



# MAPS

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

# Bulletin

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# MAPS

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

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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MAPS is a growing organization! To learn more about our current team, please visit [maps.org/staff](https://maps.org/staff)

*Make your mark  
on the psychedelic  
renaissance!*

MAPS, MAPS Public Benefit Corporation (MAPS PBC), and MAPS Europe are seeking qualified, mission-driven candidates for a variety of open positions.

To view all current job listings, please visit [maps.org/careers](https://maps.org/careers)

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## Cover Art

**Front:** *Lost*

**Back:** *Waterhole*

by Catherine Nelson

Catherine Nelson is an Australian artist living and working in Gent, Belgium and Amsterdam, Holland. With digital technology as her paintbrush, she constructs personal landscapes using images from the world around her. The end result is a 'new' reality created from many hundreds of photographs.

After completing her art education in painting at the College of Fine Arts in Sydney, Catherine quickly moved into the world of film and television. She created visual effects for films such as *Moulin Rouge*, *Harry Potter*, *300*, and *Australia*. In 2008 she started her own art studio and has since dedicated her time fully to creating her own art.

She has exhibited in numerous exhibitions and her work is part of private, corporate and public collections around the world.

Nature, and our human relationship to it, remains her subject and inspiration.

 @cathnelsonart

 Catherine Nelson



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

**“We’ve grown from a tribe** into a corporation,” Bruce Poulter and Marcela Ot’alora said to me several weeks ago with a mix of emotions. Bruce and Marcela are two of MAPS’ lead therapists and trainers of other therapists. Their comment has reverberated with me ever since. MAPS and the MAPS Public Benefit Corporation now number about 140 full-time staff and growing, with another 100 or so therapists around the globe working part-time on research into MDMA-assisted therapy for PTSD in countries including the US, Canada, Israel, Netherlands, Czech Republic, Germany, England, Norway, Portugal, and elsewhere. We’re starting MAPS-sponsored research into MDMA-assisted therapy for eating disorders in the US and Canada with additional therapists. We’re in discussions with over 60 different research teams around the world interested in exploring collaborations with MAPS on Investigator Initiated Trials (IITs) researching a wide range of clinical indications for MDMA other than PTSD. Furthermore, MAPS recently received a grant of \$12.9 million from the State of Michigan for a three-year study of cannabis for PTSD in 320 veterans with research locations at Veterans Affairs Administration (VA) facilities in Tampa and Ann Arbor and private practices in Detroit and Phoenix.

In 2000, MAPS had three staff and raised about \$550,000 in donations. That’s when Marcela first started working with MAPS as a therapist on our first ever study of MDMA-assisted therapy for PTSD research in Spain. The Madrid Anti-Drug Authority made the heartbreaking decision to shut that study down while in progress—despite a clear safety record. Michael and Annie Mithoefer, two of our other lead therapists and trainers of other therapists, started working with MAPS later in 2000 to try to start MDMA/PTSD research in the US. MAPS was more of a family then, smaller than a tribe.

In mid-2001, when MAPS had five staff, the National Institute on Drug Abuse (NIDA) organized a conference on MDMA (Ecstasy). In his closing remarks, NIDA official Jerry Frankenheim, Ph.D. commented on Ecstasy neurotoxicity research and made a rather hilarious and profoundly erroneous speculation that, “In the future, it [MDMA/ Ecstasy] will be called Despair.” I reported this dire prediction in the next MAPS newsletter but suggested that MDMA will instead one day be called...FDA-approved!

In 2011, MAPS had 15 staff and raised about \$1.5 million. That’s when Marcela and Bruce started working with MAPS as a husband-wife co-therapist team on our Phase 2 study in Boulder. We were a tribe at that point where everybody who worked at MAPS knew everybody else who worked at MAPS, communications were direct and we were all accessible, we had no lawyers on staff or business development people, media mentions were few and far between, and we had the constant challenge of

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Our challenge is to continue to create the shared sense of mission, dedication, collaboration, and perseverance with an emphasis on optimizing patient outcomes from when MAPS felt like a family, and then a tribe, and now our new growth into a family of corporations.

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fundraising. There wasn't even a hint that near the end of 2021 there would be hundreds of for-profit psychedelic companies!

We've grown so substantially over the last decade that we have now evolved from a tribe into a small number of corporations. MAPS, the non-profit corporation, was started in 1986. In 2014, MAPS created a wholly owned subsidiary, the MAPS Public Benefit Corporation (MPBC) to conduct MAPS' clinical research and market MDMA should we obtain FDA approval. Public Benefit Corporations are a modification of capitalism that are for-profit but maximize public benefit rather than profit. MAPS also wholly owns the for-profit MAPS Europe, created in 2018 to coordinate with European regulators. MAPS Canada (2010), MAPS Israel (2020), and MAPS Deutschland (2021) are affiliated national non-profit organizations with similar missions but independent Boards of Directors and trademark agreements with MAPS.

MAPS is a family again, but now of corporations. In the process of scaling, we have created our own bureaucracy with Standard Operating Procedures (SOPs), career ladders, human resources staff, and procedures. It's gotten to the point where I feel a need to create an SOP for when we can deviate from SOPs! Our challenge is to continue to create the shared sense of mission, dedication, collaboration, and perseverance, with an emphasis on optimizing patient outcomes, just like when MAPS felt like a family, and then a tribe, into our new growth into a family of corporations. The enormous scale of the need for healing from PTSD and so many other mental health conditions (and the so-far favorable balance of safety and efficacy that is in the process of being established for MDMA-assisted therapy for PTSD in our Phase 3 studies) are compelling reasons for MAPS itself to scale from family to tribe to corporation. We're passionately committed to retaining our soul as we develop a larger corporate structure.

In one small example of retaining the soul of MAPS, I'm happy to report both that we do have a detailed employment manual and that one of the details is about a concept called "smokable tasks." These are work tasks, different for each staff person, that they think, and their manager agrees, they do better while under the influence of marijuana. Smokable tasks for me primarily include strategizing, protocol design, and editing of regulatory submissions; for other staff that may include even working on complicated spreadsheets.

As MAPS grows from family to tribe to corporation, I'm reminded of a poem called *Stages* from Hermann Hesse's final novel, *Magister Ludi: The Glass Bead Game*.

*In all beginnings dwells a magic force  
For guarding us and helping us to live.  
Serenely let us move to distant places  
And let no sentiments of home detain us.  
The Cosmic Spirit seeks not to restrain us  
But lifts us stage by stage to wider spaces.*

As MAPS continues to scale, our wider spaces will include global access to MDMA-assisted therapy for PTSD, as a start. It's with profound thanks to the thousands of MAPS donors, to hundreds of subjects in our studies, and to our increasing number of staff who, over the last 35 years, have brought us to this cultural inflection point. Rick Doblin PhD. MAPS Founder and Executive Director.

*Rick Doblin*

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



# MAPS News

## MAPS Announces Appointment of Carl L. Hart, Ph.D., to the Board of Directors

November 3, 2021

**The Multidisciplinary Association for Psychedelic Studies (MAPS)** is honored to announce the election of **Carl L. Hart, Ph.D.**, to MAPS' Board of Directors, effective as of October 22, 2021.

Dr. Carl Hart, the [Ziff Professor of Psychology](#) and former Chair of the Department of Psychology at Columbia University, is one of the world's preeminent experts on the effects of psychoactive drugs on the human brain, body, and behavior. His decades of work in the field have compelled him to examine how the War on Drugs and its effective propaganda strategy have shaped and reinforced global structural inequities. In addition to serving as one of nine Directors of the Board for MAPS, Dr. Hart has served as a member of the [National Advisory Council of Drug Abuse](#). He is the author of *High Price: A Neuroscientist's Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society* and *Drug Use for Grownups: Chasing Liberty in the Land of Fear*. Dr. Hart is the recipient of the prestigious 2022 [Abraham L. Halpern Humanitarian Award](#), which recognizes extraordinary individuals who champion the advancement of human rights and the improvement of mental health.

"Carl's distinguished career is built on an unwavering commitment to scientific evidence," notes [Rick Doblin, Ph.D.](#), MAPS Founder and Executive Director. "Paired with his audacious dedication to humanizing people who use drugs, Carl challenges the fear-based dogmas of the War on Drugs. His courage is an inspiration to our community — the kind of courage we need to fortify MAPS' bold vision of catalyzing mass mental health and fighting for cognitive liberty."

Dr. Hart adds, "I am thrilled to be able to contribute to MAPS' admirable goal of ensuring people have access to medications such as MDMA." His expertise and knowledge will support MAPS' strategic, principled growth through his tenure. He has been a [frequent speaker at MAPS events](#) and will be a featured speaker at [Psychedelic Science 2023](#), the upcoming MAPS conference taking place June 2023 in Denver, Colorado.



Carl Hart, Ph.D.,  
MAPS Board of  
Directors

## Participant Safety in Psychedelic Therapy

October 13, 2021

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We encourage you to read and follow [maps.org/safety](https://maps.org/safety) for detailed information regarding **MAPS' Therapy Code of Ethics** and our practices to create a culture of safety in psychedelic therapy.

