a major success by every metric. PS17 was the largest psychedelic conference in history, with over 3,000 attendees from 40+ countries. The event set a new standard for psychedelic conferences, and demonstrated MAPS’ organizational capacity to generate high expectations, and to deliver on those expectations with creativity and competence. Revenue of over $1,000,000

<table>
<thead>
<tr>
<th>Phase 3 Studies</th>
<th>Temporarily Restricted</th>
<th>Board Restricted</th>
<th>Total Restricted</th>
<th>Temporarily Restricted</th>
<th>Board Restricted</th>
<th>Total Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 Program General</td>
<td>-</td>
<td>4,705,917</td>
<td>4,705,917</td>
<td>-</td>
<td>2,898,896</td>
<td>2,898,896</td>
</tr>
<tr>
<td>Phase 3 GMP MDMA</td>
<td>349,812</td>
<td>-</td>
<td>349,812</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
| Phase 3 MAPP1 Israel | 500,000                | -                | 500,000         | 380,000               | -                | 380,000         
| **Total Phase 3** | **$ 849,812**          | **$ 4,705,917**   | **$ 5,555,729** | **$ 380,000**         | **$ 2,898,896**  | **$ 3,278,896** |
| Other Studies & Restrictions | 11,825                 | -                | 11,825          | 5,698                 | -                | 5,698           |
| US MDMA Qualitative | 5,893                  | -                | 5,893           | -                     | -                | -               |
| LSD/Psilocybin General | 15,000                 | -                | 15,000          | 15,000                | -                | 15,000          |
| Marijuana Opiate | 2,874                  | -                | 2,874           | -                     | -                | -               |
| Ayahuasca for PTSD | 500,000                | -                | 500,000         | 380,000               | -                | 380,000         
| **Total Other Studies** | **$ 23,767**           | **$ 0**           | **$ 23,767**     | **$ 15,000**          | **$ 0**          | **$ 15,000**    |
| **Total Temporarily & Board Restricted Funds** | **$ 873,579**          | **$ 4,705,917**   | **$ 5,579,496**  | **$ 395,000**         | **$ 2,898,896**  | **$ 3,293,896** |
was generated from ticket sales for the conference, workshops, and fundraising combined. Excluding all other revenue sources, MAPS raised $166,073 in donations from fundraising efforts at and around the conference. Additional funds raised include over $38,000 from financial partnerships, over $20,000 from exhibitors and over $30,000 in grants to support student and international inclusion scholarships. Videos of presentations and workshops are available online for free at psychedelicscience.org/videos.

Overall, the number of donors decreased only slightly in FY17 by about 169, with a renewal rate of 28%. The relatively low renewal rate can be attributed to MAPS’ crowdfunding campaigns which generally engage large numbers of first-time donors most of whom we have not yet persuaded to renew their support.

Monthly donors are some of MAPS’ most dedicated supporters. It’s noteworthy that monthly donors—people who set up automatic donations that charge their credit cards monthly—increased from 169 in FY16 to 181 in FY17. Monthly donors raised nearly $47,000 in FY17, which was $8,000 more than FY16.

In FY17, MAPS has maintained its usual Foundation relationships and slightly increased its number of grant proposals. Grant revenue of $1,184,000 was received from family foundations and donor advised funds. In most cases, we have pre-existing relationships with these courageous and visionary donors. In FY16, MAPS submitted five grant proposals and received $1,610,000 in associated grant funds including the $1.5 million grant from TIDES Foundation. In FY17, MAPS submitted seven proposals and received $322,496 in associated grant funds.

MAPS’ long-term account for our assets, The Curing Fund, is managed by the San Francisco Foundation and is invested in the stock market. The Curing Fund began FY17 with a balance of $6,470,926.62 and experienced a gain of $710,286.84 (10.97%) as of May 31, 2016. There were no new contributions made to the fund in FY17 as all major receipts had been used to support operating expenses. About $5.58 million of the Curing Fund funds have been board-restricted to Phase 3 MDMA/PTSD research. In the summer of 2017, MAPS reallocated the funds invested in the Curing Fund from a long-term investment strategy to a short-term more conservative investment strategy. MAPS is moving to conduct Phase 3 MDMA/PTSD research and our assets at the Curing Fund will be needed within the next several years, too short a time horizon to justify a long-term investment strategy.

Our fiscal sponsorship program for projects that are in alignment with MAPS’ vision and mission had gross revenue of $299,399. MAPS charged an average 5% administrative fee with the balance disbursed to the various projects.

Product sales and event registrations combined were 20% of our FY17 revenue, and remain important aspects of our work. Events and products serve to draw new supporters, strengthen our relationships to current supporters, and promote our message.

### EXPENSE REVIEW FOR FISCAL YEAR 2016–17

In Fiscal Year 2017, total expenses were $5,743,591. Program costs totaled 87% of all expenses. Programs include Research expenses of $2,992,028 (52%), Education and Communication expenses of $1,981,160 (34%) which includes Harm Reduction of $236,576 and Fiscal Sponsorships of $301,356. Fundraising expenses were $274,852 (5%) and Administrative expenses were $495,551 (9%).

Our primary expenditure in FY17 was for MDMA-assisted psychotherapy research with expenses of $2,286,989. Of that amount, MAPS spent $2,039,318 on beginning Phase 3 research into MDMA-assisted psychotherapy for the treatment of PTSD and associated projects. We also continued our study looking at the safety and efficacy of using MDMA-assisted psychotherapy for social anxiety in adults on the autism spectrum ($29,980), and continued our study of MDMA-assisted psychotherapy for end-of-life anxiety ($217,691). Both studies are expected to be completed with scientific papers submitted for publication by the end of FY18. An additional ($13,601) was spent on the MDMA/PTSD Memory Reconsolidation mechanism of action study.

Marijuana research expenses totaled $695,830. In FY16, after seven years of struggle, MAPS finally received DEA and IRB approval to move forward with its study examining the efficacy of smoked marijuana in 76 veterans with chronic, treatment-resistant PTSD. This research is funded by $2.156 million grant from the Colorado Department of Public Health and Environment. In February 2017, the first participant was enrolled and received cannabis. As of the writing of this report, we have enrolled 28 subjects.

Education expenses of $1,969,906 includes events, conferences, publications, communications, psychedelic harm reduction, and fiscal sponsorships. Conferences, events, and initiatives had expenses of $1,180,160. The Psychedelic Science 2017 conference had the largest expense, which cost over $800,237. In FY17, MAPS provided sponsorship, speakers, tables, formal representatives, and/or promotional support for over 35 outreach events.

Communications expenses of $488,390 include active engagement in public education through media contacts, website and social media presence, publishing three MAPS Bulletins, 12 email newsletters, and several books. We maintain maps.org, mdmaps.org, mdmaautism.org, mapscanada.org, psychedelicscience.org, psychedelicdinners.org, mapsbcorp.com, and zendoproject.org. In FY17, MAPS received 407 unique media mentions from online and print publications. Media outlets include: The New York Times, Rolling Stone, WebMD, San Francisco Chronicle, The Washington Post, VICE, East Bay Express, CBS San Francisco Bay Area, Playboy, Comedy Central, ELLE, Folha de Sao Paulo, GEO, DJ Magazine, YouGov, and many more.

The Zendo Project psychedelic harm reduction program incurred costs of $236,576, with about $109,677 of that to sup-
port Zendo’s work at Burning Man 2016. The Zendo Project provided services at over seven major festivals including: Burning Man, Boom, an Insomniac event, Envision, Lightning in a Bottle, and Symbiosis. The Zendo Project provided support to 456 guests at Burning Man 2017. For the first time ever, Zendo’s location was highlighted on Burning Man’s official map of Black Rock City. The Zendo Project also collaborated closely with medical staff, law enforcement from Bureau of Land Management, and Black Rock City Rangers. A public 3-hour training on the principles of psychedelic harm reduction was hosted for several hundred people. Zendo staff also hosted two integration sessions.

MAPS continued its long-running Fiscal Sponsorship program in FY17 with donations totaling $301,356. This program supports projects that are in alignment with MAPS’ mission and vision but are being conducted by organizations that do not have a 501(c)(3) designation. Fiscal sponsorship by MAPS provides donors to these projects a way to receive tax deductions by making their donation through MAPS, a 501(c)(3) nonprofit sponsor organization. MAPS monitors the project budget, takes a small fee, and sends the donor a receipt for their contribution.

Fundraising expenses were $274,852. Of that amount, $120,765 are primarily for staff, mail and delivery, donor research and database costs; with another $88,686 for donor meetings and cultivation efforts; and another $65,401 in campaign and fundraising event expenses. Fundraising expenses account for 5% of MAPS’ expenses.

Operational costs were $495,551. These are the unglamorous but necessary expenses of staffing, office rent, taxes, fees, accounting, information technology, equipment, supplies, and postage. Operations accounts for 9% of MAPS’ expenses.

### Chart 6. MAPS FY 2016–17 ACTUALS COMPARED TO FY 2017–18 PROJECTED DETAIL EXPENDITURES

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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Ayahuasca</td>
<td>- 1,228</td>
<td>1,228</td>
<td>25,000</td>
<td>-</td>
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<tr>
<td>Ayahuasca PTSD</td>
<td>- 367</td>
<td>3,174</td>
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<tr>
<td>Ayahuasca Addiction</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>Ibogaine</td>
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<td>4,402</td>
<td>-</td>
<td>-</td>
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<tr>
<td>General</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IOA-3 Ibogaine (Mexico)</td>
<td>- 4,460</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>IOA-4 New Zealand</td>
<td>- 4,669</td>
<td>-</td>
<td>-</td>
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<td>Total Ibogaine</td>
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<td>$ 4,471</td>
<td>$ 4,680</td>
<td>$ 30,000</td>
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<td>LSD/Psilocybin</td>
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<td>128</td>
<td>-</td>
<td>-</td>
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<tr>
<td>General</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total LSD/Psilocybin</td>
<td>- $ 128</td>
<td>$ 128</td>
<td>$ 128</td>
<td>$ 5,893</td>
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<td>Marijuana</td>
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<td>-</td>
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<tr>
<td>General</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>MJP-1 Cannabis PTSD</td>
<td>689,862</td>
<td>1,026,751</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Total Marijuana</td>
<td>$ 33,580</td>
<td>$ 662,250</td>
<td>$ 695,830</td>
<td>$ 1,026,751</td>
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### MDMA/PTSD Key Research Studies

| MP1: Charleston, Pilot | - 2,167 | 2,167 | - |
| MP8: Charleston, Veterans | 5,009 | 105,409 | 2,000 |
| MP8-S1: MDMA PTSD-US Vets Substudy | - | 23 | 23 |
| MT1: Charleston, Therapist Training (Phase III) | 83 | 174,606 | 174,689 | 211,000 |
| MP4: Canada | 206 | 16,771 | 16,574 | 1,000 |
| MP9: Israel | 327 | 62,247 | 62,574 | 1,000 |
| MP10: England FMRI MDMA/PTSD | 113 | 88,319 | 88,431 | 2,000 |

### MDMA Research Support

| MDMA Therapist Adherence | 77 | 8,462 | 8,539 | 20,000 |
| MDMA Therapist Training Program (Phase II) | - | - | - |
| MDMA Lit Review & Investigator Brochure | - | - | - | 10,000 |
| MDMA Treatment Manual | 18 | 260 | 278 |
| End of Phase 2 | 5,631 | 98,399 | 104,030 |
| Phase 2 Europe Study Grants | - | - | 60,000 |
| Europe Startup | - | - | 75,000 |
| Phase 2 Supervisory Study | - | - | 1,143,075 |
| Phase 3 IT | - | - | 332,752 |
| Phase 3 GMP MDMA | 51,919 | 51,919 | 941,400 |
| Phase 3 Program General | 47,639 | 305,063 | 352,702 | 380,000 |
| Phase 3 Therapist Training | 61,013 | 357,583 | 418,596 | 118,173 |
| Phase 3 Trial 1 | 23,304 | 134,729 | 158,033 | 1,999,076 |
| Phase 3 Trial 2 | - | 443 | 443 | 69,432 |
| Phase 4 Commitments | - | - | - | 6,127 |

### Clinical Research General

| MAA1: Autism Anxiety, Los Angeles | 551 | 29,429 | 29,980 | 2,000 |
| MDA1: End-of-Life Anxiety, San Anselmo | 602 | 217,090 | 217,691 | 62,000 |
| MPVA1: PTSD, Cognitive-Behavioral Conjoint Therapy | 250 | 154,494 | 154,744 | 100,000 |
| MPVA2: CPT Cincinnati | - | 20 | 20 |
| MPVA4: PTSD, Prolonged Exposure Therapy, Emory | 676 | 16,348 | 17,024 | 210,000 |
| MPVA5: CPT Toronto | - | - | 100,000 |
| MDMA Qualitative | 40 | 1,111 | 2,150 | 6,127 |
| Memory Reconsolidation Study | 2,111 | 5,456 | 13,601 | - |

### Total MDMA

| MDMA | $ 255,831 | $ 2,031,158 | $ 2,286,989 | $ 6,150,310 |
| Total Research | $ 292,426 | $ 2,699,602 | $ 2,992,028 | $ 7,237,954 |
### MAPS MPBC Consolidated FY 2016–17

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<td>1,092</td>
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<td>1,317</td>
<td>1,357</td>
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<td>$2,845,007</td>
<td>$5,732,337</td>
<td>$9,338,960</td>
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</table>

**Programs Ratio (Education/Total Expense)**

78.4% 94.9% 86.6% 89.6%

### PROJECTIONS FOR FISCAL YEAR 2017–18

As an overview, in FY18 we plan on shifting our focus to multi-site Phase 3 studies required for FDA approval of MDMA-assisted psychotherapy for PTSD as a legal prescription treatment. Based on the current timeline, the first Phase 3 study is expected to be initiated in the first half of 2018 in the U.S., Canada, and Israel. We anticipate submitting our New Drug Application to the FDA in 2021. In FY18 there are projected total research expenses of nearly $6.3 million and about $1.13 million for our education programs, including the Zendo Project and fiscal sponsorship, with $966,859 for fundraising and administration.

Estimated spending in FY18 is projected to be $8,397,560, $2,653,969 more than in FY17, as the first Phase 3 study begins. The following year, FY19, expenses are expected to increase to over $12 million, as Phase 3 recruits the most subjects.

MAPS' fundraising ability has significantly increased now that MAPS has obtained an FDA Agreement Letter successfully concluding our Special Protocol Assessment (SPA) process, and been granted FDA Breakthrough Therapy Designation for MDMA-assisted psychotherapy for PTSD. MAPS has received some new support in FY18 during recent meetings with donors at Burning Man and elsewhere. This new support includes grants and pledges of $2 million from Cody Swift over several years, $1 million from Britt Selvitelle, $500,000 from Good Ventures (and potentially the same amount in each of the next four years subject to an annual review), $300,000 per year for two years from the Libra Foundation for a total of $600,000, $250,000 from Neva Goodwin, $175,000 from the Smart Family Foundation, a grant of $100,000 a year for three years from the Mental Insight Foundation.
for a total of $300,000, $100,000 from Christopher and LuAnne Hormel of the Fire Monkey Fund of RSF Social Finance, and a $50,000 grant from the William H. Donner Foundation.

CONCLUSION
FY17 was an exceptional year, successfully setting the stage for Phase 3 research on MDMA-assisted psychotherapy for PTSD. Expenses were greater than any other fiscal year to date, yet MAPS managed to raise enough contributions and multi-year pledges to end the year with a surplus. However, as Phase 3 begins in the first half of 2018, expenses will grow substantially with an ever-growing fundraising gap. Recent good news about FDA granting MAPS Breakthrough Therapy Designation for MDMA-assisted psychotherapy for PTSD has motivated supporters to step up, confident in the impact of their gift to heal trauma and legitimize MDMA-assisted psychotherapy as a legally available treatment available by prescription.

As MAPS initiates its Phase 3 MDMA/PTSD studies, research and educational expenses will continue to increase each year until FY20 when we’ll complete gathering the Phase 3 data. In FY21, MAPS’ Phase 3 research will shift to much less expensive data analytic work and submitting a New Drug Application to FDA.

MAPS’ current estimate is that $26 million is needed to complete Phase 3 studies for FDA, of which about $18 million is in hand or in multi-year pledges. To complete Phase 3 funding for FDA, MAP needs additional donations and multi-year pledges of about $8 million. MAPS is seeking to raise these funds by the end of February 2018, when we need to plan the roll-out of Phase 3. It will be substantially less expensive if we can enroll subjects and continue until we have treated enough subjects for our two Phase 3 studies than if we have to stop after the first Phase 3 study to raise more funds.