You may safely and confidentially direct misconduct reports related to MAPS-sponsored studies, MAPS staff, MAPS PBC staff, or collaborators to MAPS' Compliance Team via email or by calling (844) 627-7722.

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All stakeholders at the Multidisciplinary Association for Psychedelic Studies (MAPS) and MAPS Public Benefit Corporation (MAPS PBC) are committed to providing quality and comprehensive training and supervision to support therapy providers in delivering ethical care within MAPS-sponsored study protocols. We recognize that individuals have been harmed by misconduct in therapy, including psychedelic-assisted therapy, and we embrace our obligation to protect participant safety in MAPS-sponsored studies and the safety of others who are associated with our programs.

We take seriously our obligation to ethically and thoroughly review allegations of misconduct related to MAPS-sponsored studies, MAPS staff, MAPS PBC staff, and our collaborators. In service of these commitments, we are examining, carefully developing, and implementing policies and practices to prevent, reasonably detect, and thoroughly respond to allegations of misconduct.

We hope that our work encourages others to adopt similar commitments. We invite you to review the carefully-considered practices outlined at [maps.org/safety](https://maps.org/safety) and adapt them for your communities.

## MAPS and Vine Ventures Pioneer Novel Regenerative Funding Structure to Infuse Psychedelic-Assisted Therapy Research and Access With Timely \$70 Million

December 2, 2021



- Revenue share payments will be based on North America sales of MDMA for use in MDMA-assisted therapy, will terminate after eight years, and include a reciprocity payment structure that reduces payments once certain financial milestones are met
- The Regenerative Financing Vine ensures that most MDMA-assisted therapy revenues remain available to fund MAPS' and MAPS PBC's mission-driven priorities; MAPS remains non-profit with 100% ownership of the public benefit corporation
- Funders are endorsing MAPS' mission and pursuit of mass mental health backed by 35 years of innovative leadership, governance, programs, and strategies
- Many funders through the Regenerative Financing Vine are, and will remain, long-term MAPS donors (see highlights)



# Research

## Science Names MDMA-Assisted Therapy for PTSD a 2021 Scientific Breakthrough of the Year

December 20, 2021

- Prestigious recognition from world's leading outlet for scientific news and peer-reviewed cutting-edge research is a first for psychedelic-assisted therapy
- Award comes 19 years after Science published a later-retracted article falsely claiming that MDMA caused dopaminergic neurotoxicity leading to Parkinson's disease along with an editorial comparing taking MDMA to playing Russian Roulette



## Matters Arising: MAPS' Pivotal Phase 3 Trial Advances Scientific Discourse in Nature Medicine

October 14, 2021

Letters in *Nature Medicine* address important challenges in evaluating psychedelic-assisted therapies

The recent publication of results of the first Phase 3 clinical trial of MDMA-assisted therapy for post-traumatic stress disorder (PTSD) have sparked scientific discourse among clinicians and researchers around the world. Highly statistically significant results and exceptional outcomes for people living with difficult-to-treat conditions for an average of nearly 15 years should be closely examined. In the case of this study, among participants with severe, chronic PTSD who received MDMA-assisted therapy, 88% experienced a clinically-significant reduction in symptoms and 67% no longer qualified for a PTSD diagnosis.



### Participate in Research

MAPS sponsors clinical trials around the world that offer volunteers the opportunity to participate in our research studies. Our studies have strict enrollment criteria based on the goal of the study and the condition the study is investigating.

Phase 3 trial participant enrollment is now open for select study sites: [mdmaptsd.org](https://mdmaptsd.org).

Please visit our Participate in Research page and check it frequently for updates about participant enrollment: [maps.org/participate-in-research](https://maps.org/participate-in-research).

The safety and efficacy of MDMA-assisted therapy is currently under investigation. This treatment has not yet been approved by the FDA, does not work for everyone, and carries risks even in therapeutic settings. To learn more, please visit [mdmaptsd.org](https://mdmaptsd.org).

“Science doesn’t happen in a vacuum,” shares [Jennifer Mitchell, Ph.D.](#), lead author of the first Phase 3 publication. “It is only through working together that we can enable the field of psychedelic medicine to move forward with accuracy and precision, and so we are delighted to find so many voices joining this conversation.” Since the inception of clinical trials of MDMA-assisted therapy for PTSD in 2000, rigorous scientific inquiry and emerging science have been essential to continual improvements in the research sponsored by the [Multidisciplinary Association for Psychedelic Studies \(MAPS\)](#) and conducted by [MAPS Public Benefit Corporation \(MAPS PBC\)](#).

This week, Nature Medicine published two critiques alongside a [response letter](#) from researchers [Jennifer Mitchell, Ph.D.](#), [Allison Coker, Ph.D.](#), and [Berra Yazar-Klosinski, Ph.D.](#), all of whom served as authors of the peer-reviewed journal article reporting on the results.



Allison Coker, Ph.D.  
Regulatory Affairs  
Manager of MAPS  
PBC



Berra Yazar-Klosinski, Ph.D.  
Chief Scientific Officer  
of MAPS PBC



Jennifer Mitchell,  
Ph.D.

## MAPS to Receive \$1.5 Million to Evaluate Collaboration with Wesana Health in TBI Treatment

September 14, 2021

The [Multidisciplinary Association for Psychedelic Studies \(MAPS\)](#) and its wholly owned drug-development subsidiary [MAPS Public Benefit Corporation \(MAPS PBC\)](#) have entered into a Memorandum of Understanding with [Wesana Health, Inc.](#), a publicly traded, data-driven life sciences company. Wesana will provide an initial \$1.5 million engagement fee to explore the viability of collaborating with MAPS and MAPS PBC to accelerate research into MDMA-assisted therapy for traumatic brain injury (TBI). The engagement fee will be used by MAPS and MAPS PBC, in part, to finance evaluation of legal, scientific, and operational elements of the proposed commercial relationship.



## MAPS Awarded \$12.9 Million Grant from Michigan to Expand Cannabis Research for Veterans with PTSD

August 10, 2021

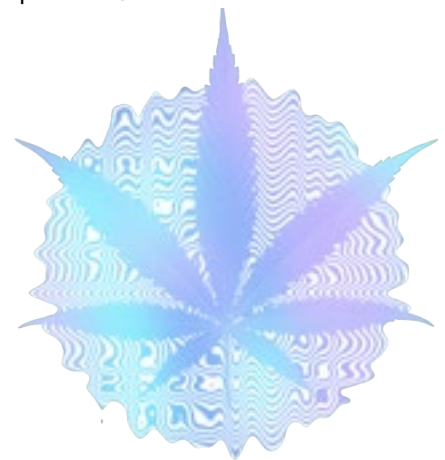
- Phase 2 clinical trial will compare the safety and efficacy of self-titrated high-THC cannabis against placebo for treatment of PTSD among Veterans
- Second clinical trial of inhaled botanical cannabis is expected to substantially contribute to body of evidence regarding cannabis as a medicine for PTSD
- If positive results are achieved, Phase 3 trials will be conducted to support development of a prescribable inhaled cannabis medication eligible for insurance coverage

## Policy and Advocacy

### U.S. House Appropriations Bill Signals Sea Change in Psychedelic, Cannabis Research

July 30, 2021

- Bill directs National Institute of Health (NIH) agencies to undertake and fund research into psychedelic-assisted therapies and potential benefits of cannabis, could accelerate the pace of research
- Special emphasis on Veterans with PTSD recommends first-ever public funding of MDMA-assisted therapy for PTSD, a highly promising treatment under investigation
- Vast majority of research of MDMA-assisted therapy for PTSD thus far has been sponsored by non-profit MAPS and funded by philanthropic donors



# MAPS in the Media



## New Hope in Treating PTSD with Psychedelic Drugs

David Martin • Nov 14, 2021

CBS News airs an investigative report about treating PTSD with MDMA-assisted therapy on a new episode of CBS Sunday Morning. In a series of interviews with David Martin of CBS TV, former Marine Scott Ostrom speaks about participating in a MAPS-sponsored trial, MAPS Founder Rick Doblin, Ph.D., outlines the process of overcoming obstacles associated with psychedelic research, entrepreneur Bob Parsons of We Deal In Hope explains why he donates to MAPS, and PTSD expert Rachel Yehuda, Ph.D., highlights the promising results from MAPS' first Phase 3 trial.



Psychedelics, Consciousness Technologies, and the Future of Wellness

## Denver Launches the First Psychedelic Harm Reduction Training in the U.S.

Ali McGhee • Aug 19, 2021

"MAPS is spearheading the training" of psychedelic harm reduction for first responders in Denver, Colorado, where possession and personal use of psilocybin has been decriminalized since May 2019, "and, through philanthropic donations, is funding the training development through completion of the initial pilot phase," reports Ali McGhee of Lucid News.