While the amount of money that MAPS needs for research is larger than it’s ever been before, we’re also closer than ever before to FDA and EMA approval for the prescription use of MDMA-assisted psychotherapy for PTSD. Once that threshold is crossed, the MAPS Public Benefit Corporation can begin the sale of medical grade MDMA by prescription. From that point on, income from the sales of MDMA can be generated for mission-related projects. Over time, this income can supplement and potentially even replace the need for philanthropic donations.

In FY18, we will begin discussions with FDA about the potential prescription use of MDMA-assisted psychotherapy for PTSD in the context of meetings about our Breakthrough Therapy Designation. MAPS still needs to demonstrate statistically significant evidence of efficacy in our Phase 3 studies with an acceptable safety profile before FDA will authorize prescription use, but the Breakthrough Therapy Designation allows for discussions about potential commercialization issues prior to the completion of the Phase 3 studies. These discussions will focus on topics related to Expanded Access (compassionate use for PTSD patients prior to actual approval for prescription use), brand names, manufacturing of commercial quantities of GMP MDMA, the Risk Evaluation and Mitigation Strategies (REMS) that will control how MDMA-assisted psychotherapy will be provided by prescription (e.g. only by therapists who have been trained by MAPS in our therapeutic method), and the possibility of Off-Label prescriptions post approval for uses other than PTSD, as well as other topics related to commercialization of MDMA-assisted psychotherapy for PTSD.

We are not there yet, but with the continued support from the MAPS community, the legal prescription use of MDMA will become more than a dream.

If you have any questions or comments about anything in this financial report, or would like to become more involved, we invite you to contact askMAPS@maps.org.
### Chart 7. MDMA/PTSD PHASE 3 COST PROJECTIONS: Two Phase 3 Trials for FDA

<table>
<thead>
<tr>
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<td>End-of-Phase-2 Meeting w/ FDA</td>
<td>2,060</td>
<td>69,462</td>
<td>104,030</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>GMP MDMA Supply</td>
<td>205</td>
<td>125,262</td>
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<td>12,000</td>
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<td>MDMA Therapist Training–Protocol (MT-1)</td>
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<td>77,197</td>
<td>174,689</td>
<td>211,000</td>
<td>75,000</td>
<td>-</td>
<td>-</td>
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<td>MDMA Literature Review</td>
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<td>-</td>
<td>-</td>
<td>10,000</td>
<td>10,000</td>
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**Total Phase III**

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*Total Phase III Projected Costs $26,050,496 over next four years including overhead of $2,147,831.*

### Chart 8. MDMA/PTSD PHASE 3 COST PROJECTIONS: Two Phase 3 Trials for FDA, One Phase 3 Trial for EMA

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*Total Phase III Projected Costs $37,846,842 over next four years including overhead of $3,220,227.*
$1,000,000 & ABOVE
Dr. Bronner’s $1,010,850

$100,000–$999,999
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Scorpio Rising Fund $250,000
Rodrigo Nino $110,000
Anonymous $125,000

$50,000–$99,999
Mental Insight Foundation $80,000
Riverstyx Foundation $75,000
William H. Donner Foundation $55,000
Joseph Green $50,000
Adam Wiggins $60,000

$25,000–$49,999
Mai Family Foundation $25,000
Social Venture Partners Portland $25,000
Phillip Denormandie $25,000
John Gilmore $40,128
George Goldsmith & Katya Malievskaia $25,000
Jonathan Jaffe $25,000
Laura & Ed Littlefield $40,000
Andrew Mason $42,050
Brett Selvitelle $31,000
Daniel Smith $33,100
Carey & Claudia Turnbull $35,219
Robert W. Kellogg Charitable Trust $40,000
Anonymous $40,000
Anonymous $41,654

$10,000–$24,999
Nathan Cummings Foundation $20,000
Open Society Foundations $24,996
Francis Hatch $15,000
Jud Ireland $20,000

$1,000–$9,999
AmazonSmile Foundation $5,614
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Bright Funds Foundation $1,000
Erowid Center $1,650
HeadCount $3,233
Highfield Foundation $2,500
Leading Edge Training Solutions LLC $1,625
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Slack Technologies $1,000
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Jeya Aerenson $1,000
Kirk Ahlberg $1,000
Emil Arfvidsson $3,000
Joakim Arfvidsson $6,000
Sarah Renee Ayala $1,000
Allan M. Badiner $1,000
Robert J. Barnhart $5,556
Louis B. Bjostad $1,000
Ashley Booth $1,808
Jill Bork $1,000
Rose Marsh Boyle $1,000
David Braginsky $1,000
Ian Brown $5,000
Bonnie Brunet & Martin Rist $1,000
James S. Campbell $1,000
David Carrico $1,000
Diana & Matt Chapman $1,200
Adam Denmark Cohen $2,500
Daniel Todd Cohn $1,333
Michael Cole $1,000
Jeffrey C. Crawford $5,000
Oskar Demmer $1,000
Jason Dorsett $3,080
Paul & Emily Eastham $3,000
Kevin Egelston $1,080
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Bill Freimuth $1,000
Mack Fuhrer $3,000
Robert Gansser $1,000
Steve Gehrmann $2,250
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James Ginther $1,000
Peter Glynn $5,800
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Oleg Gorelik $1,000
Gwendolyn Grace $5,000
Jerry Greenfield $1,000
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Gale Hayman $5,000
John Heilemann $2,500
Gary Heine $1,325
Kevin Herbert $5,000
Conor Hill $1,000
Peggy Hitchcock $1,000
Julie Holland $2,866
Ed Hunsinger $1,000
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Mark Smith $2,000
Anne F. St Goar $4,968
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John B. Stuppin $3,000
Shaun Sutton $1,000
Hans Petter Sveen $1,000
Max & Elena Talan $5,040
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Latane Temple Keeler $2,000
Steven Trenk $5,000
Terry Turner $1,590
David Tuttleman $5,000
Patrick Vernon $1,000
Ben Warner $1,000
Osha Waters & Derek Guarascio $3,000
Fernanda Weiden $1,000
Steven Weinstein & Marcia Meislin $1,350
Devera & Michael Witkin $3,000
Philip Wolfson $2,500
Jenny Wunderly $1,000
James Youngblood $1,500

$750–$999

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The Cappetta Family Foundation, Inc.
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Neil & Elena Boyer
Brian Brown
Mark Hines & Tiffany
Andrew Jarmon
Marissa Kuchelyma
Andras Ferenc Lenart
Niklas Lindgren
Kirsty & Amir Nathoo
Jessie Anne Rees
Emily Roy
Bernard von NotHaus
Paul Thomas Woods

$500–$749

Pittman Family Foundation
Joseph Andrade
Ruzsa Balázs
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Joseph & Nancy Pearl
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Branden Pitts
Ashley Powell
Stephen Radocchia
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Justin Routt
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Toni Starr
Christopher Stewart
Glenn E. Stoltz
Melody Sullivan
Christopher Szymanski
Scott Teitsworth
Sean Wallace
Wally Walston
Ganga White
Allison Wilens
Brian Zeiler

$500–$749

James Anderson
Iris Andres
Benjamin Asher
Denny Ashkenazi
Neil Ayer
Mark Badgley
Dave Henry Balkema
Grant W Baxter
Kelly Bennett
James Drew A. Bennie
David Bird
Steve Lloyd Bollinger
Asher Bond
Andy Boone
Halcyon Botanicals
Charles Brennan
Jason Brett
Benjamin Broder
Thomas Bryce
Christy Burback
Frederick Burks
Diane Byler
Aaron T. Cagle
Jonathan Chappell
John G. Chase
Eric Chazan
Martin Chilcutt
Thomas Martin Christensen
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Jeh Cranfill
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Alan Kooi Davis
Amy Davis
Tiffany Dawson
Alvaro de Molina
Anil Desai
Yeva Don
Adam Eidinger
Barry Elkin
Conal Elliott
Allison Feduccia
Abigail Garvin
David E. Ginsburg
Dan Girellini
Shane Glines
Michael E. Goldberg
Shirley & Victor Goldsmith
Mark Grey
Lynda Griffith
Andrey Grigoryev
Aviad Haimi-Cohen
Ray Hale
Justin Hall
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Craig Heacock
Caleb Hellerman
Christopher James Hewitt
Dona Hill
Ariane Hjelle
Xander Hudson
Koen Hugelier
Nicole Ivey
Barbara Jenkins
Kirsten Karios
Donald Killeen
Colin Krasnoff
John Larkin
Michael Lawhon
Mathias Lebert
Steve Lefevre
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Arlene Lindberg
Mitch Lindgren
Brian Liscinsky
Crystal & Keith MacAllum
Matthew Maguire
Eva Markiewicz
David Markun
Jan Mattila
John McIlwain
Jan McManus
Scott Meyer
Karen Miller
Monti Moore
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Barrie Nelson
Sasha Noble
Benjamin O’Connor
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Bruce Parry
Nancy Bayer Perman
Rich Powell
Evan Putney
Irene Pylypenko
Nolan Ray
Ralph Reda
Carl Resnikoff
Leland Robinson
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Giorgio Rossi
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Ole Sandberg
Patricia Shaw Savant
Emil Schlosser
Arthur Shechet
Andrew Skinner
Natalie Slect
Kendra Smith
Mark Spitzer
Martha Stampfer
Sandra Stingle
Pamela Stockton
Erik Storlie
Barbara Strauss
Samuel Swabb
Eugene Tinelli
Joshua Tosteson
David Ethan Trooskin–Zoller
Vlad Tsyrlievich
Jarrett Wade David Twaddle
Gregory Vanderhoof
Enrique Villatoro
Robert Waterman
Julie Webster
Larry L. Wendell
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Douglas Whitener
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Alexandr Zubov

$120–$249

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Andrew Boyd
Peter M. Bradlee
Jeffrey Breau
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Jenner Clark
Charles Lee Coates
Keith Coleman
Teresa Cone
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Kyrn Craig
Kuth Crocker
Mike Daley
Brad Davis
Corine de Boer
Derick Deal
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Katalin Galasi
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Paul Garza
Jurema B. Genovese
Sarah Gentry
Anton Gomez-Escobar
John Goodnow
James Gorman
Ryan Graham
Kai Grant
Dean Grauds
Daniel Grauer
Mike Greenberg
Daniel Greig
Jim Grigsby
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Elise & Gerald Lazar
Cyrena Lee
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Carl Loccisano
Charles Lockwood
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James Loughlin
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Timothy McAllister
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Aaron Meredith
Zevic Mishor
Juhani Mönkkönen
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Laura Mosbacker
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Mike Murphy
Claudio Naranjo
Anh-Kim Nguyen
Jay Nitikman
David Noble
Robert Oberlender
Vedad Odogasic
Peter Oehen
Matt Pagan
Nathan Pate
John F. Pauly
Dessy Pavlova
Peter D. Pepper
Roberto Pickering
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Amy Freed $150
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Kevin Kraus $53,000
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Global Ibogaine Therapist Alliance (GITA)
John D. Harrison, III $200
Barry Rossinoff $400

International Center for Ethnobotanical Education, Research, and Service (ICEERS)
Riverstyx Foundation $1,500
Dr. Bronner’s $27,000
Gwyn M. Cattel $120
Martin Deering $5
Michelle Glass $500
Richard Grossman $320
Casey Knight $1,000
Lorna Li $1,500
Ethan Nadelmann & Marsha Rosenbaum $300
Emily Olsen $120
Lawrence Ostrovsky $232
Rachael Sessions $100

MDMA: The Movie
Robert J. Barnhart $5,000
Michelle Glass $5,000
Catherine Keenan $1,000
Carl Resnikoff $5,000

Psychedelic Parenting
Laura Cato $100
Eric Osborne $100

Sacred Plant Chronicles
Rebecca H. Ratner $5,000

Wo/Men’s Alliance for Medical Marijuana (WAMM)
Harold Grinspoon Charitable Foundation $2,615

For any corrections, please contact Tess Shelley at tess@maps.org.
Research News
Treating PTSD with MDMA-Assisted Psychotherapy
mdmaptsd.org

Phase 3 Trials: FDA Grants Breakthrough Therapy Designation for MDMA-Assisted Psychotherapy for PTSD, Agrees on Special Protocol Assessment

In MAPS’ completed Phase 2 trials with 107 participants, 61% no longer qualified for posttraumatic stress disorder (PTSD) after three sessions of MDMA-assisted psychotherapy two months following treatment. At the 12-month follow-up, 68% no longer had PTSD. All Phase 2 participants had chronic, treatment-resistant PTSD, and had suffered from PTSD for an average of 17.8 years.

On November 29, 2016, the U.S. Food and Drug Administration (FDA) hosted staff and researchers from MAPS and the MAPS Public Benefit Corporation (MPBC) for a formal End of Phase 2 Meeting to discuss clinical trials of MDMA-assisted psychotherapy for PTSD. During the 90-minute meeting at the FDA’s White Oak Campus in Silver Spring, Maryland, the FDA stated they are ready for MAPS to move forward with Phase 3 clinical trials of MDMA-assisted psychotherapy for PTSD.

On July 28, 2017, MAPS and the FDA reached agreement on the Special Protocol Assessment for Phase 3 clinical trials. This agreement confirms that the protocol design, clinical endpoints, planned conduct, and statistical analyses for the Phase 3 trial are acceptable to support regulatory approval by the FDA.

On August 16, 2017, the FDA granted Breakthrough Therapy Designation to MDMA for the treatment of PTSD. The FDA grants this designation for treatments that (1) are intended alone or in combination with one or more other drugs to treat a serious or life-threatening disease or condition; and (2) preliminary clinical evidence indicates may demonstrate substantial improvement over existing therapies. Breakthrough Therapy Designation also means that the FDA will work closely with MAPS to provide guidance on the development of MDMA for PTSD to design and conduct the development program as efficiently as possible.

The Phase 3 trials starting early next year will assess the efficacy and safety of MDMA-assisted psychotherapy in participants with PTSD, aged 18 and older, at sites in the U.S., Canada, and Israel. Participants will be randomized to receive three day-long sessions of either MDMA or placebo in conjunction with psychotherapy over a 12-week treatment period, along with 12 associated 90-minute non-drug preparatory and integration sessions. The primary endpoint will be the Clinician Administered PTSD Scale (CAPS-5), as assessed by a blinded pool of independent raters.

Throughout September 2017, MAPS and MPBC clinical staff completed nine study initiation visits for sites selected to conduct Phase 3 lead-in trials of MDMA-assisted psychotherapy for PTSD across the United States and Canada. These study initiation visits serve to train clinical trial sites in study procedures before researchers begin to enroll 1–4 participants per site over the next 6–8 months. Each co-therapist team will work with a single participant at their respective study site.

In Spring 2018, sites will begin enrolling approximately 100–150 participants in the first Phase 3 trial (MAPP1), “A Randomized, Double-Blind, Placebo-Controlled, Multi-Site Phase 3 Study of the Efficacy and Safety of Manualized MDMA-Assisted Psychotherapy for the Treatment of Severe Posttraumatic Stress Disorder.”

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

- Los Angeles, CA | private practice
- San Francisco, CA | research institution
- San Francisco, CA | private practice
- Boulder, CO | private practice
- Fort Collins, CO | private practice
- Farmington, CT | research institution
- New Orleans, LA | private practice
- New York, NY | research institution
- New York, NY | private practice
- Charleston, SC | private practice
- Madison, WI | research institution
- Boston, MA | research institution
- Montreal, Canada | private practice
- Vancouver, Canada | research institution
- Israel | research institution

MAPS and MPBC staff are excited to reach this milestone toward bringing healing to those diagnosed with PTSD through MDMA-assisted psychotherapy. Donations are currently being sought to reach MAPS’ goal of raising $25–35 million to successfully execute the Phase 3 studies required to gain approval from the FDA and European Medicines Agency (EMA) for MDMA-assisted psychotherapy by 2021. With $15.5 million in hand or in multi-year pledges, there’s still a funding gap we need to close.

There is now a clear path ahead to make MDMA a legal medicine for millions of people suffering from PTSD. Help us heal trauma: maps.org/donate.
**Therapist Training Study Enrolls 38th Participant**

**Ongoing study**

**Location:** Charleston, South Carolina, and Boulder, Colorado

**Principal Investigator:** Michael Mithoefer, M.D., (Charleston), and Marcela Ot’alora, M.A., L.P.C. (Boulder)

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

**Estimated study budget:** $429,000

**Already raised:** $160,000

**Needed to complete this study:** $269,000

On October 10, 2017, the 38th of 100 participants enrolled in our ongoing Phase 1 study of the psychological effects of MDMA when used in a therapeutic setting by healthy volunteers. Enrollment in this study is limited by invitation only to therapists in training to work on MAPS-sponsored clinical trials of MDMA-assisted psychotherapy for PTSD. The Boulder, Colorado, study site is led by Principal Investigator Marcela Ot’alora, M.A., L.P.C. Michael Mithoefer, M.D., is serving as Principal Investigator at the site in Charleston, South Carolina, with Sub-Investigator Annie Mithoefer, B.S.N.

**MDMA Therapy Training Program:**

**Group Training Takes Place in Colorado and New York Training Program**

**Location:** Charleston, South Carolina, and Boulder, Colorado

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

From April 1–7, 2017, 42 Phase 3 therapists from the U.S., Canada, and Israel participated in MAPS’ MDMA Therapy Training Program (Part D) at the YMCA of the Rockies, Estes Park, Colorado. MAPS’ Part D training consists of five and a half days of experiential learning in non-directive therapy, working with a co-therapist, bodywork, art, and non-ordinary states of consciousness.

One day at each training consisted of Holotropic Breathwork™. Trainees got to experience non-ordinary states induced by breathing, alternating with the experience of sitting for another person. As is the case with MAPS’ Therapist Training Study, it is important for therapists to understand non-ordinary states of consciousness before treating subjects with MDMA-assisted psychotherapy. Holotropic Breathwork™ provides an accessible avenue for more trainees to gain this kind of hands-on training. Experiential work continued with role plays of situations that take place during MDMA-assisted psychotherapy sessions.

Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N., shared case studies highlighting the non-directive approach as well as some of the unique challenges Phase 3 therapy teams might face, such as transference/countertransference and working with transpersonal experiences. Marcela Ot’alora G., M.A., L.P.C., led a dialogue on team development. MPBC Executive Director Amy Emerson and MPBC Clinical Data Scientist Alli Feduccia, Ph.D., joined the training staff to provide important information about screening, study design, and protocol. MPBC Training Program Coordinator Shannon Clare Carlin oriented trainees on the therapeutic use of music in psychedelic psychotherapy. MAPS Founder Rick Doblin, Ph.D., joined each group for the first several days of the training. Prior to these Part D trainings, 42 trainees gathered in Stony Point, New York, to participate in Part D of the MDMA Therapy Training Program from March 18–23.

The program is a prerequisite for anyone working on a therapy team in a MAPS-sponsored Phase 3 trial. The MAPS Therapy Training Program plans to train approximately 300 therapists before 2021, when we anticipate completing Phase 3 clinical trials investigating MDMA-assisted psychotherapy for chronic, treatment-resistant PTSD.

At this point, the training program is not accepting applications, however you can sign up to receive updates when future training opportunities become available. Learn more by visiting maps.org/therapists.
Cognitive Behavioral Conjoint Therapy for PTSD: Sixth Dyad Receives Experimental Treatment

Ongoing study
Location: Charleston, South Carolina
Principal Investigator: Michael Mithoefer, M.D., Sub-Investigator: Candice Monson, Ph.D.
Estimated study budget: $220,000
Needed to complete this study: $70,000

On October 10, 2017, the sixth dyad (pair of participants) received their first experimental treatment in our ongoing study of MDMA combined with Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD at our Charleston, South Carolina site led by Principal Investigator, Michael Mithoefer, M.D., and Sub-Investigator, Candice Monson, Ph.D. The fifth dyad received their final experimental session on October 12, and the second dyad completed the six-month follow-up interview on September 17. Four dyads have finished receiving experimental treatments, and have moved on to follow-up interviews.

The study enrolls dyads with one participant diagnosed with PTSD and one concerned significant other who does not have PTSD but does experience psychosocial distress. MDMA will be administered to both participants to help facilitate communication and connection between participants and therapists.

The primary goal of this study is to develop a combined method of MDMA with CBCT for PTSD. This is the first MAPS-sponsored MDMA study conducted with VA-affiliated researchers and the first to employ measures developed for the DSM-5. There are several important reasons to include significant others in PTSD treatment, in addition to the data supporting the efficacy of CBCT for PTSD.

Startle Testing with MDMA:

Initiation Visit Completed Ongoing study
Location: Emory University in Atlanta, Georgia
Principal Investigator: Barbara Rothbaum, Ph.D.
Estimated study budget: $220,000
Needed to complete this study: $220,000

On August 2, 2017, researchers gathered at Emory University in Atlanta, Georgia, to conduct the official initiation visit for our upcoming Phase 1 study on the effect of MDMA on startle testing in healthy volunteers, led by Principal Investigator Barbara Rothbaum, Ph.D. The study protocol has been cleared by the FDA and the U.S. Drug Enforcement Administration (DEA), and researchers are screening subjects in the fall. This study will be followed by another study exploring the combination of MDMA with Prolonged Exposure in PTSD patients.

MDMA-Assisted Therapy for Social Anxiety in Autistic Adults

Social Anxiety Study Officially Completed

Study Completed
Location: Los Angeles, California
Principal Investigators: Charles Grob, M.D., and Alicia Danforth, Ph.D.
Estimated study budget: $400,000
Already raised: $13,000 + $15,000 raised by partners
Needed to complete funding for this study: $372,000

On July 10, 2017, investigators gathered for the formal closeout of our study of MDMA-assisted therapy for social anxiety in adults on the autism spectrum. All treatment sessions and long-term follow-up interviews for this study have been completed. Led by Principal Investigators Charles Grob, M.D., and Alicia Danforth, Ph.D., this is a collaborative study between MAPS and the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center.

Goals for this study include (1) gathering evidence for the safety and effectiveness of MDMA-assisted therapy for autistic adults diagnosed with social anxiety, (2) determining if additional studies in this area are warranted, and (3) initiating a new program of research into a possible beneficial use of MDMA building on collected case accounts.

MDMA-Assisted Psychotherapy for Anxiety Associated with Life-Threatening Illness

Tenth Participant Completes Long-Term Follow-Up Interview

Ongoing study
Location: Marin, California
Principal Investigator: Phil Wolfson, M.D.
Co-Therapist: Julane Andries, L.M.F.T.
Estimated study budget: $627,000
Already raised: $258,000
Needed to complete this study: $369,000

On August 29, 2017, the 10th of 18 participants completed their 12-month follow-up interview in our ongoing Marin, Calif., study of MDMA-assisted psychotherapy for anxiety associated with life-threatening illness. Led by Principal Investigator Phil Wolfson, M.D., with Co-Therapist Julane Andries, L.M.F.T., this study is gathering preliminary data about the safety and efficacy of MDMA-assisted psychotherapy for anxiety associated with a diagnosis of a life-threatening illness.

Goals for this study include (1) gathering data on the safety and effectiveness of MDMA-assisted psychotherapy for subjects with anxiety associated with life-threatening illness; (2) determining if additional studies are warranted; and (3) initiating MDMA-assisted psychotherapy research for a new clinical indication.
Medical Marijuana Research

28th Participant Enrolls in Smoked Marijuana Trial for Chronic PTSD in Veterans

Ongoing study
Location: Phoenix, Ariz.
Coordinating Principal Investigator: Marcel Bonn-Miller, Ph.D. (University of Pennsylvania)
Co-Investigator/Site Principal Investigator: Sue Sisley, M.D. (private practice) and Paula Riggs, M.D. (University of Colorado)
Estimated study budget: $2,156,000
Already raised: $2,156,000

On October 11, 2017, the 28th of 76 participants enrolled and received study drug in the first-ever clinical trial of smoked marijuana (cannabis) for PTSD in U.S. veterans. Taking place at the Scottsdale Research Institute (SRI) in Phoenix, Arizona, this clinical trial will evaluate the safety and efficacy of four different potencies of marijuana for symptoms of PTSD.

Ibogaine-Assisted Therapy for Drug Addiction

Observational Research Published in American Journal of Drug and Alcohol Abuse

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

Donations are needed to support ibogaine research.

On May 25 and April 12, 2017, the promising results of MAPS-sponsored observational studies into treating opioid dependence with ibogaine, a naturally occurring psychedelic compound, were published in the peer-reviewed American Journal of Drug and Alcohol Abuse. Sponsored by MAPS in Mexico and New Zealand, both studies show that ibogaine should be further studied as a potential treatment for opioid dependence through rigorously controlled studies.

Ibogaine is a psychoactive compound usually extracted from the West African Tabernanth iboga plant. In animals, a single dose of ibogaine decreases signs of opioid withdrawal and produces sustained reductions in the self-administration of heroin, morphine, cocaine, nicotine, and alcohol. Ibogaine is illegal in the U.S., and legal but unregulated in Canada and Mexico. New Zealand, South Africa, and Brazil authorize the use of ibogaine by licensed medical practitioners. While its mechanism of action is not yet fully understood, it differs from that of standard opioid agonist treatments such as methadone and buprenorphine which maintain dependence, and thus may show promise as an innovative pharmacotherapy for opioid addiction.

Ultimately, the authors of the studies conclude that given the potential demonstrated by ibogaine’s substantive treatment effect in opioid detoxification, its novel (though not yet fully understood) pharmacological mechanism of action, and its clinical effect in opioid-dependent subjects who have not satisfactorily responded to other treatments, ibogaine has promise for future research and development as a novel pharmacotherapy for opioid addiction.

Download both articles for free at maps.org/ibogaine.
MAPS in the Media

THE WALL STREET JOURNAL.

How MDMA Went From Club Drug to ‘Breakthrough Therapy’
by Josh Dean on October 18, 2017. Wall Street Journal Magazine publishes a detailed review of MAPS’ ongoing clinical research into MDMA-assisted psychotherapy’s effectiveness at treating PTSD and trauma. The magazine covers results from Phase 2 clinical trials, upcoming Phase 3 studies, the FDA’s recent decision to grant MDMA a Breakthrough Therapy Designation, and MAPS Public Benefit Corporation which will regenerate revenue for ongoing psychedelic and marijuana research once MDMA-assisted psychotherapy is a legal prescription medicine. Josh Dean speaks with MAPS Founder Rick Doblin, Ph.D., about the timeline for legalization which he predicts should be approved by 2021. “By that time, he will have spent 35 years and $60 million in donations on the legalization effort,” explains Dean.

“Doblin predicts that there will someday be thousands of these clinics, offering not just MDMA but also other psychedelics that were formerly banned substances.”

AMERICAN PSYCHIATRIC ASSOCIATION

MDMA Advances Another Step As Tool to Treat PTSD
by Richard Karel on October 20, 2017. The American Psychiatric Association covers the Food and Drug Administration (FDA)'s recent decision to grant MDMA as a potential Breakthrough Therapy. The article highlights MDMA as a therapeutic tool in combination with psychotherapy showing great promise in treating PTSD through MAPS’ ongoing clinical trials. Richard Karel of the American Psychiatric Association speaks with MAPS-sponsored MDMA researcher Charles Grob, M.D., about upcoming Phase 3 clinical trials of MDMA-assisted psychotherapy and the recent news receiving Breakthrough Therapy Designation. Grob says, it is “quite an accomplishment,” and that “it speeds up the timeline.” Karel explains that “3,4-methylenedioxymethamphetamine (MDMA) holds promise to once again become a therapeutic tool.”

“The complex history and abuse of MDMA suggests additional thought be given to the evaluation of its clinical efficacy,” says former American Psychiatric Association President Paul Summergrad, M.D.

The Washington Post

Ecstasy Could Be ‘Breakthrough’ Therapy for Soldiers, Others Suffering from PTSD
by William Wan on August 26, 2017. The front page of The Washington Post features a special report on the FDA’s decision to grant Breakthrough Therapy Designation for MDMA-assisted psychotherapy for PTSD, highlighting how the experimental treatment is “emerging as the most promising tool to come along in years for the military’s escalating PTSD epidemic.”

“If you’re a combat veteran with multiple tours of duty, the chance of a good response to these drugs is 1 in 3, maybe lower,” said John Krystal, chairman of psychiatry at Yale University and a director at the VA’s National Center for PTSD. “That’s why there’s so much frustration and interest in finding something that works better.”

Jonathan Lubecky, a Marine Corps and Army veteran, returned from a deployment to Iraq with severe PTSD. His participation in MAPS’ study of MDMA proved life-saving. (Travis Dove/For The Washington Post)
Lucy in the Sky with Doctors
by Livia Gershon on October 14, 2017. The Boston Globe explores the role of psychedelics and marijuana in medicine, science, and politics in contemporary times. “During the long national backlash to figures such as Timothy Leary, Americans may have been skeptical of efforts to cast psychedelic drugs in cosmic terms. But as the marijuana debate shows, attitude shifts that barely seemed possible can sometimes become inevitable,” explains Livia Gershon of The Boston Globe.

Mission Control: Drug Developers Test the ‘Benefit Corporation’ Business Model
by Arran Frood on October 17, 2017. Nature Medicine takes a close look at how various drug development organizations are creating public benefit corporations instead of traditional for-profit business models. The article highlights MAPS as a leading example of a non-profit organization creating a public benefit corporation to advance a strategic mission. The MAPS Public Benefit Corporation (MPBC) was founded in January 2015 to manage prescription sales of MDMA, a taxable activity not possible with MAPS’ 501(c)(3) designation. MPBC is a wholly owned subsidiary of MAPS. Income collected from prescription sales of MDMA will help to fund MAPS’ ongoing psychedelic research and educational projects.

FDA Designates MDMA As ‘Breakthrough Therapy’ For Post-Traumatic Stress
by Janet Burns on August 28, 2017. Forbes reports on the U.S. Food and Drug Administration (FDA) granting Breakthrough Therapy Designation to MDMA as a adjunct to psychotherapy for the treatment of posttraumatic stress disorder (PTSD). “MAPS, which has been championing and fundraising for MDMA research for roughly 30 years, explained in a press release that the FDAs granting of a Breakthrough Therapy Designation indicates the agency ‘has agreed that this treatment may have a meaningful advantage and greater compliance over available medications for PTSD.’ It also designates the agency’s intent to help develop and review the treatment faster than other candidate therapies,” explains Janet Burns of Forbes.

Forbes
Floatin’ in Ecstasy: Veterans Suffering from PTSD May Soon Find Help from an Unlikely Source
by Jon Simkins on August 31, 2017. Military Times speaks to MAPS Executive Manager Merete Christiansen about MAPS’ clinical trials of MDMA-assisted psychotherapy for PTSD being granted Breakthrough Therapy Designation. “Now that we’ve been granted this prestigious designation and have come to an agreement with the FDA about study designs, our biggest hurdle is fundraising,” explains Christiansen. “We still need to raise half of the $25 million needed to fund the studies … If everything remains on track, we anticipate full FDA approval in 2021.”

The War on Drugs Is Holding Science Back
by Naomi Burke-Shyne on August 4, 2017. Open Society Foundations examines bureaucratic barriers surrounding MDMA, LSD, and cannabis research. The article covers an upcoming study researching MDMA-assisted psychotherapy as a potential treatment for alcoholism. “By labeling MDMA, among other substances, as Schedule 1, governments have created a huge barrier to scientific research, depriving the world of possible breakthroughs in health and knowledge,” explains Naomi Burke-Shyne of Open Society Foundations. “National governments could reclassify substances such as MDMA, cannabis, and LSD to less restrictive schedules, which would put them under more feasible regulatory control and open up options for scientific research—while still being in compliance with the abovementioned conventions.”
The Faces of Phase 3: Principal Investigators in MAPS’ Clinical Trials of MDMA-Assisted Psychotherapy for PTSD

CHARLOTTE HARRISON

Over the past few months, my colleagues and I traveled all over the United States to visit, set up, and train the study sites participating in our open-label lead-in protocol for MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD)—the first step in our Phase 3 clinical trial program. Beginning in Spring 2018, our Phase 3 trials will expand upon, and hopefully confirm, the findings from our Phase 2 trials. These study sites will include academic research institutions as well as private practices.

Every Drug Enforcement Administration inspection we pass, every Institutional Review Board approval letter we receive, every supply we purchase, and every contract we sign brings us one step closer to treating participants in these upcoming trials. Behind the transformations and symptom reductions many of our participants experience lie stacks of paperwork, disorienting spreadsheets, floods of emails, and hours upon hours of training for our researchers and therapists. Our study teams are devoted to jumping the many hurdles involved in Schedule I drug research, and our recent Breakthrough Therapy Designation from the Food and Drug Administration gives us great hope and inspiration.