## New Research Shows How Psychedelic Drug Can Help People with PTSD

Savannah Guthrie • Nov 5, 2021

The TODAY Show on NBC educates millions of people about psychedelic science by airing an interview with MAPS Founder Rick Doblin, Ph.D., and MDMA-assisted therapy study participants Andy Gold and SGT(R) Jonathan Lubecky. We are excited to see the results of MAPS-sponsored psychedelic research reaching the hearts and minds of large audiences as we continue to advocate for increased access to psychedelic-assisted therapy.



## Expert: MDMA for the Treatment of PTSD May Be FDA-Approved by the End of 2023

Alana Hippensteels • Oct 19, 2021

Pharmacy Times interviews Ismail Lourido Ali, J.D., of MAPS about MDMA-assisted therapy for PTSD, drug policy reform, and the impact of psychedelic science. "We're focusing primarily on PTSD as the indication for MDMA, but there are a number of investigator-initiated trials and other research about MDMA that has looked at a number of other indications," says Ali.

## Los Angeles Times

### Psychedelic Treatments Are Here, but Doctors Aren't Prepared

Jennifer Ho Lan Ouyang & Rick Doblin • Aug 29, 2021

The Los Angeles Times publishes a new op-ed co-authored by MAPS Founder Rick Doblin, Ph.D., and Stanford Psychedelic Science Group Co-Founder Jennifer Ouyang Altman, featuring commentary about recent shifts in public perception of psychedelics, the significant progress of psychedelic research, varying approaches to new drug policy initiatives, and the importance of psychedelic education. "The federal government has supported finding new effective psychiatric treatments. The FDA has designated MDMA-assisted and psilocybin-assisted therapy as breakthrough therapies, a status granted when preliminary clinical evidence indicates that a drug may demonstrate substantial improvement over available therapies."



## Michigan's Marijuana Tax Revenue Funds \$20M Studies on Medical Cannabis for Veterans With PTSD

Steve Neavling • Aug 11, 2021

Detroit Metro Times reports on the decision from Michigan's Marijuana Regulatory Agency (MRA) to award MAPS a \$12,979,050 grant for a Phase 2 clinical trial of self-titrated high-THC cannabis against placebo for treatment of PTSD among Veterans, funded by adult-use marijuana retail taxes in Michigan.

## HARVARD LAW TODAY

### The Obstacles to Decriminalizing Psychedelic Drugs Are Political, Not Legal, Say Experts

Brett Milano • Oct 13, 2021

Harvard Law Today covers the launch of the Project on Psychedelics Law and Regulation (POPLAR) at Harvard Law School's Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics. "We think it's going to require a decade of psychedelic clinics being rolled out, for people to hear about the positive experiences," says MAPS Founder and Executive Director Rick Doblin, Ph.D., in his keynote address. "We'll have licensed legalization, I think, in 2035."

## Les Echos

### Rick Doblin, L'homme Qui Drogue Pour Soigner (The Man Who Drugs to Cure)

Ana s Moutot • Sept 2, 2021

French financial newspaper Les Echos profiles MAPS Founder Rick Doblin, Ph.D., in an article about MAPS' 35-year history, the results from the first Phase 3 clinical trial of MDMA-assisted therapy for PTSD, and the future of psychedelic medicine.



### Psychedelics Are Getting Closer to Approval, but the Market May Not Be Ready

Amirah Al Idrus • Aug 17, 2021

FierceBiotech chronicles MAPS' ongoing road to potential FDA approval of MDMA-assisted therapy for the treatment of PTSD, highlighting the uncertainty facing the broader medical field as rigorous studies continue to demonstrate the efficacy of psychedelic-assisted therapies. Amy Emerson, Chief Executive Officer of MAPS Public Benefit Corporation (MAPS PBC), explains the unique regulatory factors that apply to the integration of psychedelics into mainstream medicine.

## FOCUS

### Trip-Therapie: Psychedelische Drogen in der Medizin

Matthias von Hein • Oct 4, 2021

FOCUS Online, a German media publication, interviews MAPS Founder Rick Doblin, Ph.D., about the current state of psychedelic research, highlighting MAPS' strategy for making MDMA-assisted therapy a legal prescription treatment option for PTSD around the world.

## verywell health

### Will We Turn to Psychedelics for Mental Health Treatment After the Pandemic?

Jennifer Chesak • Oct 26, 2021

Verywell Health explores the potential impact that psychedelics could have on healing trauma caused by the COVID-19 pandemic in an interview with MAPS Founder Rick Doblin, Ph.D. "Doblin projected that interest and use of psychedelics will grow over the next several years, with legalization likely happening around 2035, explains Jennifer Chesak of Verywell Health. "The psychedelic renaissance will continue to unfold in the post-pandemic world as research—and potentially FDA approval—helps fine-tune how the compounds should be used to treat the traumas left in the wake of COVID-19."

## BENZINGA

### Can MDMA Treat Traumatic Brain Injury? \$1.5 Million Are Being Committed to Finding Out

Natan-Ponienman • Sep 14, 2021

Benzinga reports that Wesana will provide an initial \$1.5 million engagement fee to explore the viability of collaborating with MAPS and MAPS PBC to accelerate research into MDMA-assisted therapy for traumatic brain injury (TBI). The engagement fee will be used by MAPS and MAPS PBC, in part, to finance the evaluation of legal, scientific, and operational elements of the proposed commercial relationship.

# EntheoGeneration

## Community Connection, Integration, and Growth



Ryan Jay Beauregard

### Community as Sacrament

This year's EntheoGeneration gave me the opportunity to host Audri Scott Williams and Tony Moss for a conversation entitled, "Community as the Psychedelic Sacrament." During our conversation, Tony suggested that we could achieve deeper healing of our ecosystem and our collective trauma if we scale-up our idea of community — moving from our smaller, sometimes more homogenized (in values or philosophies) groups into viewing humanity as a planetary species. Audri reflected on her experience with communities around the world. As we better understand ourselves as members of a global community, perhaps we can move towards understanding our impact on a larger scale.

### Community as Psychedelic

The promise of psychedelic-assisted therapy for healing individual and collective trauma is inspiring, and I've become convinced in my last eight years of working with Zendo Project that community is, in fact, the true solution to heal humanity's trauma.

Like psychedelic journeys, community is not always smooth or easy, and can sometimes show us the difficult aspects of ourselves or the world around us. Community can also be supportive, celebratory, and extremely nurturing. If we are truly present with the opportunity that community presents us, we have the ability to grow, heal, and refine ourselves to become who we are meant to be and deliver our gifts to our community through service and stewardship.

Merriam-Webster defines community as "a group of people with a common characteristic or interest living together within a larger society." The internet has given us global access to a variety of communities aligned with our values, viewpoints and visions; yet, as we've been informed by in documentaries such as *The Social Dilemma*, some of these platforms for community connection and discussion are lacking the social and anthropological models that have allowed us to have authentic, meaningful and truly connecting conversations.

We discover our first communities through family, school, neighborhood, but eventually we find ourselves gravitating towards individuals based on similar interests: sports, hobbies, religion, philosophy, art, and music. For some of us, those interest and curiosities magnetized us towards psychedelics; some for recreation, others for creativity; some for spiritual exploration, others for healing. Regardless of what brings us together, community can be—just like psychedelics—a non-specific amplifier which shows us a multidimensional perspective of ourselves and the way we intertwine with the world around us.

## Community as Resource

With community, the whole is greater than the sum of its parts. One of the beautiful challenges we see before us as we grow up our responsibility of planetary stewardship—both to the outer ecosystem and the inner landscape—is exemplifying more authentic and vulnerable models of leadership, and ultimately, helping our planet to cope with the difficulties of being human right now. Despite our amazing leaps in technology, our collective focus has brought us more advancement in extractive consumerism (automobiles, smart phones, television) than the truly appropriate technological application we could be making in bioremediation, waste management, water filtration, and regenerative agriculture.

Mentors can be a good foundation as we seek more exemplary models of human beings conducting themselves with open hearts and minds and high integrity. Those who have taught me along the way show me, beyond words, that it has been community that has given them support, held them accountable when they misstepped, and provided the opportunity to deliver their gifts as service.

## Community as Connection

Another useful tool for better co-creation and connection within communities is to directly understand one another's values, ethics, and philosophies. While it's not essential for everything to always align, it is helpful for us to first know ourselves, our own boundaries, our values for making connection, and how we choose to act when we feel unsafe.

Initiation is another core component of community cohesion. By sharing rites of passage amongst a community, safety and comfort is exchanged for a deeper reflection of ourselves, our inner workings, and the way we walk in this world. Too often in our global culture, our youth has been seduced by rites of passage that can sometimes cause more harm than good: sex, drugs, violence. And more specifically in this psychedelic movement, so many of us have taken the path of self-initiation.

I would assert those of those that have only walked the path of self-initiation are half-baked, deluded by our own self-importance. True initiation requires mentors, teachers, students, and a myriad of support roles; it requires community.

## Community as Medicine

I get curious about the Archaic Revival of community that Terence McKenna hinted at. Specifically, the community that I know my grandparents lived in only 45 years ago is much different

than the community I grew up in or witness today. In some ways, I wonder how much technology has disconnected us from our truest human nature — a social creature with instincts of compassion, collaboration, and caretaking.

In my years of stewarding the Zendo Project community, as well as letting the community caretake me, I learned that psychedelics are a powerful tool, that with compassionate support and proper integration, can be a powerful tool in assisting the healing of trauma, bring growth, and reveal amazing solutions to life's dilemmas. I've also witnessed in these eight years that psychedelics alone are not the answer; with-

out support and integration, a person in a rough headspace on a psychedelic substance can experience notable challenges.

I'm convinced that community is the real magic pill here, and that psychedelics are helping community to rediscover themselves, to wake up to the possibility that for all our collective intelligence and technology, that we could really improve the standard of life for most of our collective species; our human community.

Community living isn't paradise; it is messy, awkward, confusing, and on some days, it may be the hardest thing you have to do.



## Community as a Living Example

They say it takes a village to raise a child. I believe the better framing for today's world, in the absence of most of us living in a village, is that it takes a healthy community to support the human journey into embodiment of their gifts, and recognition of their wounds so that they can heal more completely.

One of my favorite authors and teachers, Martin Prechtel, talked about the difference between an offering and sacrifice culture. The simple expression of gratitude, the recognition that the cost of all that was given by our ancestors, this planet and the entirety of the universe for us to be born into this world and sustain our existence is quite miraculous, if we really give ourselves permission to reflect on the journey that got us here and all the generations of humans and innovation that took place. That simple story alone births us into debt; not the financial debt that some of us know upon graduating college, but the energetic (and perhaps even spiritual) debt that we could never repay in a single lifetime — to our planet, to our family, to our community.

Real community has a perpetual indebtedness that can never be repaid, nor is supposed to be. Mutual indebtedness reminds us of our connection, our mutual interdependence. And the gratitude for the gifts we have been given just to be alive on this planet.

For most of our global culture, we have forgotten that gratitude. The simple appreciation of not only being alive, but having access to tools that were invented by another, extracted from the earth by another, manufactured and shipped to us by another... we have a huge opportunity to step up our game of gratitude and to willingly give of our own free will a meaningful gift of appreciation—a song, a dance, a creation of our own two hands—and to give that gift back to that timeless, faceless energy from which we came.

To give in that way, with gratitude, with reverence, with acknowledgment and a genuine grief is what creates a healthy community which brings offerings to express gratitude. The opposite of that is a community that gives nothing, never says “please,” “may I,” or “thank you”; this type of culture is a sacrifice culture because it takes without giving back, and the universe being in dynamic homeostasis, seeks balance, and takes in return — in the form of violence, destruction, and trauma.

With powerful modeling, mentoring, accountability, we can likely end these patterns of trauma, but it takes a village; it takes a community. A diverse, multigenerational, accountable, and supportive community, willing to heal from its mistakes, set healthy boundaries, and evolve with the changing needs of this planet.

**Ryan Jay 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. When he isn't on the road with the Zendo Project, Ryan can be found at his home in Boulder, CO enjoying the great outdoors, experimenting with sustainable technology, and designing websites, logos, and sacred geometry art.



# ***This is Your Mind on Plants***

An Interview with Michael Pollan

Brad Burge

**Michael Pollan is author of** nine books, seven of which have been New York Times best sellers, and three of which were immediate #1 New York Times best sellers. A contributing writer to *The New York Times Magazine* since 1987, Pollan's writing has received numerous awards. Since 2003, Pollan has served on the faculty of UC Berkeley, and in 2020, he co-founded the UC Berkeley Center for the Science of Psychedelics.

In his new book, *This Is Your Mind on Plants*, Pollan takes a deep dive into three plant-based drugs: opium, caffeine, and mescaline. Blending a unique combination of history, science, memoir, and participatory journalism—both examining and experiencing these powerful plants—he sheds light on the role they can play in changing our minds and resetting our relationship with nature and the environment. *This Is Your Mind on Plants* was published on July 2, 2021, and is now available.

**Brad Burge:** *How do you feel the reception has been for **This Is Your Mind on Plants**?*

**Michael Pollan:** It's exceeded my expectations. Really, it's a modest book compared to *How to Change Your Mind*, and frankly, it was a more fun book to write so I was thrilled at the reception it got. There was a little less pressure on it than *How to Change Your Mind*, and it was closer to my true love, which is gardening and DIY projects. The caffeine section in particular was a departure in that I'm usually trying substances to write about them, and for this one I had to abstain from a substance to write about it, and that was definitely challenging, but I had a great time working on that chapter. I loved the research and didn't love the abstention, but it was worth it.



With *How to Change Your Mind* I was really starting from zero; I knew very little about psychedelics. I knew very little about mental health. I knew very little about neuroscience. So I had to master a big fat subject to be able to write about it with confidence—and I hadn't yet had psychedelic experiences, at least nothing profound. So with the new book I had a kind of toolkit already for approaching these other drugs. I think I also with this new book, I already knew that people were interested in the subject. With the last one, a lot of publishing friends thought I was treading into a very fringe subject with no known audience. Luckily, that turned out not to be the case.

**Do you think it's possible you had something to do with psychedelics not being such a fringe subject anymore?**

I suspect I've helped.

**When we did our last interview together in 2018, *How to Change Your Mind* had just come out. You originally expressed some hesitancy around doing psychedelic journalism, and that you didn't want to be just another proselytizer. So now it's three and a half years later, and you've done it again and even expanded your work in the field. What happened in the interim?**

When I wrote *How to Change Your Mind*, I approached it as both naïve and as a skeptic, and was transformed by the experiences I had and the people I met. I think that's what separated that book from a lot of other books that have been written about psychedelics. They assumed that these drugs were powerful, that they mattered, that they were valuable medicines. Most people didn't know that, including me. So, I think the fact that I was coming in naïve made it easier for the reader to enter in because they weren't being lectured to by a convert.

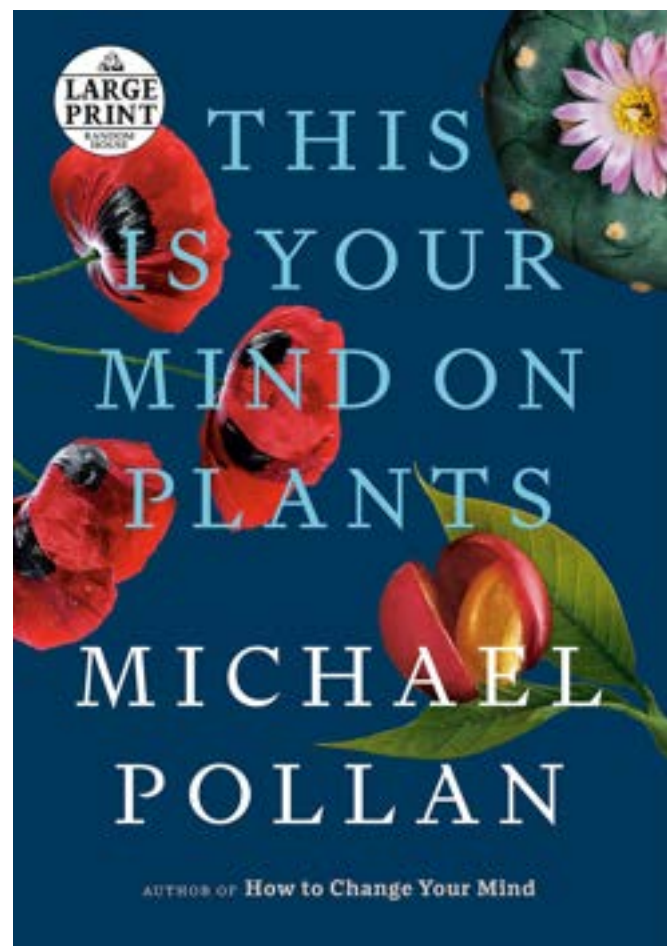
I feel like now I'm more of a participant and less of an observer in the movement. It happened to me with food too: I wrote about food as a journalist, as an outsider, but after a couple of books (and I wrote four books on food) I found myself part of a movement. The same thing is happening with psychedelics. [laughs] I don't know what to say about that, whether it's a good thing for my writing or not.

I remember the first book event I did for *How to Change Your Mind* in 2018 was at Harvard, and [MAPS founder] Rick Doblin was in the audience. The first person to ask a question after I'd spoken prefaced her question to me with "As a leader of the psychedelic movement..." I was surprised because I don't really see myself that way, so I stammered and then pointed to Rick and said, "If you want a leader of the psychedelic movement..." So, I fought taking on that role as long as I could.

**In *This Is Your Mind on Plants*, you write about how different drugs—particularly caffeine and mesca-line—can have pro-social or pro-cultural effects, in addition to countercultural ones. So, do you think we are in a similar place now with psychedelics as the Western world was with coffee in the 1600s?**

That's a really interesting question. Coffee was considered threatening when it first appeared, and then it was embraced because it actually helped with productivity, the rise of capitalism, and the industrial and scientific revolutions. Similarly, I think the cultural valence of psychedelics is shifting from oppositional to something the culture is coming to value.