In clinical trials, Principal Investigators (PIs) are ultimately responsible for ensuring the accuracy and integrity of all data generated by their site, overseeing all site staff, reporting adverse events, and retaining study records, among many other duties. Running a clinical research site is no easy task! Our investigators have varied backgrounds, but all have spent their careers preparing for this challenge. Each has assembled excellent teams of therapists, physicians, and study coordinators to accomplish this research. We are thrilled to include the energy of newer psychedelic therapists alongside more experienced colleagues. In this edition of the MAPS Bulletin, we profile and present personal statements from a selection of our U.S.-based PIs, a highly regarded group with whom we are fortunate to collaborate. We’ll profile our other PIs in future Bulletins.
Boston, Massachusetts
Boston has quickly become the East Coast hub of MAPS, home not only to our founder and executive director Rick Doblin, but also to three full-time MAPS Public Benefit Corporation employees (myself included). Our city is also home to the Trauma Center, which upon its opening 40 years ago was one of the first clinics dedicated to elucidating the impact of trauma. Its founding Research and Medical Director, Dr. Bessel van der Kolk, will serve as our Boston site PI. Dr. van der Kolk worked on the first neuroimaging studies for PTSD and conducted the first National Institutes of Health (NIH)-funded research demonstrating the effects of fluoxetine (Prozac®), sertraline (Zoloft®), yoga, and Eye Movement Desensitization and Re-processing (EMDR) on PTSD. In 2014, he published the New York Times best-selling book, The Body Keeps the Score: Brain, Mind, and Body in the Healing from Trauma, a popular read among our therapists. From Dr. van der Kolk:

“In recent years I have been particularly interested in solutions for treatment-resistant PTSD sufferers, and in looking at interventions that can change the neurological parameters that I and my colleagues have identified as being involved in keeping people stuck in their trauma. I have been following the results of the Phase 1 and 2 trials with MDMA closely and mentioned the early, very promising, outcomes of MDMA therapy in my book.”

Boulder, Colorado
Our Boulder PI, Marcela Ot’alora, M.A., L.P.C., is a psychologist and artist who has been working with MAPS for decades. She worked in Spain in 2000 on the world’s first study of MDMA-assisted psychotherapy for PTSD. The protocol studied women with trauma due to sexual assault, but unfortunately ended early due to political pressure. After moving to Boulder, she served as the PI on our (now completed) Phase 2 dose-response study. She has also mentored and prepared many therapists for Phase 3 through the MAPS Therapist Training Program and our therapy training protocol. From Marcela Ot’alora:

“What we have already seen from previous studies is that...
MDMA-assisted psychotherapy can bring about remission from PTSD symptoms for individuals who have not been able to find relief from existing treatments. This possibility has been alive for me for over 30 years, and is the reason I became a therapist: never losing sight, that against all odds, we would one day be able to offer this treatment to those who need it and want it. Now that day seems more plausible than ever before. The desire to be free from pain is intrinsic to us all, and the opportunity to witness this freedom in another is a humbling experience.

My goal is to remain attentive and curious, and out of the way of my own conclusions. The result is a special interaction with another human being, who is also present and curious and willing to break open in front of another whom he or she barely knows. What I noticed time and again during our Phase 2 study in Boulder was how participants got to know themselves as a stranger who was waiting to be met and embodied. The insights they received came from within, illuminated their path, and continued teaching them about how to live life meaningfully.

Doug Chadwick, a scientist, once said that ‘science is an organized form of wonder.’ The research we are doing is science, and the participants contribute to the wonder through their journey. As researchers, we get to hold and honor both. What a gift.”

Charleston, South Carolina

Dr. Michael Mithoefer has served as the PI for the Charleston site for over a decade. As he takes on the role of Medical Monitor for our Phase 3 research, he passes the torch of Charleston site PI to Dr. Yevgeniy “Zhenya” Gelfand, his long-time mentee. Dr. Gelfand moved to Charleston for a combined Internal Medicine and Psychiatry residency at the Medical University of South Carolina. There he met Michael and Annie Mithoefer, subsequently volunteering many hours to MAPS as a therapy Adherence Rater and trainer. He is now the Medical Director of an intensive outpatient program for behavioral health, and an emergency psychiatrist with the Crisis Intervention Team at Trident Hospital. He is very interested in the mind-body connection and overall wellness. From Dr. Gelfand:

“What brings me to this work is my firm belief in the tremendous therapeutic potential of psychedelic medicines. I am honored and excited to be able to do this work, contribute to the psychedelic revival, and help bring healing to some folk along the way. I am endlessly grateful to Michael and Annie Mithoefer for their inspiration and support.”

Farmington, Connecticut

Dr. Monnica Williams is an accomplished clinical psychologist who will serve as PI for our site team at the University of Connecticut. She trained in PTSD treatment under Dr. Edna Foa, the developer of Prolonged Exposure therapy, and both were recently named as two of “25 Individuals of Influence” by PTSD Journal. At the University of Connecticut, she is an Associate Professor and Clinical Director of the Behavioral Wellness Clinic. She also recently served as the Director of the Center for Mental Health Disparities at the University of Louisville. Dr. Williams’ research focuses on African-American mental health, culture, and psychopathology, and she has published over 90 scientific articles on these topics. In addition to studying MDMA-assisted psychotherapy, she states she is “drawn to the study of racial trauma—in other words, how racism uniquely contributes to traumatization in people of color. This is problem is larger than anyone realizes, but we are only now developing the tools to even study it.” She is researching improvements in cultural competence in the delivery of mental health services and interventions to reduce racism. She provides diversity trainings nationally for clinical psychology programs, scientific conferences, and community organizations. Her work has been featured in several major media outlets, including NPR and The New York Times. From Dr. Williams:

“I was approached over two years ago by Natalie Ginsberg at MAPS after she’d read an interview I’d done with The New York Times about race-based trauma among people of color. Once I read the scientific research studies, met the team, and saw videos of the treatment process, I realized there was an incredible untapped potential for helping people with PTSD who hadn’t been helped by anything else.

All currently available medications for PTSD are just addressing the symptoms and are not curative, thus psychiatrists are often taking stab in the dark as they try to help their clients with the disorder. The most effective psychotherapies for PTSD are exposure-based, and these are not always well-tolerated by patients or even therapists. If we can bypass the iffy drug cocktails and frightening detailed and difficult exposure stories, and still get people better, I am all for it. MDMA-assisted psychotherapy is humane and effective, and I am excited to bring this treatment to people of color.”

Fort Collins, Colorado

Dr. Scott Shannon, a holistic physician, acupuncturist, and teacher, will serve as our Fort Collins PI at his clinic, Wholeness Center, which provides cross-disciplinary evaluation and care
for mental health concerns. In 2001, Dr. Shannon published the first textbook on holistic medicine and continues to be published widely. His latest textbook for professionals, Mental Health for the Whole Child, was published in 2013, and his book for parents, Parenting the Whole Child, in 2014. Dr. Shannon believes that we can improve mental health care by embracing the concepts of health and the inner healer. He shares his knowledge as an Assistant Clinical Professor at the University of Colorado and through Psychiatry MasterClass, a program he was central in creating that provides professionals with in-depth education in integrative mental health. From Dr. Shannon:

“For decades I have dreamed of giving MDMA to patients legally. In the early 1980s I often used MDMA legally in my practice to relieve suffering and heal relationships. The power of this medicine deeply moved and inspired me. Frustrated, I watched the DEA place MDMA in Schedule I in 1984. My deepest joy involves facilitating as patients go inside and heal themselves after losing hope of ever finding peace. This molecule has the power to not only help heal trauma and relieve suffering in individuals, it can also inspire a deep and overdue transformation within the profession of psychiatry.”

Los Angeles, CA
Cole Marta, M.D., is the founder of New School Research and there will serve as our Los Angeles site PI. His interest in psychedelic research began during his psychiatry residency at the University of California Los Angeles, where he studied the relationships between psychedelics and mood, anxiety, substance abuse, and PTSD. In his private practice, he provides psychiatric care to adults, specializing in the use of ketamine for treatment-resistant depression. He is well-published in the field of psychedelic research with peer-reviewed articles and book chapters on ketamine, ibogaine, and MDMA. He enjoys educating the public about psychedelics at conferences and as a frequent guest on podcasts such as The Dunkan Trussell Family Hour, The Heady Tall Podcast with Moshe Kasher, and Here We Are with Shane Mauss. He also serves as a supervisor and assists with training of peer support services and psychedelic harm reduction with the Zendo Project.

Madison, Wisconsin
Clinical psychologist Christopher Nicholas, Ph.D., will be taking on the role of PI for the Phase 3 trials at the University of Wisconsin at Madison. He gained experience as a psychedelic
researcher as a study psychologist and guide on a pharmacokinetic study of escalating doses of psilocybin at the University of Wisconsin. He is also a consulting psychologist to Dane County District Attorney Witness Victim Services. He conducts research at the intersection of addiction, trauma, and aging, and recently started a clinical service for chronic pain patients with comorbid psychiatric symptoms and substance abuse disorder. His academic research on the neurobiological underpinnings of self-awareness, episodic memory, and affective processing is relevant to our understanding and conceptualization of non-ordinary states of consciousness. From Dr. Nicholas:

“This work speaks to my personal interest and practice in using non-ordinary states of consciousness to promote insight, compassion, and healing for myself and others. Overall, this work is fascinating in that it rests within the convergence of many nested domains of human experience and functioning, including neurobiology, psychopharmacology, psychology, consciousness, and spirituality.”

New Orleans, Louisiana
Dr. Ray Worthy, site PI in New Orleans, has a long history with MAPS. After earning a Ph.D. in Clinical Psychology from the California Institute for Integral Studies, he moved to Charleston and met Michael and Annie Mithoefer. Like Dr. Gelfand, he also spent hundreds of hours as an Adherence Rater for MAPS. He received his medical degree from Tulane in 2008, and now works at River Oaks Psychiatric Hospital, where he specializes in the treatment of PTSD. He has also served as Medical Director of a chemical dependency unit and an eating disorder unit. From Dr. Worthy:

“The teachings and my teachers over the years had shown me the heart was always open to the suffering of the world, and lo and behold, could actually hold it all despite my usual instincts to run for the exits! Watching dozens/hundreds of hours of MDMA session tape while working as a MAPS adherence rater enabled me to learn from the Mithoefers while also convincing me that MDMA could be a catalyst for healing that, like the heart, is within us all. I am proud to be a part of the New Orleans team and that this research will take place in a city that not only loves to celebrate but has also endured its share of trauma and hardship in recent years.”

New York, NY
At our New York private practice site, Ingmar Gorman, Ph.D., and Casey Paleos, M.D., are combining their strengths and sharing the role of PI.

Ingmar Gorman, Ph.D., is a clinical psychologist specializing in assisting people who have had experiences with psychedelics and other compounds. He directs the Psychedelic Education and Continuing Care Program at the Center for Optimal Living in New York City, leads groups and workshops, and provides individual therapy. He is also an NIH-funded post-doctoral fellow at New York University. Dr. Gorman has served MAPS as an adherence rater, supervisor, and researcher. From Dr. Gorman:

“I developed an interest in drug-assisted psychotherapy over ten years ago and dedicated my career to studying its potential. On this journey, I had the opportunity to study many hours of video-recorded MDMA-assisted psychotherapy sessions and witnessed tremendous transformations among the participants. I am fascinated by how these transformations take place and in what ways

MDMA capsules will be administered to participants in MAPS’ Phase 3 trials of MDMA-assisted psychotherapy for PTSD.
these mechanisms are similar or distinct from those that take place in other forms of psychotherapy. What I hope to bring to this research is an empirically oriented mind with a keen eye for the psychotherapeutic process and a deep respect for each participant’s intuition.”

Dr. Casey Paleos is an attending psychiatrist and Clinical Assistant Professor at New York University Langone Medical Center. An experienced psychedelic researcher, at NYU he worked as a study therapist on a trial studying psilocybin’s effect on anxiety due to cancer and as a co-PI on a ketamine study for depression. From Dr. Paleos:

“The inexorable, naively intrepid curiosity of late adolescence led me through a series of excursions into non-ordinary states of consciousness to the feet of something holy, something that defies description. There, trembling in the shadow of the terrifying, incomprehensible enormity of its faceless benevolence, I felt inside my chest the rauous clamor of teen spirit brought to gentle stillness and to quietude. Finally, I gathered enough courage to bring a handful of the infinite to my lips. Expecting something alien and indecipherable, its taste instead brought startling recognition: I knew it instantly as the very fluid that filled my lungs within the womb. Then the blinding flash faded, and flickering in my hand I found a small, delicate flower of flame, which I have since guarded and nurtured into the blaze of lantern light that has illuminated my path to this extraordinary project where, with humility and deep gratitude, I have found a thousand other flames cupped in the hands of a thousand other seekers, divine rebels, and wounded healers. Together, we will transform psychiatry into a practice of true healing; in the process we very well might change the world.”

San Francisco, California

Our San Francisco private practice site also benefits from two co-PIs, Gregory Wells, Ph.D., and Sylver Quevedo, M.D., MPH.

Gregory Wells, Ph.D., is a psychologist whose clinical focus is on treatment of anxiety and trauma. He also assists individuals addressing existential and psycho-spiritual growth issues, often through integration of psychedelic experiences and non-ordinary states of consciousness. He has worked at the Veterans Affairs clinic in Oakland and consults in Silicon Valley on behavioral health issues in social media. He previously lived in New Orleans and completed a postdoctoral fellowship in Infant Mental Health and Treatment of Trauma at Louisiana State University in the years following Hurricane Katrina. From Dr. Wells:

“My interest in psychedelics was piqued while working towards a degree in clinical psychopharmacology in 2009. I became aware of the incredible healing potential of psychedelic medicines which motivated me to become involved with MAPS. I diligently pestered Rick Doblin and Shannon Carlin to become involved in the current study, and it eventually paid off. I’m thrilled and honored to be part of this groundbreaking research.”

Sylver Quevedo, M.D., MPH, is an Associate Clinical Professor of Medicine at the University of California San Francisco and Director of Clinical Programs for the Osher Center for Integrative Medicine. At USCF, he is involved in the Global Health Sciences group and is involved in medical education reform, ambulatory care redesign, international health efforts, and public-private partnerships in healthcare. Much of his medical career has been focused on nephrology; he has served as Associate Chief of Nephrology and Medical Director of the Artificial Kidney Center at the Santa Clara Medical Center. As a global educator, he has held visiting professorships in Kenya and Kyrgyzstan.

Charlotte Harrison is a Senior Clinical Research Associate at MAPS Public Benefit Corporation and is thrilled to be contributing to psychedelic research. Charlotte earned her B.A. in Greek and Latin at Tufts University while considering medical school. She decided her skills were better suited to clinical research after an exciting internship working on oncology trials at Clinical Assistance Programs. She has monitored and led multiple clinical trials in supportive cancer care, nephrology, dermatology, and cardiology. She is hopeful her interest in improving the quality of life of those suffering with mental illness and her determination to make scientific research more efficient will be beneficial to MAPS’ important and necessary work. Outside of work, she enjoys yoga, board games, and her cats. She can be reached at charlotte@mapsbcorp.com.
Amy awoke from an afternoon nap on the sofa to a stranger’s face staring down at her. Before she could utter a sound, he gagged her, raped her, and left her for dead. When Amy found the strength to crawl to her neighbor’s apartment, she had to explain who she was, having been beaten beyond recognition. Over the next several years, Amy would attempt to regain control of her life. However, the fear and anguish she experienced on a daily basis would keep her from finishing college, having the family she always dreamed of, or even being able to live on her own. Amy is one of millions of Americans who suffer from Posttraumatic Stress Disorder (PTSD) after experiences such as sexual assault, combat, or responding to violent emergencies.

Individuals with PTSD cannot process their trauma as something that happened in the past; instead, they experience the event over and over again in the present, often with intense emotional and physical reactions. The symptoms can be debilitating, leading to depression, panic attacks, insomnia, substance abuse, and suicide. These patients typically become increasingly detached and isolated, which makes PTSD challenging to treat. Symptoms often lead to impairment in daily functioning, which results in occupational instability, social withdrawal, marital problems, family discord, and too often in suicidal tendencies.

As a psychotherapist, I’ve seen how psychotherapy and medication can transform people’s lives, but I’ve also experienced frustration and empathy for the often slow and incremental progress people with PTSD tend to make. Currently, Paxil and Zoloft are the only medications approved for the treatment of PTSD. Although these medications can be helpful, they must be taken daily, often with little hope of discontinuing. Many PTSD patients also rely on benzodiazepines (anti-anxiety medications) and hypnotic sleep aids, which have many side effects, contraindications, and can cause physiological dependence. We desperately need a new approach to helping these patients. Rick Doblin, Ph.D., founder of the Multidisciplinary Association for Psychedelic Studies (MAPS), has been working for over 25 years toward the approval of a medication which, when used just 2–3 times in the context of supportive, open-ended psychotherapy, can result in drastic reduction or elimination of PTSD symptoms.

I had been following MAPS’ work for several years before I received an email inviting me to a Global Psychedelic Dinner (psychedelicdinners.org) hosted in New Orleans in 2016. It was there that I met Alli Feduccia, Ph.D., and Ray Worthy, M.D., Ph.D. They were there to present the research thus far on MDMA-assisted psychotherapy for PTSD. My interest was piqued, but as I watched the video of Nick, one of the veterans treated in the Phase 2 trials, I knew I wanted to be a part of this work. Fortunately, New Orleans was already on MAPS’ radar to become a site for a Phase 3 study of the same therapy. Over the next year, Ray and I developed a friendship based on our common interest in what MAPS was accomplishing. The following year, we learned that New Orleans had been chosen as a Phase 3 study site, and we would be fortunate enough to become part of the team.