In general, society frowns on drugs that disrupt the smooth workings of the machine. That's what psychedelics were doing in the 1960s—that's certainly what President Nixon thought, and it's what many parents thought. You could argue that mystical experiences, or whatever term you use to describe what happens to people on psychedelics, are fundamentally threatening to the status quo. Such experiences have disrupted most major religions, with people having mystical experiences and going directly to the divinity instead of through the priesthood. So maybe there's something fundamentally disruptive about psychedelics.



But there's another way to look at it, and I'm not sure which is right: If the smooth working of society is already being disrupted by the mental health crisis—which I think it is, given soaring rates of depression, anxiety, and addiction—and if psychedelics turn out to be successful treatments for those ailments, then won't they be serving the interests of society? Psychedelics could go from being countercultural tools to being tools of mainstream medicine.

Substances are not fundamentally either pro-social or anti-social—it's contextual. What sensitized me to this was not only watching the mental health community begin to embrace psychedelics, but even more so spending time with people in the Native American Church. There you have a very conservative model of psychedelic use, where peyote is used in a highly formalized and regimented way. These ceremonies are not countercultural in any way. To the contrary, these rituals are used to conserve the culture by protecting it against threats, healing it. That blew my mind-- that essentially the same chemical could function so differently depending on the context.

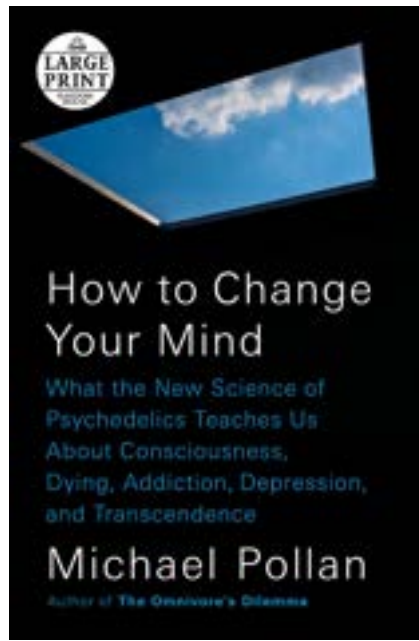
**And there are more and more contexts where psychedelics are being used. It's really only in the last six months or so that I've started using the term "psychedelic space" unironically, given the amount of investment pouring into it.**

Soon it'll be the psychedelic industrial complex, right?

**Exactly! That's my next question—do you have any concerns about that?**

I think that there's more capital than there are good ideas so far. I see investment capital looking for places to land, yet very few people have any idea what the business model for legal psychedelic medicine will be. There are just so many questions, and it seems to me that you have to have a really strong stomach as an investor to jump in here now. We can hope for non-profit organizations and some enlightened business organizations to hold the line against the inevitable co-optation. How it develops, whether in a healthy and ethical or corrupt manner, is going to be a matter of business people's ethics and how they withstand the demands of their investors and shareholders.

MAPS is a very interesting experiment because they want to commercialize MDMA as a public benefit corporation. I



don't think that's ever been done, so we'll see how that works as an alternative to the capitalist Big Pharma model. But as MAPS is discovering, it takes an enormous amount of capital to bring a drug to market. On top of that you need tens of thousands of therapists who need to be trained. So, it's a giant undertaking. This is the positive side of capitalism: that when large amounts of capital are deployed, you can scale something fairly quickly. But whichever way it goes, it's going to be very interesting to watch, and I think it's going to be great for journalism, if not necessarily patients and stockholders.

**Is that what's behind the Ferris-UC Berkeley Psychedelic Journalism Fellowships you're going to be offering through the Berkeley Center for the Science of Psychedelics? What role do you see journalists playing in this new field?**

At the Berkeley center, we're nurturing a generation of journalists to cover this new bear. Psychedelic journalism will be business journalism to some extent, as well as science and culture and political journalism. We need journalists in the space who are sophisticated about business and can evaluate some of these ideas, but also savvy about neuroscience and psychiatry. This is going to be a very important beat, in the same way that more sophisticated food and farming coverage emerged in the early 2000s.

When I first started writing about food and farming, they were two separate beats; nobody had connected the dots. But there was a generation of journalists that came of age in the 2000s beginning with Eric Schlosser—he really was the pioneer with *Fast Food Nation*—and then we had Marion Nestle's work on food politics, then my work with *The Omnivore's Dilemma* in 2006, and the film *Food, Inc.* in 2008, and suddenly there was a recognition of food and farming as a single very powerful system that needed to be covered by journalists in a very comprehensive way. And now we have a generation of journalists that does that, and does it very well.

Psychedelics need the same thing. Somebody's got to hold these businesses accountable. Somebody has to help people navigate the policy issues that we're already confronting. We're going to need people to explain the science to the public and evaluate it. So, this is a very exciting moment for journalists interested in the subject.

### What do you hope journalists will take away from the fellowship?

I want to see some really great pieces of long-form journalism about psychedelic business and psychedelic policy. We want to give young journalists, especially, a leg up so they can then take these stories and get them published. Some will end up in small magazines and journals; others will end up in big national magazines. Tim Ferris is the visionary funder who's making this possible, having recognized early the need for this kind of journalism.

In addition to the fellowship, we're launching a newsletter and will have a weekly digest of the most important stories in psychedelics and interviews with newsmakers in the field. We're in the process of creating a massive online course called Psychedelic Science 101, which will be led by UC Berkeley faculty. We'll also be working with researchers to develop a training program for psychedelic therapists, in coordination with MAPS and other institutions already leading in that field.

But the most exciting work we'll be doing at the center is basic science—not drug trials, since other organizations have that covered and UC Berkeley doesn't have a medical school. What we do have is an incredible group of neuroscientists and psychologists with big reputations in the field who have never worked with psychedelics, but recognize the potential of psychedelics to help answer fundamental questions about human consciousness. Plus, we have neuroscientific tools, including state of the art fMRI, that are as powerful as any in the world. I think if we can better understand the mechanisms by which psychedelics work, it will hasten their acceptance, because right now it's kind of a black box.

### You're really doing an incredible amount of work for the field of psychedelics. Which makes me wonder, did you have caffeine before this interview? I definitely did.

I did. I had a cup of iced coffee this morning. So yeah, I'm totally back on caffeine after my fast. Some people have drawn the wrong lesson from the book, that by abstention that I'm recommending total abstention, but I'm only recommending abstention for a brief period of time so that you can appreciate the power that caffeine has in your life. Otherwise, it's just the background; it's the furniture you don't see any more. This goes for alcohol, for nicotine, for any kind of drug. I learned this from Roland Griffiths, who dared me to get off caffeine-- most people don't know he was a leading caffeine expert before he was a psychedelic expert. We did a Zoom interview and he had a big coffee sitting right there in front of him as he told me that the only way I could really understand the power of caffeine was to get off it like he had at various times in his life. But he's back on it, too.

### What's next for you? Do you have any other projects or new books coming up?

The Berkeley psychedelic center is taking up a lot of time, since we're building an institution from the ground up. I've got some other writing projects in mind. I'm not ready to say what they are, and it may be a few years. I can say there'll be another book.

### We'll be looking forward to it. Thank you, Michael, for so generously sharing your time with us today. It's always a pleasure.

It's always fun, Brad. Thank you.

**Brad Burge** earned his B.A. in Communication and Psychology from Stanford University in 2005 and his M.A. in Communication from UC San Diego in 2009. He directed communications and public relations for MAPS, including serving as editor-in-chief of the MAPS Bulletin, from 2011 to 2020. In 2020, Brad founded Integration Communications ([integrationcommunications.com](https://integrationcommunications.com)), which provides industry-leading PR, media relations, and communications in psychedelic science, therapy, health, and wellness. Brad is also a certified Wilderness First Responder, and when he's not plugged in, you'll find him in the mountains, carrying a backpack, somewhere down a long trail.

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# MAPS' Mindful Event Participation Guidelines



**MAPS seeks to actively cultivate** a just, equitable, diverse, and inclusive psychedelic ecosystem. Inspired by the pledge **Towards an Ethos of Equity and Inclusion in the Psychedelic Movement**, to which MAPS is a signatory, we have adopted the following Mindful Event Participant Guidelines. These guidelines enumerate key elements of equitable events and steer MAPS' event planning according to **MAPS' Values**, **Seven Principles**, and **Therapy Code of Ethics**.

We promote events demonstrating aligned values while embracing opportunities to build bridges with organizers and audiences that don't share these values. We endeavor to provide educational resources to organizers -- and our commitment to equity with audiences. When evaluating our participation in an event, alignment with the following guidelines is strongly considered.