Over the next 18 months, I had the privilege of attending the MAPS MDMA
Therapy Training Program (maps.org/training), in preparation for the Phase 3 clinical trial investigating MDMA-assisted psychotherapy for PTSD. In October 2016, at a retreat center in Stony Point, New York, I met other therapists-in-training from around the globe. Michael Mithoefer, M.D., and Annie Mithoefer, B.S.N., the co-therapist couple who with MAPS pioneered MDMA-assisted psychotherapy in FDA-approved studies were there to lead the training. They conducted Phase 2 trials of MDMA-assisted psychotherapy for PTSD in Charleston, South Carolina, and became not only my mentors, but also my confidants and friends.

I will be forever grateful to Michael and Annie Mithoefer for what they taught me both explicitly and implicitly. The framework they teach is a non-directive approach, pulling from a variety of modalities such as Internal Family Systems (D. Schwartz) and Holotropic Breathwork (S. Grof), and the use of music and bodywork where appropriate. They are masters at identifying what each participant needs at any given time, whether it be body work, energy release, or even simply holding a hand. The participants clearly felt supported and I sensed that a deep trust was garnered by Michael and Annie. The love and compassion they have for the study participants was certainly apparent to all of us.

Study participants agreed to have their sessions videotaped in order to be used in our training. We witnessed patients with debilitating symptoms experience increased subjective feelings of connection with self and others; increased insight; the ability to reframe cognitive structures; a newfound acceptance/love/forgiveness/compassion for themselves (and sometimes for the perpetrator of their trauma); personal empowerment; and hopefulness. As I joined my new colleagues, approximately 50 other researchers and psychotherapists chosen to do this work, we had no idea how much we would come to think of each other as much more than just colleagues. Many of the sessions were intensely emotional to witness, and while watching these together with the other therapists I could clearly observe everyone’s intense compassion and connection to the material. There were many times when, after watching a session video, there was nothing we could do but sing an inspired song together to express our communal emotional experience. MAPS had chosen well. We were fully ready to learn from these brave participants, from our teachers, and from each other.

Over the past 18 months, I have watched many more hours of these session videos, witnessing many different types of patients, all who have suffered a horribly tragic event in their life that left them broken on the inside. To watch the healing that takes place with MDMA-assisted psychotherapy has been humbling and profound. What strengthened my conviction to do this work even more, I realized, was that the healing came not from the therapists or the drug, but from deep within the participants themselves. There is a belief, rooted deep in pschedelic therapy, that patients have within them the natural resources to heal and grow. In MDMA-assisted psychotherapy, the therapists facilitate healing by supporting the patient as they explore their trauma in a safe and non-threatening way, but at the same time allowing the participant to guide the process. In essence, the therapists, along with the neurochemical effects of the MDMA provide the conditions for the participant to let their inner-healer do the work. I have always believed that everyone has the ability to move toward wholeness if given the opportunity to do so, and MDMA-assisted psychotherapy seems to facilitate this process in ways I have never seen in any other treatment modality.

New Orleans, in particular, is a city that has experienced trauma on a community-wide level due to hurricane Katrina. Nearly 2,000 people were killed and thousands more were injured or displaced from their homes. With over $108 billion in damages, Katrina is the costliest disaster in US history. One study showed that rates of mental illness doubled after the storm. For these individuals, and for patients like Amy, the potential for MDMA-assisted psychotherapy looks promising. I have such deep gratitude and respect for Rick Doblin and everyone who supports MAPS for their dedication, fortitude, and wisdom. My hope is that the Phase 3 studies will pave the way for a new wave of psychedelic-assisted therapies to treat many difficulties including PTSD, addiction, and depression.

Dr. Shari Taylor is a somatic therapist practicing in New Orleans, LA. She specializes in treating trauma, eating disorders, anxiety, and compulsive behaviors. Using meditation, mindfulness exercises, yoga inspired movement, and talk therapy, she helps her clients bridge the mind-body dichotomy. Dr. Taylor is currently working with the Multi-disciplinary Association of Psychedelic Studies (MAPS), alongside Ray Worthy, Ph.D., M.D., in the phase III study using MDMA-assisted psychotherapy for PTSD.

Dr. Taylor holds a Ph.D. in Psychology from Northcentral University, a Master’s of Science in Nursing from the University of South Alabama, and a Post-Master’s Certificate from the University of Wisconsin-Madison specializing in the field of child/adolescent psychology. She is a Registered Yoga Therapist and teaches yoga both privately and in a class setting. She can be reached at shari@sharitaylor.com.

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1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276074/
As I sit in a field of tall green grasses, feeling the earth beneath me and listening to the songs of meadowlarks, I am overwhelmed with gratitude for not only being alive but for finally wanting to be alive. I am overwhelmed with gratitude for often feeling a sense of peace in my self and feeling connected with myself, with others and the world. These are all new experiences for me that I never believed where possible until now, after being a participant in the MDMA-assisted psychotherapy study in Boulder.

This last year, after integrating the healing that happened in my MDMA-assisted psychotherapy sessions, has been a drastic contrast to the rest of my life. For the majority of my life I prayed to die and fought suicidal urges as I struggled with complex PTSD. This PTSD was born out of chronic severe childhood abuse. Since then, my life has been a journey of searching for healing. I started going to therapy 21 years ago, and since then I have tried every healing modality that I could think of, such as bodywork, energy work, medications, residential treatment and more. Many of these modalities were beneficial but none of them significantly reduced my trauma symptoms. I was still terrified most of the time. I would have flashbacks that would leave me debilitated, having nightmares, dissociated, and self-harming, and I fought to keep myself alive each day. I had some of the best therapists, but I was so terrified from childhood trauma that my system would not let down its guard enough to let anything from the outside affect it. I was desperate for healing, and felt trapped by my level of fear.

It was this desperation to heal that lead me to enroll in the Boulder MDMA-assisted psychotherapy study. I was terrified to take a medicine that would put me in an altered state, but it was more terrifying not to try it, because I knew that if I did not find a way to heal then I would not have the will to keep living.

In my first MDMA-assisted psychotherapy session I was surprised that the MDMA helped me see the world as it was, instead of seeing it through my lens of terror. I thought that the MDMA would alter my perception of reality, but instead it helped me see it more clearly. As I sat with my two incredible therapists in my MDMA sessions it was the first time that I could really let in love, first time that I felt completely safe, respected and fully seen. I was blessed to have two therapists who were authentic, truly cared, and felt love for me. The MDMA allowed me to hone in on the real feelings of care that they had. For the first time in my life, I felt safe enough to let their love and respect into the core of my being. I had the felt experience of being completely vulnerable and seen while at the same time being loved, safe, and respected. This
planted the seed in me that it is actually safe to let in love and be seen by other trusted people as well as to let in my own love towards myself. This in itself has transformed how I am in relationships with other people and how I am in relationship with myself. The first couple MDMA-assisted psychotherapy sessions organically ended up being about understanding safety from the inside out, and learning that it was safe to connect to others. After the safety was deepened, I naturally began to process traumatic memories.

For the majority of my life, I had suppressed my memories of trauma and only understood fragments of it through my flashbacks and body memories. I hated myself for having such horrible memories and believed that I was psychotic and just making the memories up. I did this because it was easier to blame myself then to face the pain that these horrible things actually happened. This left me in a state of hating and not trusting myself, which only added to feelings of shame and depression. When I would go to therapy to try to talk about the memories, I would immediately become numb, and leave my body. In some cases, I would black out and end up curled in a ball, screaming. The MDMA session was the first time that I was able to stay present, explore, and process what had happened to me. This changed everything.

A life-changing moment happened at the beginning of my third MDMA session.
There was this horrible feeling of darkness that I felt, and I was afraid to look at it. Part of my intention for this session was to see that darkness clearly, because I knew that it was something that needed healing. After I took the medicine, my therapist gently held my hand. I felt the relaxed support of the MDMA, the safety of the room, and the respect and care of my therapists, and I allowed myself to see what was behind the darkness. What revealed itself was another level of trauma that I had suppressed. As I explained the images that I was seeing to my therapist, she gently put her hand on my arm with so much kindness and named the category of abuse that it was. As I continued to remember horrific things, I was also keenly aware of the safety, love, presence, and respect of my therapists. For the first time, I was able to look at and feel the pain of those memories. As I did this the love and respect that I felt from my therapists was able to touch the darkest memories of my life where I had felt so alone and terrified. It was as if their love entered into those memories and helped the child part of me know that I was loveable and innocent, no matter what had happened to me. Now whenever I think of those horrible things, I am also reminded to the goodness in that room.

That moment will stay with me forever. It gives me faith when I see the horrible pain that happens in the world. I know in my bones the goodness that is possible in people. Being able to fully look and feel my memories enabled me to come back to trusting myself. After a lifetime of thinking that I was psychotic for having such memories, I could finally accept the truth that my mind and body had been trying to tell me my whole life. I could finally honor the truth of what happened to me, and stop fighting against it, fighting against myself. This enabled me to find a sense of peace in myself and inner empowerment in knowing and trusting my truth.

After the MDMA sessions, the integration of the work was often turbulent, since so much healing and change had happened in the last eight hours. After my sessions I often felt emotional waves of deep grief, anger, and fear of being in the world in a different way, as I assimilated new information and explored new ways of living more authentically with myself and others.

So much happened in those sessions that the full integration took me years during which the healing that I did in those sessions built on itself. Before being in the MDMA-assisted psychotherapy study, I lived in my own bubble of fear and was too terrified to recognize that my current life was safe. Like many trauma survivors, I instinctually shut down the part of my brain that integrates sensory input from the outside world. Therefore, decades after the abuse, I still could not see the goodness or safety in my life. I saw everything as dangerous and even life-threatening, no matter what. This only reinforced being stuck in my world of terror. After being in the study, this changed. I started to be able to sense what was actually happening, and I continued to have experiences where I could see that the world might actually be safe, and people
might actually have good intentions.

A powerful example of this happened a few months after I had completed the study. I was in my house and suddenly had the most horrible pain in my stomach, which left me on the floor, throwing up, afraid that I was going to pass out from the pain. To make a long story short, I ended up have an emergency open abdominal surgery to remove a grapefruit-sized ovarian cyst, and was in the hospital for a week. I was surrounded by people that I did not know, put under anesthesia, and woke up unable to move, with staples from my pelvic bone to past my belly button. What I was most aware of was that these doctors, nurses, and strangers were fighting to save my life—to keep me safe—and they did not even know me. When I was at my most vulnerable these strangers cared for every part of me. Maybe it was not just my therapists in the study that had such good intentions: maybe the majority of people do? If I had had this surgery before I was in the study, it would have severely re-traumatized me, as I would have felt like all the people around me wanted to hurt me. Instead, the surgery turned into part of my healing. Experiences like this, although not as intense, continued to happen where I could see that there was actually goodness and safety in people.

As I continued to integrate the sessions and heal, something else extraordinary happened. After a lifetime of being numb and dissociated as a way to cope with pain, I started to feel good physical sensations again. The feeling of the warmth of the sun on my face and the feeling of the cool rushing creek was incredible. It reminded me that I was alive, and for the first time I was profoundly grateful to be alive. I can’t even express how deeply grateful I am to be able to feel the world again. I am reminded every day of the gift of feeling sensations as a way to resource and feel connected to others and the world. Three years after completing the study, I am now amazed every day when I realize that I feel a sense of peace in myself. I often wake up with a love for myself, other people, and this earth.

Of course, things are not perfect. I still struggle with a lot of anxiety. I feel devastated by what happened to me and the pain that happens in the world, but I also fully experience the extraordinary love, goodness, and beauty in the world. I am finally able to do things that I have dreamed of forever, like finishing graduate school with a degree in Transpersonal Counseling Psychology and a focus in Wilderness Therapy, going out into the backcountry for a month to do a training to become a rite-of-passage guide, and doing a somatic trauma training to learn how to help others heal from the effects of trauma. After going through this journey, what I want the most is to guide and support other people in their healing. I am not sure exactly how this will look yet, and I am giving myself time to listen to myself and explore the best avenue for me to support others. Even though I am able to do so many more things that I could not previously do, it is the ability to be present and connected in my life that is the greatest gift.

There are no words for the gratitude that I feel. Thank you to everyone who has been part of my healing and to MAPS and its many donors for making this work possible. It is my greatest hope that I can now take what I have been through, and help support others who are in pain. It is also my hope that my story can bring at least a little hope to those in pain, who still believe it is not possible to heal. I know the agony of that place well, and I now know in the core of my being that healing from anything is possible.

Rachael Kaplan is a massage therapist in Boulder, Colorado who is pursuing her passion for wilderness therapy and other healing arts. She can be reached at rayaiki@yahoo.com.
American Legion to Veterans Affairs: Support MAPS’ Phase 2 Trial of Marijuana for PTSD

On September 20, 2017, American Legion National Commander Denise Rohan sent a letter to U.S. Department of Veterans Affairs (VA) Secretary David Shulkin urging the VA to support MAPS’ ongoing Phase 2 clinical trial of smoked marijuana for post-traumatic stress disorder (PTSD) taking place at the Scottsdale Research Institute in Phoenix, Arizona. Although qualifying participants continue to be enrolled in the trial at a slow rate, the rate of enrollment would be increased significantly if the VA would agree to refer veteran patients to the trial.

To date, the VA has not been willing to provide referrals, delaying the study’s progress. If the trial is not able to enroll a sufficient number of qualifying veteran participants within a reasonable time frame, MAPS will ask permission from federal regulatory agencies as well as the Colorado Department of Public Health and Environment, which is funding the study, for permission to expand the study to people suffering from PTSD from any cause, including but not limited to military service.

The text of the letter follows:

Dr. Mr. Secretary:

For more than a year, The American Legion has called on the federal government to support and enable scientific research to clinically confirm the medicinal value of cannabis. The National Academy of Medicine recently reviewed 10,000 scientific abstracts on the therapeutic value of cannabis and reached nearly 100 conclusions in a report issued earlier this year. As a two million member strong veteran service organization, our primary interest and advocacy is grounded in the wellbeing and improved health of our veterans, and specifically our service disabled veterans.

The Scottsdale Research Institute, outside of Phoenix Arizona, is currently in phase one of an FDA-Approved Marijuana/PTSD research study, being conducted in collaboration with the National Institute of Health (NIH) National Institute on Drug Abuse (NIDA). This study is a Placebo-Controlled, Triple-Blind, Randomized Crossover Pilot Study of the Safety and Efficacy of Four Different Potencies of Smoked Marijuana in 76 Veterans with Chronic, Treatment-Resistant Posttraumatic Stress Disorder (PTSD).

The American Legion is a strong, vocal proponent of the Department of Veterans Affairs (VA) and has published several books, pamphlets, and magazines that help showcase VA’s value to The United States of America. Our members have long been a ferocious advocate for evidence-based, complementary and alternative medicines and therapies. For decades, we have supported increased funding and research in such therapies as hyperbaric oxygen therapy, Quantitative Electroencephalography (QEEG), animal therapy, recreational therapy, meditation, and mindfulness therapies, just to name a few, to improve outcomes for veterans confronted with PTSD.

The American Legion supports VA’s statutory medical research mission and has donated millions of dollars toward expanding VA’s scientific research. VA innovation is widely championed for their breakthrough discoveries in medicine and has been recognized over the years with three Nobel Prizes for scientific work that has benefited the world over.
The research being conducted by the Scottsdale Institute is the first cannabis-based research of its kind in The United States and could potentially produce scientific evidence that will enhance, improve, and save the lives of veterans suffering from post-traumatic stress disorder (PTSD). Many veterans have approached us to tell us that access to cannabis has materially improved their health and well-being. While their stories are very compelling, we need clinical evidence to have a fact-based discussion on the future of cannabis policy.

As a scientific research leader in this country with a statutory obligation to care for and improve the lives of our nation’s veterans, The American Legion calls on the Department of Veterans Affairs to assist the Scottsdale Institute, in accordance with VA’s existing policies and regulations (VHA Directive 1200 §2.b and §5.tt VHA Handbook 1200.01 §8.g and §10.a(1) VHA Handbook 1200.05 §3.xxx(note)) that states, in part:

“NOTE: This guidance does not preclude VA clinicians, in the normal course of their clinical duties, from discussing specific research studies with their patients where appropriate, and referring them to a non-VA investigator for more information about a non-VA study. However, VA personnel should not provide the non-VA investigator with the names or contact information of Veterans who might be eligible for the study. Instead, the VA clinician should provide the Veteran with the contact information for the non-VA investigator so the Veteran may initiate contact if he/she is interested in participating in the non-VA study.”

The Carl T. Hayden Phoenix VA Health Care System is ideally geographically located to assist with this effort and should enthusiastically take the lead in assisting with this research study. There is an overwhelming body of evidence suggests that cannabis is effective in treating a number of service connected related illnesses, including PTSD and chronic pain, the two most persistent and widespread illnesses and injuries plaguing our veteran community. Without the assistance of the Department, this study is in jeopardy of failing due to lack of viable test participants. Project scientists have screened thousands of applicants, but due to the strict requirements of the study which is required to produce reliable scientific data, nearly 99 percent of these applicants are eliminated for a variety of screening reasons. This study needs 50 more participants and the Phoenix VA is in the best possible position to assist by simply allowing principle investigators to brief VAMC medical staff on the progress of the study, and by allowing clinicians to reveal the existence of the study to potential participants.

Your immediate attention in this important matter is greatly appreciated. We ask for your direct involvement to ensure this critical research is fully enabled.

Sincerely,

Denise H. Rohan

Source: https://www.legion.org/veteranshealthcare/239200/legion-va-support-cannabis-ptsd-study
Transforming Psychedelic Policy: Our Summer as MAPS Legal Interns

ANDREW GARGANO & CALEB THOMAS

This past summer, we were granted the opportunity to spend ten weeks as Legal Interns for the Multidisciplinary Association for Psychedelic Studies (MAPS) after our first years at Georgetown and New York University Law Schools, respectively. We were excited to work in the psychedelic field; MAPS is not an organization that most young law students stumble into accidentally when looking for a summer job.

As we expected, the work was very interesting. What we did not expect was the immediate responsibility we received to create high-level advocacy documents and legal resources, how closely we were able to work with federal decision-makers, and the truly encouraging progress being made towards psychedelic drug law reform and greater acceptance of psychedelics in medicine and culture.

Our first assignments were to create educational fact sheets for governmental representatives on the potential of marijuana and ibogaine to address the opioid crisis, and on the use of medicinal marijuana and MDMA to treat posttraumatic stress disorder (PTSD). We collaborated extensively within the Policy and Advocacy department at MAPS, brainstorming the best ways to persuasively communicate to elected representatives the potential and safety of psychedelics. In addition to the fact sheets, we drafted a comment for the President’s Commission on Combating Drug Addiction and the Opioid Crisis presenting scientific research and a cost/benefit analysis of research into ibogaine therapy to break addiction, even locating a source of federal funds that could be diverted towards medical ibogaine research. We also made significant headway on a legal toolkit for people interested in psychedelic law. The toolkit provides an overview of the state of psychedelic law and psychedelic liability, and offers paths forward for criminal defendants, spiritual groups, psychedelic therapists, medical professionals, and harm reduction organizations such as DanceSafe.

In addition to creating these documents and resources, we gained a deeper understanding of the processes of reform via the federal government by writing Freedom of Information Act (FOIA) requests to the Drug Enforcement Administration (DEA) and National Institute on Drug Abuse (NIDA) to release information about their failure to end the NIDA marijuana cultivation monopoly, currently being upheld by the Justice Department. We spoke with staffers for Senator Elizabeth Warren, and drafted a letter to support the congressional inquiry she filed on behalf of Professor Lyle Craker and his application for a DEA marijuana growing license, which, along with at least 20 other applicants, the DEA has ignored. We also had conversations with leaders within the Drug Policy Alliance, the Ayahuasca Defense Fund, the CATO Institute, and the Institute for Justice (among others) to network and organize for future efforts in legal, policy, and cultural reform. We also spent time watching webinars on topics covering both local and international contexts of psychedelic use and the war on drugs.

Throughout the summer, we received oversight and encouragement from Natalie Ginsberg and Ismail Ali of MAPS, who made sure we met as many people in this exciting field as would take our calls. It was inspiring to meet so many intelligent, kind, capable, and eclectic people, and encouraging to see them representing psychedelics and working for reform in drug policy. Our internship experience reinforced something for us that is already well understood by those in the psychedelic community: that the potential mental, emotional, spiritual, and even physical benefits that psychedelics can offer are as diverse as the people that use them. With so many wonderful people involved in pushing for this movement of reform, we are hopeful that it is only
a matter of time before the stigma associated with psychedelics erodes, and in turn produces a domino effect of progress. With the upcoming Phase 3 MDMA and psilocybin studies, and growing legal and cultural acceptance of marijuana, perhaps the dominoes are already starting to fall. It is an exciting time to join the MAPS team, and we look forward to seeing what the future holds for psychedelic law and policy.

IN OUR OWN WORDS

Andrew: Working for MAPS this summer has been an extraordinary experience. A large part of the work Caleb and I did this summer was to dive deeply into the legal history and framework surrounding psychedelics. One of the main highlights for me was the extensive research I conducted as part of a memo to help resolve some frequently asked questions about free speech and harm reduction issues when discussing psychedelics and providing harm reduction information. Not only was the work highly intriguing, but I also know the research and results I was able to compile will be valuable to MAPS, the drug reform movement, and the public at large as well.

In addition to the discrete work projects I was involved in over the summer, I also had the opportunity to attend the release of the World Drug Report at the United Nations headquarters in New York. From the progressive Portuguese ambassador, to the United Nation’s staunch advocacy for widespread decriminalization, to the Philippine envoy’s call for greater criminalization, it was enlightening to hear different perspectives from the international community. And it was also a great opportunity to connect with leaders from other non-governmental organizations working to promote harm reduction and drug reform.

I also had the opportunity to lobby with Natalie on Capitol Hill in Washington, D.C. We spent time talking to Senate staffers in order to build connections and gain greater support for ending the DEA-enforced NIDA monopoly on cannabis research permits.

I’ll be walking away from my experience this summer with some valuable new skills and knowledge that will surely help me in the future, along with some great new friends and allies in the movement to end the drug war. I hope to continue working closely with MAPS and all of the other organizations and individuals we were introduced to this summer as I return to campus at Georgetown Law this fall and begin a new semester leading my school’s chapter of Students for Sensible Drug Policy.

Caleb: I would like to begin by thanking MAPS for the opportunity to work in psychedelic law my first summer of law school and by thanking Ismail and Natalie for their help and support; I hope the work I did this summer turns out to be as valuable to others as it was for me.

One of the personal benefits of working for MAPS this summer was that it gave me a clear opportunity to discuss my interest in psychedelics with my family. I was unsure how they would react. At first, my parents were surprised and a bit concerned. But as the summer progressed and as I kept them informed on what we were working on, they came to embrace the idea that psychedelics present huge potential benefits for our society and, if used carefully, fewer risks than many have been led to believe.

Our work regarding ibogaine, marijuana, and the opioid epidemic was particularly interesting to me and those around me. I come from central Pennsylvania, an area that has been hit hard by opioid addiction. My family has seen a cousin die, an uncle lose his arm to injection-point infection, and an aunt lose custody of her kids just in the past few years because they were unable to treat their addiction. After showing them the research on the potential of psychedelics treatments and alternatives, even my grandparents (not to be ageist) opened up to the idea that psychedelics can actually help people and that the war on drugs has been misguided and unjust. It was wonderful to be able to “come out,” so to speak, as a psychedelic user and advocate and be able to alleviate the concerns of my largely conservative family by showing them the real-world uses and benefits of psychedelics.

Change is derivative of acceptance, acceptance derivative of understanding, understanding derivative of empathy, and empathy blocked by all the calcified residue of ego that can be blasted away by the thoughtful use of psychedelics. MAPS’ work has the potential to lead to significant changes in the world far beyond drug policy reform alone. Sincere communication can truly make a difference, and MAPS provided me an opportunity and a platform for discussion with my own family and friends regarding psychedelics and drug law reform. I hope and believe that MAPS can be as successful on a nationwide scale in creating a more open, progressive, and nuanced view of psychedelics and their use.

Andrew Gargano, MAPS Policy & Advocacy Legal Intern, is a second-year law student at Georgetown University Law Center. Prior to entering law school, he worked in the communications field at a liberty-advancing non-profit chamber of commerce. He graduated from the University of South Florida in 2011, where he pursued an interdisciplinary course of study in anthropology, international relations, and foreign languages.

Caleb Thomas, MAPS Policy & Advocacy Legal Intern. After receiving his B.A. in Economics and English from Washington & Jefferson College, Caleb pursued a legal education at New York University School of Law where he is currently a second-year student and an editor for the Journal of Law and Liberty, which focuses on Classical Liberalism. His interest in the potential benefits of psychedelics and the legal and cultural obstacles in their way led to a desire to work with MAPS as part of the organization’s first generation of legal interns. He grew up in an area heavily impacted by opioid abuse — drug use of all types was denigrated. Against this background, Caleb is interested in the expression of psychedelic experience, particularly through writing, to provide more nuance to characterizations of what drug use is and what drug use does. He enjoys playing and watching sports, writing fiction, and getting out into nature.
2017 was the Zendo Project’s sixth year in operation, providing psychedelic peer counseling at festivals and events worldwide. We provided services at more events this year than in any year prior. We also expanded our training program, bringing advanced day-long trainings to cities across the US and Canada. Our annual fundraising campaign was hugely successful, thanks to the support of 383 donors from 22 countries. What follows is a summary of our year’s activities and events.

FUNDRAISING CAMPAIGN
2017 marked the most successful fundraising campaign ever for the Zendo Project. We exceeded our original $60,000 goal, receiving a total of over $102,000. Thank you to all of those who donated and supported the campaign. A special thank you to the Riverstyx Foundation for their large contribution. All donations helped to provide psychedelic peer counseling at Burning Man 2017 and other events throughout the year.

OUR SERVICES THIS YEAR
Psychedelic Science 2017: Oakland, CA
At Psychedelic Science 2017, we offered a Harm Reduction panel, featuring Mitchell Gomez (Dancesafe), Stefanie Jones (Drug Policy Alliance), Maria Carmo Carvalho (KosmicAid), and Richard Gottlieb (RGX Medical). We also facilitated a day-long post-conference workshop, and provided psychedelic harm reduction services during the six-day historic event.

Envision Festival: Uvita, Costa Rica
In February, the Zendo Project provided psychedelic harm reduction services at Envision festival in Uvita, Costa Rica, where 50 staff and volunteers assisted 101 guests. Volunteers worked closely with RGX Medical and event security staff to reduce the number of hospitalizations and arrests. This was the Zendo Project’s fifth year providing services at the event.

AfrikaBurn: Tankwa Karoo, South Africa
The Zendo Project continued to develop the Sanctuary space at AfrikaBurn, the world’s largest regional Burning Man event. The Zendo Project has partnered with AfrikaBurn since 2013 to help provide assistance to attendees in need of support.

Lightning in a Bottle: Bradley, California
2017 marked the fifth year the Zendo Project has provided peer support services at LIB. It was the first year that the service expanded to two spaces, both adjacent to medical. We saw 209 guests, a record number for our work at this festival. We were also able to provide harm reduction outreach and education to hundreds more attendees.

Burning Man: Black Rock City, Nevada
For our sixth year at Burning Man, the Zendo space was placed near center camp at 5:15 & A. This strategic placement allowed easier interdepartmental interactions with Rampart (Burning Man’s onsite medical clinic) as well as event Rangers and law enforcement. We assisted 456 guests, and for the first year ever, the Zendo Project space was listed on the official Burning Man map. We have come a long way at Burning Man, and our relationship with the Burning Man community and organization continues to deepen and expand.

Insomniac Events (Escape, Electric Daisy Carnival, Beyond Wonderland, Middlelands, Nocturnal Wonderland): Multiple Locations
Beginning in 2016, the Zendo Project has partnered with the Drug Policy Alliance and Healthy Nightlife to provide peer counseling service at the above Insomniac events. Zendo Project volunteers staff a space in collaboration with Project #OpenTalk, Insomniac’s harm reduction initiative.
Youtopia: San Diego, California
Volunteers traveled to San Diego’s regional Burning Man event from October 19-23, 2017. Youtopia is currently the only U.S. regional Burning Man event where the Zendo Project provides services. With the continued support of our donors, we hope to expand our services to more regional Burning Man events in the coming years.

* A huge thank you to all of the volunteers who made it possible to provide our services at these events in 2017. We could not have done this without you. Every year, we train hundreds more volunteers in the principles of psychedelic peer counseling. We continue to develop and expand a community of individuals informed and passionate about psychedelic support services.

TRAININGS
In addition to our volunteer trainings at the festivals we attended, we facilitated additional trainings for universities, groups, and organizations in Victoria, Canada, and Portland, Oregon. These advanced trainings are offered for those interested in bringing harm reduction education to their communities and/or developing their own regional peer counseling initiatives. This year, Zendo Project trainings also became eligible for Continuing Education (CE) credits. If you are interested in bringing a Zendo Project training to your community, please contact us at zendo@maps.org.

ABOUT THE ZENDO PROJECT
Creating a Community of Compassionate Care: The Zendo Project, started in 2012, is a psychedelic harm reduction community outreach program which provides tranquil spaces at events with trained volunteers to help those having a difficult psychedelic experience. Our goal is to help transform those experiences into ones that can offer valuable learning opportunities, and potentially even healing and growth.

Sara Gael, M.A., is Director of Harm Reduction for MAPS’ Zendo Project. Sara received her Master’s degree in Transpersonal Counseling Psychology at Naropa University. She began working with MAPS in 2012, coordinating psychedelic harm reduction services at festivals and events worldwide with the Zendo Project. Sara was an Intern Therapist for the recently completed MAPS Phase 2 clinical trial of MDMA-assisted psychotherapy for PTSD in Boulder, CO. She maintains a private practice as a psychotherapist specializing in trauma and non-ordinary states of consciousness. She can be reached at sara@maps.org.

Ryan Beauregard received his B.A. in Psychology from Claremont McKenna College, and spent 10 years mentoring at-risk teens and families through wilderness survival skills and nature connection. His passion for community connection, the environment, and intrapersonal healing continued with his involvement in permaculture, natural building, and ancestral grief rituals. As a volunteer with the Zendo Project since 2013, Ryan has had the opportunity to connect and expand the scope of psychedelic harm reduction in communities and festivals all over the globe. As the Zendo Project Manager, he integrates his skills in psychology, design and community engagement. He can be reached at ryan@maps.org.
The Evolution of Psychedelic Science Conferences

CARA LACHANCE

“The movement has evolved to the point where we can laugh at ourselves now.”
—MAPS Founder Rick Doblin, Ph.D.

In April 2017, over 3,000 researchers, activists, and attendees from forty-two countries gathered at the Oakland Marriott City Center for Psychedelic Science 2017 hosted by MAPS and the Beckley Foundation. It was the world’s largest psychedelic conference ever. At this year’s historic conference, the international community came together to explore new research into the benefits and risks of MDMA, LSD, psilocybin, ayahuasca, ketamine, ibogaine, marijuana, and much more. The conference had 245 volunteers who dedicated a total of 4,000 hours to working and collaborating along the ever-growing MAPS staff, making this year’s conference such a success.

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During the six-day gathering, there were over 227 presentations, 12 full-day workshops, 15 film screenings, 15 entertainment acts, 14 community and partner forums, a sunset cruise, a psychedelic comedy banquet, an additional Psymposia Stage, poster sessions, a researcher’s seminar, a free and open to the public marketplace full of more than 60 vendors and exhibitors with late-night dancing celebrations, and more. The impact and success of this year’s Psychedelic Science 2017 conference deserves a trip back in time exploring the psychedelic gatherings that helped to shape it in order to truly appreciate the growth of a movement that has been multiplying for over 50 years.

It was February 24, 1990, when MAPS Founder Rick Doblin, Ph.D., and Alise Agar Wittine, the Omega Foundation San Francisco Coordinator, put together one of the first MAPS’ gatherings of psychedelic science. The gathering, called Regulation or Prohibition: Psychedelics in the 1990s, was held at the Claremont Hotel in Berkeley, California, gathering speakers such as psychedelic research pioneers Ram Dass, Ralph Metzner, and Timothy Leary; author Laura Huxley; Native American Church President Emerson Jackson; Mark Kleiman, a lecturer in criminal justice and drug policy at Harvard’s Kennedy School of Government; author Andrew Weil; author Terence McKenna; and Albert Hofmann Foundation President Robert Zanger. In addition to the legendary speakers that attended this event, there were two afternoon workshops on “Psychedelics: Plants and Native Cultures” and “Psychedelics: Legal and Practical Challenges of Research.” The purpose of the conference was to “facilitate the efforts of psychiatrists and psychotherapists interested in exploring the use of MDMA and other psychedelics in psychotherapy and scientific research,” as written in the letter that Doblin sent out to MAPS supporters in 1990.
The next gathering of this magnitude was MAPS’ 1993 *Psychedelic Summit* commemorating the 50th anniversary of Albert Hofmann’s discovery of LSD. This three-day gathering began on April 16, 1993, in Santa Cruz, California, and ended with a 12-hour marathon of presentations in San Francisco, California. For those who don’t know, Albert Hofmann was the Swiss chemist who first synthesized LSD on November 16, 1938. It wasn’t until five years later on April 16, 1943, that Hofmann accidently discovered the effects of the psychedelic he had previously synthesized and set aside. Hofmann later dedicated his life work to understanding how LSD, psilocybin and other psychedelics had potential benefits when combined with psychotherapy and/or meditation and/or other spiritual practices.