## References

- [Towards an Ethos of Equity and Inclusion in the Psychedelic Movement](#)
- [People of Color Making a Difference in Psychedelic Healing](#)
- [SSDP's Event Participation Guidelines](#)
- [Guidelines for Inclusion of Indigenous People into Psychedelic Science Conferences](#)
- [40 under 40 Outstanding BIPOC leaders in Drug Policy](#)

## 1 Focus and intention

Education, activities, messaging, and organizing principles are aligned with or in support of MAPS' mission to develop medical, legal, and social contexts for people to benefit from the careful uses of psychedelics and marijuana.

Presenters are experts with professional or relevant lived experience in their field. Presenters who offer services as therapists, coaches, or in other interpersonal services are qualified and ethical in these practices.

Events that include any setting where the likelihood of people using drugs is high, even when use is discouraged, also provide qualified harm reduction or peer support space and services.

## 2 Inclusion and diversity

Organizers, presenters, and exhibitors represent the spectrum of diversity in the psychedelic community, actively platforming voices representing marginalized communities and considering the appropriate invitation and cultural care towards Indigenous speakers, exhibitors, and attendees.

Event organizers capture voluntary identity data (e.g. gender, race/ethnicity, disability, educational attainment, sexual orientation) from presenters and attendees in order to understand how to best provide culturally-relevant programming.

Accommodations for an array of different types of physical and cognitive/mental abilities are thoughtfully provided. Safe spaces and supportive initiatives are appropriately provided for people across the spectrum of diversity, including people who use psychedelics or other drugs.

## 3 Equitable access

Equitable access for attendees, speakers, and exhibitors is provided through scholarships or low or no-cost general admission tickets. Volunteer opportunities, if available, include complimentary or discounted admission.

Nonprofit organizations, academics and researchers, and groups serving marginalized communities receive complimentary or discounted admission, sponsorship, or exhibition opportunities; travel accommodations or honoraria are available to support their speakers.

Educational portions of the event may be available online, free of cost, either concurrent with or following the event.

## 4 Feedback and accountability

Honest feedback is sought from attendees about content and attendees' experiences by providing a way for attendees to submit feedback both during and after the event. In instances where an attendee had a negative experience, organizers take accountability.

In addition to analyzing patterns within feedback, organizers consider that an inclusive event should take every individual into account. Feedback could reflect various types of minority identities (e.g. living with PTSD, vision-impaired, parenting, low-income, transgender, immuno-compromised, etc.) that could impact various parts of events.



# Prohibition-Driven Misrepresentation

and How We Can Fix It Together

Mitchell Gomez

**In 1995, 48,371 Americans died** from HIV, the highest year on record. This was just eight years after the first “AIDS quilt” and the massive public health response it evoked. Starting in 1996, these numbers began to fall, and thankfully have continued to decline virtually every year since (Ward, 1999).<sup>1</sup>

Throughout the 1970’s and 80’s, motor vehicle deaths reached a point of up to 26 deaths per 100,000 people, with 50,000 or more deaths for 7 different years between 1970 and 1980.<sup>2</sup> Because of this public health crisis, there was a massive increase in motor vehicle safety programs, new laws passed against drunk driving, and the inclusion of an office for motor vehicle safety at the Centers for Disease Control and Prevention (CDC).

In 2020, 93,331 Americans died from drug-related incidents in the United States (U.S.), an increase of nearly 30% from 2019.<sup>3</sup> This number, more than twice the highest year of HIV deaths, and nearly twice the highest year of vehicle deaths, represents the leading causes of death for people under the age of 44, even during a global pandemic which has killed nearly 700,000 Americans.<sup>4</sup> Despite this, the public health response to drug related deaths has been lackluster at best, with many in the government and media continuing to misleadingly call these deaths “overdoses.” Although this is medically accurate terminology (where “overdose” is generally used to denote “a pathological level of drug toxicity”), the public perception of an overdose is when a person consumes too much of the substance they were intending to consume.

But that is not what is happening in the U.S. today.

What we are experiencing in the U.S. today is not an “overdose crisis” in any but the most technical sense. What we are experiencing is a massive and accelerating drug misrepresentation crisis, where people are being killed by dangerous adulterants and dishonest substitutions, not by consuming “too much” of the substance they intended to consume.

All unregulated markets suffer from the problem of misrepresentation. From counterfeit medications in Africa and Asia,<sup>5</sup> to the thousands of Americans who died

from poisoned methanol under alcohol prohibition, this problem is endemic to any system of prohibition. The dynamics of prohibition leading to more potent analogues is so well understood it has been named the “iron law of prohibition” by Richard Cowan in 1986, and posits that as law enforcement becomes more intense, the potency of these prohibited substances increases. Cowan paraphrased this law as: “the harder the enforcement, the harder the drugs.”<sup>6</sup>

In MDMA markets, misrepresentation is widespread, with an entire galaxy of substituted cathinones and related substances (which the media insists on calling “bath salts”), many of which have a much higher risk profile than MDMA, being sold throughout the country. For many years, 25I-NBOMe was commonly being sold as “acid,” resulting in dozens (or perhaps hundreds) of deaths of people who were trying to consume LSD, a drug with no known fatal dose. The ketamine markets have been flooded with a whole family of dissociative analogues, many structurally related to PCP, some of which have longer time arcs, or higher risk of physiological problems. Counterfeit “Xanax” pills are also common, often made with other benzodiazepine or benzodiazepine analogues such as bromazolam and etizolam, as are counterfeit “Adderall” pills made with other stimulants, including methamphetamine and even phentermine (one half of the old diet drug fen-phen).

Occasionally there are incredibly strange misrepresentations, like a case of AB-FUBINACA, potent agonist for the cannabinoid receptors, being sold as “MDMA.” Because AB-FUBINACA is more expensive per gram than MDMA, and is almost exclusively sprayed on inert matter to be smoked as “synthetic marijuana,” this misrepresentation makes no rational sense from either a financial or experiential understanding of drugs. There have also been cases of potent and expensive opiates that were shipped from the dark web as “DMT.” The only explanation I can think of for misrepresentations of that type are mixed up baggies somewhere up the distribution chain. No matter what the specific misrepresentation, the underlying cause remains. Any unregulated market will always be subject to these issues.

In opiate markets, rampant misrepresentation really began to accelerate in 2010 as the Drug Enforcement Administration (DEA) and state authorities cracked down on so-called “pill mills,” especially in Florida.<sup>7</sup> As a direct result of the closure of many doctors’ offices willing to prescribe prescription opiates, the U.S. saw a massive increase in heroin consumption as individual consumers were cut off from their supply of prescribed opiates. As the increased demand for heroin overwhelmed production and distribution capabilities, and as border patrol was ramped up under the Trump administration, drug sellers continued to switch to ever more potent analogues in place of heroin.

Enter fentanyl.



Misrepresentation is nowhere more common, or deadly, than when it comes to the current fentanyl wave. In many cities, drug distributors no longer even have the pretext that they are selling heroin, and instead just call any powdered or “black tar” looking opioid drug they are selling “down.” Fake opioid pills are now also widespread, and in many places ANY opiate pill not received at a pharmacy is exceedingly likely to just be pressed fentanyl and binder.<sup>8</sup>

Although fentanyl has been used medically since its invention and patenting in the 1960’s, and is still today the most common surgical and cancer treatment pain management tool, it was widely confined to medical use for decades.<sup>9</sup> Although the first “unregulated use” deaths from fentanyl date to the early 1970’s, these were a rarity until the dynamics explained above caused sellers to switch to fentanyl en masse.

Although the fentanyl crisis began in opioid markets, it has now spread far beyond unregulated market heroin. Deaths from “fentanyl-adulterated cocaine” are now so common and widespread that they no longer even make the news, unless the victim happens to be famous. Despite the fact that cocaine and fentanyl are entirely unrelated drugs, they are still called “fentanyl overdoses” by the media and government. There have also been confirmed samples that were sold as MDMA, ketamine, and even N,N-DMT containing fentanyl.<sup>10:11</sup>

I get asked all the time why fentanyl is ending up in so many non-opioid substances. This question often comes from grieving families and friends who are looking for answers, but is also sometimes asked to me by the very experts our society should be able to turn to in times like these such as doctors and epidemiologists. The most common explanation given by law enforcement, that fentanyl is added to non-opioid drugs to “make them more addictive” is frankly nonsense. A person who sells fentanyl to someone seeking a non-opioid drug isn’t going to get a new customer, they’re going to get a very angry one (or a dead one?). The theories I have heard are both varied and, to be frank, wild and range from accidental cross-contamination, to

**Mitchell Gomez** is a graduate of New College of Florida (whose Alumni include the founders of Erowid, MAPS, and the Zendo Project), and has his Master's degree from CU Denver. Mitchell has been a part of the electronic music community since the late 90's, when he first started attending underground shows while still in high-school. He has worked in event production, festival entertainment, and promotion. Mitchell joined DanceSafe as their National Outreach Director in 2014 and was responsible for all volunteer coordination, including the development, implementation, and evaluation of new training curriculum and all outreach initiatives. He has volunteered with the Burning Man organization, Students for Sensible Drug Policy (SSDP), and other small harm reduction projects for many years, and is a passionate advocate for reality-based drug policy and harm reduction. In March of 2017 he was promoted to Executive Director of DanceSafe ([dancesafe.org](http://dancesafe.org)), continues to remain active in outreach activities, and is one of the leading anti-prohibitionist voices today.



non-state actor terrorism, to philosophical prohibitionists poisoning the drug supply to discourage use. As a society, we cannot fix a problem until we understand the causes of that problem, and calling these “overdoses” seeks to obfuscate what they really are. No matter what the reason, or combinations of reasons that this is happening, there is one underlying cause for it all.