Commemorating the discovery of LSD at the three-day *Psychedelic Summit* was intended to remind people of the scientific research that had been happening before psychedelics were made illegal, and to gather donations for future psychedelic research. It achieved both of those goals, with major media covering the event, and gathering over 1,000 people and 50 prominent speakers. Reflecting on the event, Rick Doblin told the *Los Angeles Times*, “We’ve been hunted down and branded as social criminals. But we’re coming out of the closet now, because these drugs—when used responsibly—have benefits. We want society to take advantage of what LSD has to offer.” The *Psychedelic Summit* raised a total of $9,000 for LSD and MDMA research and marijuana law reform. This marked the beginning of what would eventually grow into the Psychedelic Science conferences.

Fast-forward 13 years to the *International Symposium on the Occasion of the 100th Birthday of Albert Hofmann*, held in Basel, Switzerland from January 13–15, 2006, and hosted by the Gaia Media Foundation. The symposium’s motto was, “The Spirit of Basel,” and recognized Hofmann’s book *LSD: Problem Child and Wonder Drug*. This conference gathered about 2000 people and was an outstanding success. MAPS also celebrated its 20th anniversary in 2006 at Burning Man, featuring many scientific talks. Just two years later, the Gaia Media Foundation organized the *World Psychedelic Forum*, held in Basel, Switzerland, from March 21–23, 2008. More than 2,000 attendees from 37 countries joined the 2008 forum to learn and hear presentations from psychedelic researchers and advocates from around the world.

The first official Psychedelic Science conference, *Psychedelic Science in the 21st Century (Psychedelic Science 2010)* was hosted by MAPS, the Heffter Research Institute, the Beckley Foundation, and the Council on Spiritual Practices. The conference took place at the Holiday Inn Hotel in San Jose, California, from April 15–18, 2010. The conference gathered roughly 800 attendees from around the world. There was also a special track on ayahuasca organized by Bia Labate, Ph.D. The four-day conference offered Continuing Medical Education (CME) and Continuing Education (CE) credits for physicians, psychiatrists, psychologists, nurses, and social workers, and included a Researcher’s Seminar to allow international psychedelic researchers to share, explore, and learn from one another’s ongoing work. Topics discussed at the seminar included how to conduct the ideal therapy session, protocol purpose and development, and patient safety. Offering these professional education opportunities for practicing clinicians and researchers remains a top priority for Psy-
Psychedelic Science conferences. *Psychedelic Science in the 21st Century* was the largest conference on psychedelic research to take place in the U.S. in 17 years, following the *Psychedelic Summit of 1993*.

One of the greatest highlights of *Psychedelic Science 2010* was a banquet event to honor the lifetime achievements of chemist Alexander “Sasha” Shulgin, Ph.D., and his lifetime partner, author and psychologist Ann Shulgin. Sasha Shulgin became best known for rediscovering MDMA (which was first synthesized in 1912), discovered hundreds of novel psychedelics, and together with Ann, co-authored the ground-breaking books *PiHKAL* and *TiHKAL*. The Shulgin benefit banquet fittingly coincided with MAPS’ MDMA-assisted psychotherapy for PTSD research, which had successfully expanded that year.

“2010 was a major breakthrough in the sense that it really showed what MAPS could do, that this was something bigger than anything we’d done before, that we could help the community organize,” explains Doblin. “The clinical teams started using the conferences to organize their meetings as well, because we were bringing so many researchers there. It was tremendously successful.” Some of the conference attendee’s responses where highlighted in the Winter 2010 edition of the MAPS Bulletin. As author David Jay Brown wrote, “Wow, the conference was amazing! Congratulations for putting together the most important conference on psychedelic science in human history.”

Building on the format and success of the 2010 conference, *Psychedelic Science 2013* was also co-hosted by MAPS, the Heffter Research Institute, the Beckley Foundation, and the Council on Spiritual Practices. This conference took place at the Oakland Marriott City Center in Oakland, California, from April 18–23, 2017. The conference gathered over 100 of the world’s leading psychedelic researchers and 1,900 international attendees over the course of six days filled with workshops, presentations, an awards banquet, films, scientific poster sessions, a sunset cruise, CME and CE credits, and a researcher’s seminar.

Doblin also expressed that the partnership with Anthropologist Bia Labate, Ph.D., whose contribution included curating an entire conference track on plant medicines such as ayahuasca and ibogaine, greatly added to the overall success of 2013. Labate has an extensive knowledge of plant medicine, specifically ayahuasca, which has been growing significant interest amongst people in the United States and across the world. Her knowledge of the field of researchers exploring plant medicines globally, added an additional layer of scientific expertise to *Psychedelic Science 2013*.

“When people came to our 2013 conference in Oakland, where we were able to provide a medical marijuana area, it just felt like freedom,” remembered Doblin.

Four years later, *Psychedelic Science 2017* brought together about 3000 attendees, about 1000 more attendees than *Psychedelic Science 2013* in the same location. This year’s event was sponsored by MAPS and the Beckley Foundation. It brought together a piece of each and every psychedelic gathering that came before it, and was the world’s largest psychedelic conference to date. Labate was the curator of the Plant Medicine Track and Community Forums. “The Plant Medicine track made a proactive effort to be multidisciplinary, inclusive, and diverse, keeping a strong scientific focus. Of the 50 speakers that were presented, 30 were men and 20 women, advancing the balance of what has been traditionally a heavily male-dominated field. Researchers came from disciplines such as anthropology, sociology, political science, geography, history, law, biology, chemistry, pharmacology, neuroscience, medicine, psychiatry, psychology, public health, communications, environmental science, and drug policy,” explains Labate. “Above all, by giving space to multiple voices, we recognized that science does not happen in a vacuum, but rather is inserted in a specific socio-cultural context.”

Beckley Foundation Founder Amanda Fielding has been a long-time supporter of psychedelic research and drug policy, where she and the Beckley Foundation together have supported and funded ongoing LSD research in the United Kingdom for many decades. The Beckley Foundation is starting two new studies researching the thera-
peutic potential of LSD combined with psychotherapy for treating addiction and the potential health benefits of microdosing LSD. “My own passion for exploring these issues was born over 50 years ago, after gaining a new understanding of the physiological changes underlying altered states of consciousness brought about by LSD. In 1998, I set up the Beckley Foundation to scale the political wall that had kept psychedelics out of contemporary medicine since the late 1960s,” explains Feilding. “These compounds have become so taboo that in order to reintegrate them into society, we have to use the very best scientific evidence as to how they work in the brain, how they can be beneficial to mankind.”

*Psychedelic Science 2017* set out to do just that, to highlight the growing array of scientific evidence that psychedelics have the potential to treat and heal many chronic behavioral health problems for which, for many people, traditional medicines aren’t working. MAPS Founder Rick Doblin, Ph.D., says that the progress MAPS’ had made in bringing the MDMA-assisted psychotherapy for PTSD studies through to the end of Phase 2 and reaching the start of Phase 3 studies is what really ended up exciting a lot of people. There have been great strides in psychedelic research worldwide from ayahuasca research in South America to LSD research in the United Kingdom. Doblin also mentioned that along with the remarkable developments in scientific research, getting everyone together from the psychedelic community and adding an additional layer to this year’s conference through the addition of drug policy talks made this year that much more interesting. He highlighted his excitement for being able to have the Executive Director of the Drug Policy Alliance Ethan Nadelmann present, which was an important aspect to *Psychedelic Science 2017*. This was Ethan’s last public presentation before he retired from the DPA.

Another important addition to this year’s conference was MAPS Policy and Advocacy Director Natalie Ginsberg and MAPS Policy Fellow Ismail Ali, J.D., working together to allocate scholarships to 22 Perspectives Grant Awardees to attend the conference with a grant supported by the Open Society Foundations. One Perspectives Grant Awardee Karina Muscarina, from Mexico City, directed and produced a documentary featuring a collection of testimonials from some of those who received the scholarship that shared their stories and experiences from attending the conference.

“I met some really amazing people through the Perspectives Scholarship,” explains LisaNa Red Bear. “I feel that this conference was absolutely a success. People’s hearts and minds were open to things that they had not necessarily experienced or heard before.”

A student of the University of Buffalo and Founder of Psychedelic Society Western New York, Kwasi Adusei, said, “I’ve always been very serious about my education and I’ve always loved psychedelics. I’ve always loved the psychedelic experience, but where I’m from I didn’t really meet people who had the same sets of interests and values to the extent that I did. Coming here I’m surrounded by people who are engaged in so many different things. They are student leaders, leaders in their community, but they are also very intelligent and deep into academics. A lot people were studying for their Ph.D.s, or working on their masters in counseling programs, and are also very in love with psychedelics.” He continued, “It’s an opportunity that I will be forever grateful for.”

Students for Sensible Drug Policy Board member for Ghana, Juana Akuamoah Boateng, explained, “I’m currently into drug policy, advocacy, and I educate people on drugs. I know many of my people back home have no idea or little idea about psy-
chedelic science and what it is all about. I woke up one day and I had an email from Natalie talking about psychedelic science. I was so happy when she gave me the opportunity to be a part of this great conference and she offered me the scholarship and that was where it started.”

There are still many ways in which Psychedelic Science conferences in the future can improve. A conference volunteer asked a relevant question, “How do we hear from, see more with people and communities of color, indigenous and non-indigenous, present not as tokens of inclusion but just because they are people with valid experience and insights too?” Another conference attendee said, “There wasn’t enough recognition and respect of the roots for indigenous medicines. These people have been using plant medicines for thousands of years because they know it is healing. I want to hear about their knowing and how they have been doing it.”

Another attendee expressed that the conference needed, “more diversity among presenters.” At the next Psychedelic Science conference Doblin says, “Hopefully, we’ll have a more diverse set of speakers, hopefully we’ll have more women and minorities presenting their research.” Plant Medicine Track Curator Bia Labate, Ph.D., was working to solve these issues this year through the plant medicine track and community forums. “The community forums are a very good venue to advance a real dialogue and bridge between practitioners and scientists. So, we need to educate scientists about the cultural sensitivities of their work and likewise we need to open practitioner’s minds to understand better what is scientific research and, perhaps, to find ways to collaborate and work together in a better way,” explains Labate.

Psychedelic Science conferences have progressed a great deal from the beginning of the psychedelic gatherings and there is a lot to expect in the future. It should not be surprising, when the amount of positive and potentially life-saving research findings have been more well-received, and the stigma surrounding psychedelics lessened every year. The psychedelic gatherings and conferences from previous years played a significant role in shaping the Psychedelic Science 2017 conference and the collaborative efforts of joining like-minded people together to share and learn about the field of psychedelic science, drug policy and advocacy, plant medicine, harm reduction, and the community within it. One conference attendee expressed, “I met many likeminded individuals, and I see MAPS as a beacon for like-minded individuals and a groundbreaking presence in the psychedelic community.”

Doblin explains that these conferences, “offer an opportunity to come out from the shadows and to speak more freely in public and see the strength of the community. Opportunities for reunions, for planning ahead.” He says it’s worth relating these conferences to the gay rights movement, “this whole concept of people coming out which is what really led to a lot of progress, because gay people were not ashamed. We’re out and we’re proud. I think that’s what was happening at these Psychedelic Science conferences, too.” Doblin expresses that the psychedelic community and organizations that are working with psychedelic research, “need to be transparent which is really a crucial factor in how we move forward with the culture. We have to be very good about letting people know what we’re doing and that’s an essential aspect of keeping us successful—not doing it in secret, and offering it to the public.”
With MAPS’ MDMA-assisted psychotherapy for PTSD studies transitioning from Phase 2 to Phase 3, receiving Breakthrough Therapy Designation from the U.S. Food and Drug Administration, and MDMA on the cusp of becoming a legal prescription medicine, the next Psychedelic Science conference, “is going to be even bigger,” explains Doblin. “What made 2017 so good was the Phase 2-Phase 3 transition. The next one is going to be coming at the Phase 3-prescription use transition, so I think that is going to attract way more people.” There is a strong foundation for future psychedelic research and findings, and Psychedelic Science 2017 really showcased that this year. “The success of them has to do with the whole community being together. That’s a really important aspect of it that is worth emphasizing,” says Doblin.

REFERENCES

Cara LaChance, MAPS Social Media Communications and Marketing Associate, earned her B.A. in English Languages and Literature from the University of California, Santa Cruz, where she became fascinated by social justice movements and the effects of contemporary literature on society. She is interested in finding ways to help those struggling with addiction and volunteers in the local Santa Cruz community. Growing up during a generation driven by prohibition rather than education, she believes a globalized misinterpretation has evolved into stigmatized ideologies concerning psychedelics and marijuana. Cara believes that drug use is a personal right and freedom and that drug abuse is a health care problem and not a criminal one. She believes in the possibility of a post-prohibition world and that continual progression of psychedelic and marijuana research is helping to move this possibility forward. She feels honored to be a part of such a humanely conscious organization. She can be reached at cara@maps.org.
Earlier this year, I was awarded a Perspectives Scholarship by MAPS to attend the Psychedelic Science 2017 conference (psychedelicscience.org), and to help deliver a Community Forum called “White Allies and Anti-Racist Practice in the Psychedelic Community.” I was honored to do this, as I believe that psychedelic research has the potential to heal trauma and create positive social change in the world. From my experience at the conference, I also saw that more work has to be done to ensure that systemic patterns of oppression, including racism, stop being reproduced in the psychedelic research community.

In 2016, Psymposia (psymposia.com) released a number of articles commenting on the lack of diversity in psychedelic research. In order for psychedelic research to benefit the people that need it most, it must become more inclusive. In the current political climate, it is important to reflect on how we can play an active role in creating an equitable world free from racism and xenophobia. In this piece, I will reflect on some of my thoughts from the conference, the community forum, and some useful feedback that was generated.

Psychedelic Science 2017 was a thought provoking and inspiring conference. I was fascinated by the research being conducted and the scope for healing conditions such as anxiety and depression that affect so many people. However, I did notice the vast underrepresentation of people of color at the conference, both in terms of presenters and attendees. Furthermore, most of the research presented did not include participants of color or members of the LGBTQ community. Personally, I would have appreciated a room for people of color at the conference to be with each other, discuss these issues, and at least one meet-up event over the weekend. Hopefully this can be incorporated in the future.

As we know from the ongoing research, psychedelic medicines can be particularly adept at healing trauma including PTSD, anxiety and depression. In light of this, I found it peculiar that so few studies discussed included people of color (POC) or those from the LGBTQ community. People from these demographics have disproportionately higher rates of trauma than white people in the USA. According to the Grady Trauma Project, which conducts research in Atlanta, African American populations have higher rates of PTSD than veterans returning from Iraq, Afghanistan, or Vietnam. Therefore it was disappointing that only a single community forum on intersectionality and trauma in POC communities was programmed.

It is clear to me that there is not enough focus on prioritizing support to those that are disproportionately affected by PTSD, and other forms of trauma relating to oppression, in the USA.

On Saturday I co-facilitated, with Zoe Bender, the community forum “White Allies and Anti-Racist Practice in the Psychedelic Community.” The room quickly filled with over 50 people, and many more waited outside hoping to get in. According to Renae Stowell, the community forum coordinator, it was the most popular forum at the conference. There is a clear need for further conversations and workshops about racism and oppression in the psychedelic science context. I began doing anti-racism training and consultancy after living in the San Francisco Bay area for two years and being inspired by organizations such as The Catalyst Project and Showing Up for Racial Justice (SURJ). After moving back to England, I found that compassionate, experiential anti-racism work was needed to help people respond to the wave of xenophobia and racism unleashed after the Brexit vote.

Our 90-minute session at Psychedelic Science 2017 was based on my UK workshops. These workshops are experiential, comprised of a variety of group exercises, discussion circles, and active listening to explore this material with a compassionate approach. Participants explore their relationship to privilege
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and learn about how racism functions in their cultural context. They leave equipped with strategies to support people of color experiencing racism and ways to work with white people to dismantle racism in their communities. In the workshops, we acknowledge that racism and other forms of oppression are often internalized in the body and linked to strong emotions such as anger, guilt, and shame.