Fentanyl ends up in other drugs because those drugs are illegal, and not being distributed through a regulated supply.

On June 18, 1971, President Richard Nixon gave a speech during which he declared drug abuse “public enemy number one”, launching the modern war on drugs. That year, 6,771 Americans died from what the CDC at the time called “drug poisonings.”<sup>12</sup> Since that time, the United States has spent over a trillion dollars on fighting the war on (some people who use some) drugs.<sup>13</sup> We have locked up a larger prison population (both per capita and in absolute numbers) than any other civilization in the history of the world.<sup>14</sup> We have eroded the 1st and 4th Amendment to the point that they are hardly recognizable, and we have created a massive, unchecked bureaucracy in the DEA with the power to write the laws they are charged with enforcing. On top of all of this, over a million Americans have died from drug incidents since that dark day.

What has this bought us? What have we gained?

There are, of course, many mitigations that we can deploy to reduce the rate of fentanyl deaths. The distribution of narcan, to both drug users and non-drug users alike, is extremely helpful. Educating everyone about fentanyl adulteration, starting in middle schools, and how to test using fentanyl test strips can also reduce these incidents. But all of the mitigation techniques in the world can't fix a problem that is intrinsic to prohibition, and only ending prohibition can truly end this problem.

What the United States (and the world) needs is clear. The only way to end these deaths is with the legalization of not just drug possession, but of drug supply.

Only with full legalization will we be able to regulate drug markets, educate all people about how to mitigate the risks of use, and bring an end to the largest public health crisis in U.S. history.

It's time.

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# Indigenous Reciprocity Initiative of the Americas: A Respectful Path Forward for the Psychedelic Movement

What Does it Mean to “Embody Reciprocity”?

Joseph Mays, M.Sc., Daniela Peluso, Ph.D., and Bia Labate, Ph.D.



**As the “psychedelic renaissance” thrives**, the psychedelic community finds itself navigating the merging realms of social, ecological, and political currents that can reflect the interconnectedness of the natural world often illuminated by the psychedelic experience. The dizzying momentum of the psychedelic movement’s rapid trajectory towards an unknown future threatens to hurdle straight past such delicate interconnectedness, without a moment to pause and reflect on our position at this intersection of global capitalism, healthcare and criminal justice reform, environmental conservation, and Indigenous rights. A movement comprised of multiple stakeholders—seekers, practitioners, business leaders, investors—that face the difficult task of orienting themselves amidst the competing and conflicting goals of private enterprise and collective liberation and healing for themselves and the planet. In light of these circumstances, it is important to be properly oriented so as to recognize our distinct positions within this broader system. If we can understand the historical and contemporary context of the issues we’re confronted with, then we can begin to ask how to properly honor the relationships among which we are participants. The myriad tensions of this moment emerge from a situation of inequitable imbalance: a political history of ongoing colonization, global wealth disparities, ecological imbalance manifesting a cascade of environmental catastrophes coinciding with a growing climate crisis, a global pandemic (Bloomfield et al., 2020; Lamber, 2020), an economic imbalance driving “diseases of despair” (substance use disorder, depression, suicidality, etc.) and the disempowerment of local communities.

Proposed solutions are complex and various; clearly, significant change is needed at the local and outer systemic levels, in the immediate and the long-term. However, there are certain principles that we can align with to allow for direct, impactful progress towards a regenerative and just psychedelic industry. The concept of “reciprocity” is



The Yawanawa Sociocultural Association addresses the need of their communities along the Gregório River in Brazil

meaningful across stakeholders (recognizably, in different ways), yet it does provide a crucial meeting ground for our collective efforts to right such imbalances. Chacruna's **Indigenous Reciprocity Initiative of the Americas** (IRI) is an effort to ensure that there is an accessible portal for reciprocity to flow in ways that are not strictly entrenched in the psychedelic industry but rather in the broader worlds from which psychedelics sprout forth and where social movements and initiatives exist that are not consumed by or trapped in non-Western-facing activities. In this regard, Chacruna's fund has sought to support groups working on the ground to solve local problems in the regions that are scarred by historical injustice as well as the inequalities brought about by psychedelic tourism itself.

While more and more people see the benefits of psychedelic medicine in their own lives, they also recognize the urgent need to support both the environment and marginalized communities who are the most vulnerable to the devastation caused by deforestation, economic instability, food insecurity, and lack of political autonomy. If one were to step back and consider the histories of the regions from which psychedelics emerge, including the “pet projects” of Western-owned or influenced psychedelic centers in the Global South, we would be able to witness that there are groups who have long commitments toward local and environmental justice. IRI is designed with the hope of promoting Indigenous autonomy, agency, and self-determination. Recognizing local empowerment is the single most impactful lever for effecting positive social and environmental change. It offers an alternative to succumbing to an economic order—including those inspired by “good intentions”—that depends (directly or indirectly) on the exploitation of the most marginalized groups throughout the world and in the Global South. IRI's approach offers a pathway for individuals and groups with shared concerns to contribute towards greater social and ecological well-being, including preservation of plant medicines in the environments and communities where they originate.

## Costs and Benefits

Whether dealing with plant medicines or synthetic, second-generation psychedelics, the question of whether “psychedelic capitalism” can avoid recreating the same inequality endemic to conventional capitalism remains unanswered. Dave McGaughey of the Aurn Project questions whether any amount of good intentions can trump the inevitable consequences of

a profit-driven industry that siphons resources from communities in the ultimate pursuit of shareholder returns (2021). Another important characteristic of capitalism as it relates to psychedelics, in addition to the upward transfer of wealth and externalization of costs, is the way that it necessarily divorces these medicines and practices from their cultural and ecological

contexts, leading toward the commodification of plants and related practices through the entrepreneurs and industries that are built around them (Peluso, 2016).

With psychedelic plants, there is a tangible relationship between ourselves, our act of consumption, the histories that have made this act possible, and the ecological, cultural, and material cost of that medicine making its way into our hands. Even when using a synthetic psychedelic, or any other synthetic product, that relationship is further obscured, but it is still there at its core. Every scrap of plastic or wood or metal we see or touch comes from somewhere in the broader ecosystem, and there is no aspect

of human life that is not ultimately reliant upon nature.

Our economic systems and the cultural-conditionings they produce inadvertently work toward separating us from the history and the production of the things we consume—from our medicine, to our food, to every single material or chemical compound that we use—all of it is ultimately extracted from a natural source and the labor that surrounds it or is demanded of it. When confronting the imbalances that underlie our social, ecological and economic crises, such relationships should be examined and understood; only then can the seeds of reciprocity take root. Whether you are working with second-generation psychedelics, synthetics, or natural plants, the principle of relationship is fundamentally the same.

## Reciprocity and Righting Imbalance

“Reciprocity” as an Indigenous concept is variably expressed across cultures. In writing, it is commonly linked to the Quechua term “ayni,” and invoked along with Euro-American ideals of balance and harmony. Rather than associating it with colonial “noble savage” stereotypes, so often ubiquitous in psychedelic circles, deeper investigation of “ayni” reveals a world in a perpetual state of dynamic imbalance, whereby every living moment's inherent disequilibrium requires constant vigilance and continual re-ordering (Allen, 2019). Those constant re-balancing efforts are all in service of societal well-being, itself informed by the animistic idea (frequently glimpsed at



de la Tierra formed in alliance with the Kofan of AVIE, an ancestral community within the Cofan Bermejo Ecological Reserve at the border of Ecuador and Colombia

with the help of psychedelics) that “society” consists of both human and non-human persons (e.g., animals, forests, rivers, mountains). Life is only possible in relationship with a diverse society of beings, and reciprocity is an orientation prioritizing those relationships over individual human agency.

The reminder that reciprocity and well-being do not entail a mystical state of perfect harmony, but rather an “on-going relational process among all beings” (Allen, 2019, p. 9) is apt, especially when working within the same system responsible for the monumental injustices of colonialism in all its ongoing forms, including cultural, ecological and bio-piracy. At its core, IRI recognizes that the psychedelic industry profits from Indigenous knowledge. IRI takes it a bold step further by recognizing that Indigenous knowledge is made up of more than the token individuals, groups and projects associated with the psychedelic industry. A commitment to reciprocity is an ongoing and consistent commitment to righting that imbalance; it must be striven for day after day, and can only take place within a system of relationships.