Through these discussions in our workshop, we created a safe container to explore these emotions as they arose. This experiential approach is incredibly effective, as workshops focused on academic knowledge, facts, or figures, can often make subjects such as racism seem abstract rather than personal and applicable to our everyday lives. Racism, sexism, and other forms of oppression are deeply rooted in our emotions, bodies, and unconscious behavior. Therefore it is important to provide space to talk about and share the emotions that arise when we engage with this material and explore methods to create change.

Towards the end of the forum, I went into a separate space with all participants of color and asked them what they would change at future Psychedelic Science conferences and in the wider research being undertaken in the community. The feedback was really interesting and I hope that it will be incorporated. They included:

• Include more POC researchers to present at the conference.
• Cultivate links with POC researchers in all areas of drug policy.
• At future conferences, include numerous panels that consider oppression, intersectionality, and intergenerational trauma experienced by POC, indigenous, and LGBTQ communities.

• Find ways to honor and pay retribution to indigenous communities who have historical ties to plant medicines that are being threatened by Western approaches to psychedelics.
• MAPS could invest a percentage of its profits to indigenous communities/projects that are led by them such as peyote conservation initiatives.
• Incorporate restorative justice models into research studies and integration practices.
• Prioritize making psychedelic medicine more accessible to POC, LGBTQ, and indigenous people once it is legal.
• Have affordable conference tickets available for POC and Oakland residents. The Perspective scholarships enabled international attendees, such as myself, to attend but more could be done to include local residents.
• Focus more on qualitative research studies.
• Incorporate lived experience, related to identity and historical context, as factors within research.
• Consider and actively engage with the indigenous critiques about the use of ayahuasca in clinical settings.
• Do outreach to include more POC and LGBTQ people in research studies.
• Acknowledge the stigma and disproportionate incarceration rates experienced by POC due to the war on drugs as well as the impacts of psychedelic prohibition for indigenous communities.
• Develop a committee at MAPS to focus on equality and inclusion. Ensure that white people engage in this work so it does not remain the sole responsibility of POC.

• Have a POC-only space at next conference and at least one meet and greet.

Most participants gave positive feedback and found the community forum powerful. Ninety minutes is not enough time to go particularly deep into the subject matter, and it certainly will not instantly transform racism in the psychedelic community. However, the success of this session and its popularity demonstrates that conversations like this need to be taking place.

The panel “Psychedelics, Injustice and the Intersectionality of Trauma” provided a necessary space to discuss the issues of diversity in the clinical research context. There was a buzz in the room and again, a sense that many participants have been waiting to have these conversations and take proactive steps to improve things.

Robin Carhart Harris suggests that Psychedelic medicine may increase cognitive flexibility, leading to open mindedness and the potential for positive social change. This assumption may encourage people to become complacent and believe that they are separate from the dominant culture that needs to shift. It allows people to point the finger and say, “It’s those people over there that are causing the problem, not us.” However, just as we all have a responsibility protect the natural world and prevent the impending impacts of climate change, we all have a responsibility to actively redress the power imbalances caused by a legacy of slavery and colonialism in the United States. I urge you to reflect and ask the uncomfortable questions: How might I be complicit in perpetuating oppression? Which voices do not have a seat at the table in my work, organization, or community and how can these perspectives be acknowledged and included? How can we respect and listen to other viewpoints and compassionately change entrenched patterns of oppression and dominance?

I hope that this provides some food for thought, continues the conversation, and allows us to ensure that psychedelic research is helping those that need it most, and actively creating positive social change in the world.

REFERENCES
http://gradytraumaproject.com/project/project-overview/


Camille Barton is a movement artist and diversity consultant based in the UK. She has delivered training and consultancy for numerous universities and non profits including the Global Scholars Symposium at The University of Cambridge, SOAS and The University of Sussex. Camille has an experiential, compassionate approach to diversity work which aims to educate people about oppression and provide them with strategies to transform racism and sexism in their communities or research projects. Camille co-facilitated a workshop at Psychedelic Science 2017 called “white allies and anti-racist practise in the psychedelic community”. Having studied International Relations at The University of Sussex, Camille understands global power dynamics but is most passionate about how the fusion of art and politics can lead to social change. While living in The USA she was inspired by training in restorative justice and peer counselling which supported her work as a youth worker in West Oakland.
Buddhism and psychedelic use have been linked since at least the 1950s, when influential thinkers and writers such as Allen Ginsberg, Jack Kerouac, and Alan Watts experimented with both as avenues toward understanding the mind. The tacitly acknowledged connection took a leap forward in 2002 with the publication of Zig Zag Zen: Buddhism and Psychedelics, a collection of essays, interviews, articles edited by Allan Badiner, which examines the two realms and their similarities and differences. A new edition of Zig Zag Zen was published in 2015. Badiner, a contributing editor of Tricycle, is a longtime supporter of MAPS.—Jennifer Bleyer

* How did you become involved in Buddhism?

I’d never had any interest or belief in any religion, but when I was in my early 30s, I spent a year traveling in India, and right before returning home I took some advice to enroll in a Buddhist meditation retreat in Sri Lanka. I hated it. My bones ached, the only food was stewed greens, the venue was overrun with bugs, and the bed was a blanket over wood boards. Suddenly, when the ten-day retreat was almost over, I felt free of any pain and almost ecstatic—and not just because I was leaving. The bugs were my relatives. I slept like a baby. I was overtaken by a subtle but persistent wave of ecstasy, and felt a diminished sense of separation from others.

And how were you exposed to psychedelics?

After that I trip I returned to California, and the meditative glow eventually faded. But I had been “bitten” by the Buddhist bug. I took classes with a senior Buddhist monk, studied Pali, the original language of the Buddha, and earned a Masters degree at the College of Buddhist Studies, a small Theravada university in Los Angeles—all because I was trying to understand how to return to the blissful state I had experienced on the retreat. I was writing a column called “Mind and Spirit” for the LA Weekly while working on my Buddhist studies, and had a plan to interview Terence McKenna. He accused me of being an “armchair Buddhist” and challenged me to try sacred plants, such as psilocybin mushrooms. We became friends, and I visited him at his home in Hawaii where he treated me to yagé, or ayahuasca, the so-called vine of the soul. Sometime later, I experienced MDMA and got to know Alexander Shulgin. I regularly enjoyed Friday night dinners at the Shulgin home, where the Bay Area psychedelic community gathered. So, indeed, I became formally and viscerally connected to both Buddhism and psychedelics.

How do you describe the relationship between Buddhism and psychedelics?

Both share an interest in the primacy of mind and present moment awareness, and while they are very different in character, the 1950s Beat Generation and the 1960s cultural revolution were both heavily influenced by Eastern wisdom traditions, including Buddhism, as well as LSD, psilocybin, and peyote. I think their relationship manifests in the human pursuit of evolution. Many people seek the compassionate wisdom of the Buddhist philosophy, also known as the Dharma, as well as the psychic reset and transformational power that certain plant substances offer. A kind of practical magic results when the “Zig” zags into Zen—when a time-tested philosophy and ethical system meets plant-assisted changes in consciousness.

Your book identified the complementary natures of Buddhism and psychedelics as facilitators of the “liberation of the mind.” How has it been received in the Buddhist community?

It was fascinating to me that, with only one exception, every American Buddhist teacher I interviewed had personally experienced psychedelics prior to getting into Buddhism. One of the most revered and respected teachers, Jack Kornfield, went so far as to say that were it not for LSD, he would never have been able to grasp the Dharma. It should be noted that Zig Zag Zen also presents the thinking of teachers who are clearly not fans of psychedelics. I was secretly hoping for Zig Zag Zen to
rruffle a lot of Buddhist feathers, envisioning that the controversy would drive sales. When the book was released, the Buddhist community in general was like, “Buddhism, psychedelics, ok... so?” The anti-Zig Zag Zen rallies and Buddhist book boycotts I was imagining never materialized. (laughs)

**You said in a recent interview with *Tricycle that “psychedelic use is an issue for many contemporary Buddhists.” Why is that?**

Anyone who becomes seriously focused on spiritual development has to at least consider the issue of psychedelic use. Everyone knows someone who, after taking acid or magic mushrooms, or attending a peyote sweat lodge, experienced themselves as changed forever for the better. In the mid-20th century, famous Buddhist writers like Alan Watts and Ram Dass popularized psychedelics, even as Buddhist centers were filled with young people who had experienced psychedelics and were eager to find more practical and gentle routes to the same “destination.” Added to the question of psychedelic use is the realization that we live in a critical time ecologically. The sixth great extinction is underway. Who would have thought that we would live to see the extinction of elephants, or tigers, or orangutans? Coastal cities are experiencing unremitting flooding, and the end of ice caps is a planetary inevitability. Recognizing the interbeing of people and planet is the fundamental awakening of our time. Buddhists are enlightened by the extent of their compassion—for themselves, for other people, for all living beings, and for the planet itself.

**Isn’t there a Buddhist rule about not using intoxicants?**

Buddhist precepts are not hard rules or commandments but guiding principles meant to facilitate progress on the path. Buddhists refrain from killing, taking what is not given, sexual misconduct, and incorrect speech. According to Robert Thurman, the chair of Buddhist studies at Columbia University, the Buddhist fifth precept, which is interpreted by some as prohibiting all substance use, specifically refers to grain alcohol, which was a problem even in the Buddha’s day as it’s likely to lead to carelessness, and to the user violating the other four precepts. Obviously, one can misuse many substances to the point of intoxication, but it is not correct to say generally that psychedelics are intoxicants.

**How did you get involved with MAPS?**

I met Rick Doblin through mutual friends when he was a college student, and he had just attended a psychedelic conference at Esalen Institute, my neighbor in Big Sur. He was very excited about the emergence of a psychedelic culture consisting of scientists, physicians, caregivers, and psychiatrists. He had personally experienced the healing power of psychedelics and told me that he was dedicating his life to making these materials legal and respected for their helpful effects. I promptly told him he was hallucinating, so to speak, and that he should get a job, maybe in academia. These were the Reagan years. Attitudes about cannabis and psychedelics in the ’80s were harshly negative. It is a profound testament to the power of psychedelics and of Rick’s formidable persistence that now the government is approving clinical testing of psychedelic drugs for medical use. Rick’s dream is coming true. The physical, mental, and emotional healing possible with psychedelics makes this pursuit a moral imperative. Rick does not consider himself a Buddhist, but he is definitely in the business of relieving suffering—and that is the primary goal of Buddhism.

**Why are you so passionate about MAPS’ work?**

Well, having entered on the ground floor, I’ve watched MAPS grow from the moment Rick spoke about his vision in my driveway, to its emergence as an amazing organization making epic and sorely needed change. It is poised to open the first non-profit pharmaceutical company, turning psychedelics and cannabis into prescription medicines; educating therapists in to practice psychedelic-assisted therapy; building a network of clinics, and educating the public about the risks and benefits of these substances. As the psychologist, Ralph Metzner, a contributor to *Zig Zag Zen*, points out: “Two of the most beneficent potential areas for application of psychedelic technologies are in the treatment of addictions and in the psycho-spiritual preparation for the final transition.” I feel totally aligned with this vision.

**The physical, mental, and emotional healing possible with psychedelics makes this pursuit a moral imperative. Rick [Doblin] does not consider himself a Buddhist, but he is definitely in the business of relieving suffering—and that is the primary goal of Buddhism.**

Ultimately, what do you hope to achieve through your support of MAPS?

I hope to play a role in helping MAPS raise the funds required for the Phase 3 trials of MDMA as a treatment for PTSD—the critical step to becoming a prescription medicine. Like everyone, I see so many people suffering around me. I have confidence that psychedelics can be a serious medicine, as well as a powerful tool for personal self-development. The Anthropocene—the age of human-driven change to the Earth’s natural systems—has ushered in a new urgency for shamanic and psychedelic tools. The clock is ticking. We need all the help available to foment an evolution in our relationships with our neighbors, neighboring nations, and the planet.

**Jennifer Bleyer is a senior editor at Psychology Today.**
Technology, Creativity, and Psychedelics: An Interview with Adam Wiggins

MERETE CHRISTIANSEN

Psychedelics and technology are inextricably linked in our culture. Psychedelics are themselves a technology, a tool we can use to foster greater creativity and innovation through mind expansion. In the early days of personal computing and digital technology, psychedelics helped inspire the likes of Steve Jobs, Doug Engelbart, Jaron Lanier, Kevin Herbert, John Gilmore, and other revolutionary innovators. Today, psychedelics are still widely used in a variety of ways by tech entrepreneurs including Adam Wiggins, founder of the cloud application platform Heroku and longtime supporter of MAPS.

How did you first become involved with MAPS?

Like a lot of people, I discovered electronic music festivals which lead me to DanceSafe and Erowid to answer my questions about safe and responsible drug use. From there, I was introduced to MAPS through the MAPS and Dancesafe MDMA pill testing program in the early 2000s, which was my first foray into philanthropy.

Did psychedelics influence your work with Heroku?

Yes, in a general sense, as they foster creativity. I’ve always been a structured, linear thinker. Psychedelics encouraged me to think bigger and get outside the box. When it comes to Heroku and other companies that I’ve built, they’re careers but they’re also a form of artistic expression. It’s natural to me that something that helps you think creatively has impact on artistic expression. Heroku wouldn’t exist or would be very different if I hadn’t had the opportunity for psychedelic exploration earlier in my life.

What role do you think psychedelics play in influencing technology and culture?

Psychedelics can encourage questioning assumptions and the status quo. It’s notable to me that the Silicon Valley mindset is all about looking at established systems and disrupting them. Many people who work in the technology field consider their work a form of art. The Silicon Valley community has a lot in common with musicians who have similar experiences with drug use. Drug use seems to be a natural fit with the technology culture that exists today. I’m not certain exactly what role they’ll play, but it’s pretty clear that there’s a connection there.

What do you see as the future for psychedelics?

Medical applications offer huge untapped potential. The future I’d like to see is addressing the splinter in the collective unconscious. On one hand, we stigmatize recreational drug use and on the other hand, we want to experience altered states. I think there will be a slow shift in the culture to accept benefits of recreational use. Like we saw with the adoption of exercise, yoga, or meditation, culture shifts to accept the benefits people experience. I hope that the same shift will happen with psychedelics, despite the additional legal barriers that exist for cannabis and psychedelics.

What inspires you to support MAPS every year?

MAPS is at the forefront of psychedelics science. The organization, led by Rick Doblin, has been doing this work for a very long time, even during a time when the path was not so clear. MDMA as a prescription medicine is such an important project as it highlights the overlap between science and rigor and the cultural elements of the psychedelic movement. I think MAPS has done a really great job of living in both worlds and drawing in people and values from both the scientific and cultural communities.

Adam Wiggins is a digital toolmaker, team builder, and drug policy nerd. He cofounded the cloud application platform Heroku which was acquired by Salesforce.com in 2010. Adam has been a MAPS supporter since 2003. Originally from California, he now lives in Berlin. Find him on the web: about.adamwiggins.com or Twitter: @hirodsuks.

Merete Christiansen is MAPS’ Executive Manager and Assistant to Rick Doblin, Ph.D.
MAPS: Who We Are

Executive

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

Merete Christiansen, Executive Manager and Assistant to Rick Doblin, Ph.D.

Alia Lilienstein, M.D., M.P.H., Clinical Research Associate - Physician

Berra Yazarg-Klosinski, Ph.D., Associate Director of Clinical Research

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The MAPS Public Benefit Corporation (MPBC) is a wholly owned subsidiary of MAPS. The special purpose of MPBC is to balance income from the legal sale of MDMA with the social benefits of MAPS’ mission by serving as a vehicle for conducting MAPS’ psychedelic and marijuana research initiatives.

MPBC’s primary work is completing Phase 2 studies of MDMA-assisted psychotherapy for PTSD, and preparing for the Phase 3 clinical trials required to develop MDMA-assisted psychotherapy into an approved treatment for PTSD. MAPS continues to conduct education and harm reduction projects, to raise funds for MPBC projects, and serve as parent organization and sole funder of MPBC. MPBC was incorporated on December 19, 2014.

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

MAPS furthers its mission by:
- Developing psychedelics and marijuana into prescription medicines.
- Training therapists and working to establish a network of treatment centers.
- Supporting scientific research into spirituality, creativity, and neuroscience.
- Educating the public honestly about the risks and benefits of psychedelics and marijuana.

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

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

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The Manual of Psychedelic Support
Edited by Annie Oak, Jon Hanna, Kaya, Svea Nielsen, Twilight, and Zevic Mishor
Forewords by Fire & Earth Erowid, Diogo Ruivo, Rick Doblin, PhD, Alicia Danforth, PhD, and Sam Cutler
The Manual of Psychedelic Support is a harm reduction resource providing a comprehensive overview of how people can provide compassionate care to those undergoing difficult psychedelic experiences during large-scale music festivals and events. The book showcases dozens of beautiful visionary artworks from fifteen contemporary psychedelic artists.

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