## The Indigenous Reciprocity Initiative of the Americas (IRI)

IRI is a grassroots network of 20 Indigenous organizations throughout the United States, Mexico, Costa Rica, Colombia, Ecuador, Peru, and Brazil, acting as a resource that promotes community-led projects. The community-led initiatives supported by IRI address everything from food security and environmental health, to economic and educational access, to land tenure and cultural conservation, and more. While the resource is open for anyone to directly support and learn about any of the participating organizations via their own channels, contributions to the IRI Program’s pool of funds are equally distributed to all 20 organizations, with Chacruna taking an administrative fee of 7.5%. This way, IRI is inclusive of Indigenous communities and movements that may not already be known to the psychedelic community and the global North in general. It also avoids creating an atmosphere where different groups struggle for the spotlight and compete to have their priorities recognized by an audience with different incentives than their own. Not every group in IRI explicitly uses psychedelic plants, and not all the initiatives are focused on psychedelics—this allows our platform to highlight other marginalized groups and environments that may not be as glamorous or carry the same appeal for psychedelics enthusiasts. At the same time, it brings in groups that may have been cut off from their ancestral lineages or lands due to legacies of colonialism and displacement, avoiding the limitations of intellectual property or access and benefit-sharing schemes.

IRI represents a deeper, more holistic form of connection that seeks to decouple Western perceptions of indigeneity from

the tropes typically marketed and consumed in the psychedelic community. Psychedelics users in the Global North often view Indigenous communities as monolithic entities from which different plants and practices are freely appropriated, “a buffet of interchangeable ecologies and cultures” (Negrin, 2020). This is part of IRI’s decolonized approach, but also the deeper message that empowering Indigenous autonomy and self-determination is the most effective approach to planetary wellbeing. It is also recognizing the skewed power relations between individuals and business owners who depend on the know-how of their workers to generate the wealth they accumulate and the products they consume, within the greater framework of the tendency of the Global North to extract labor and resources from the Global South and, in turn, weakening local communities that depend on the biosphere for everything that sustains them.

In the first three months after being launched, IRI raised \$60,000 for Indigenous initiatives; providing donations that support the invaluable work of the communities involved without imposing outside agendas. The unconditional nature of the funds they receive means that they can raise money for their salaries, their transportation and healthcare costs, and the purchase of vital supplies for their projects. It allows them to meet the urgent and constantly transforming needs of their communities, as well as contribute towards their own long-term goals and self-determined priorities.

Each initiative has its own structures for accountability, but they are all driven by community consensus; IRI doesn’t require regular reports from participants or formally defined deliverables apart from the ones they set for themselves. Due to being built on long-term relationships of trust, interactions happen organically and free from any coercive pressures. Since

the launch of IRI in April, IRI participants continually share updates with Chacruna: **Amazon Frontlines** has been able to support the A’i Kofán of Sinangoe’s community mapping project, a strategy integral to fighting for protection and control of their own resources and shared by the Kichwa initiatives of **Yakum**, who also built new nurseries with two Kofán women’s associations, and

remain on track to plant 30,000 trees of native species selected and voted on by community assembly. **RAIN** was able to directly fund the construction of Kaingang nurseries, capable of producing 70,000 trees per year to reforest territories with their traditional Parana pine; **Xapiri Ground** has continued their Matsigenka community-directed audiovisual documentation of traditional songs and stories; **Alianza Arkana** has implemented pilot medicinal plant gardens and seed-sharing initiatives in their Shipibo-Konibo communities; **Hablemos de Hikuri** has been able to make progress with their hikuri (peyote) conservation initiatives; and **Sacha Warmi** focuses on strengthening Indigenous concepts of health through active participatory



Indigenous  
Reciprocity  
Initiative  
OF THE AMERICAS



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Institute for Psychedelic Plant Medicines

**Joseph Mays, M.Sc.**, received his Master's in Ethnobotany from the University of Kent upon researching responses to globalization by indigenous Yaneshas of central Peru. After graduating with biology and anthropology degrees from Virginia Commonwealth University, he conducted an ethnobotanical survey in the Ecuadorian cloud forest and published a medicinal plant guide for the Jama-Coaque Ecological Reserve. His conservation work emphasizes how cultural-conditioning influences approaches to biocultural sustainability. Joseph is Program Director of Chacruna's Indigenous Reciprocity Initiative of the Americas, where he conducts research and builds connections with small Indigenous communities throughout the Americas to support Chacruna's mission of increasing cultural reciprocity in the psychedelic space.

**Daniela Peluso** is a social-cultural anthropologist who received her Ph.D. from Columbia University in 2003. Dr. Peluso's research interests range from Amazonian to corporate environments and her teaching brings together divergent and similar aspects of the 'exotic' and ordinary, global and local for a contemporary understanding of and approach toward social anthropology. Over the last three decades, Dr. Peluso has worked in Lowland South America, mostly with Ese Eja communities in the Peruvian and Bolivian Amazon, and in close collaboration with indigenous organizations. She has been involved in various local efforts on issues relating to health, gender, and land-rights. Daniela is an Associate of People and Plants International, an advisory board member of Chacruna, and currently manages the Lowland South Americanists listserv (LOSAN), which provides an interdisciplinary network for European colleagues working in Lowland South America and neighboring regions.

**Dr. Beatriz Caiuby Labate (Bia)** is a queer Brazilian anthropologist based in San Francisco. She has a Ph.D. in social anthropology from the State University of Campinas (UNICAMP), Brazil. Her main areas of interest are the study of plant medicines, drug policy, shamanism, ritual, religion, and social justice. She is Executive Director of the Chacruna Institute for Psychedelic Plant Medicines ([chacruna.net](http://chacruna.net)), Public Education and Culture Specialist at the Multidisciplinary Association for Psychedelic Studies (MAPS), and Adjunct Faculty at the East-West Psychology Program at the California Institute of Integral Studies (CIIS). She is also a member of the Oregon Psilocybin Advisory Board's Research Subcommittee, and Diversity, Culture, and Ethics Advisor at the Synthesis Institute. Additionally, she is a co-founder of the Interdisciplinary Group for Psychoactive Studies (NEIP) in Brazil and editor of its site. She is author, co-author, and co-editor of twenty-four books, two special-edition journals, and several peer-reviewed articles ([bialabate.net](http://bialabate.net)).

engagement on contemporary issues such as COVID-19, flooding, climate change, and contamination of local resources.

These are just a few examples from the network of 20 organizations that can all be followed through Chacruna's Indigenous Reciprocity Thursdays series.

*For all of us, becoming indigenous to a place means living as if your children's future mattered, to take care of the land as if our lives, both material and spiritual, depended on it.*

*Braiding Sweetgrass* by Robin Wall Kimmerer, Patowatomi ethnobotanist and ecologist

If we can recognize and reorient ourselves toward the work of others, rather than to take over the spaces or processes of local peoples, then we stand a better chance of achieving ecological well-being, a safe and healthy environment for current and future generations of humans and non-humans alike, and a diverse biosphere. Then, perhaps, we can come to see the relational world of diverse beings we inhabit. As we attempt to grapple with this dawning realization, we can move away from cynicism and helplessness and embody reciprocity in all that we do.



Xapiri Ground works with the Matsigenka of Shipetiari along the Rio Madre de Dios for their 'The Storytellers' project, recovering and documenting traditional songs

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# Philosophy of Psychedelic Therapy

## Existential Medicine or Comforting Delusion?

Chris Letheby, Ph.D.



**In the ever-accelerating psychedelic renaissance**, one question has attracted the bulk of the attention: Do psychedelics (plus psychotherapy) safely and effectively reduce psychiatric symptoms? Another question has seen far less attention, but is equally interesting: Are the things that people experience on psychedelics real? Do these substances induce genuine insights into self and world, or just hallucinations and delusions? Are the spirit world or the cosmic consciousness really out there, existing, independent of our beliefs – just like Joe Biden and the planet Neptune? Or are they figments of our imagination, like the characters of dreams and literary fictions? Is psychedelic therapy, in Charles Grob's (2007) phrase, an “existential medicine?” Or is it, as Michael Pollan (2015) wondered, “simply foisting a comforting delusion on the sick and dying?” (Here I focus solely on “classic,” serotonergic psychedelics, such as LSD and psilocybin.)

This question was debated in the first, mid-20th century wave of psychedelic psychiatry. In 1963, Willis Harman ascribed the perceived unacceptability of psychedelic therapy to a “fundamental empirical fact: Through the psychedelic experience persons tend to accept beliefs which are at variance with the usual conception of the ‘scientific world view.’” (Harman 1963). In 1974, the philosopher Robert Nozick introduced his famous thought experiment about the *Experience Machine*, a virtual-reality system that can give you the richest, most satisfying simulated life imaginable. Nozick (1974) argued that it would be a mistake to plug in, because pleasure and pain are not the only things that matter for a good life: it also matters that our beliefs are founded in reality. The thought experiment aims to undermine the hedonist view that only pleasure and pain matter for well-being. Interestingly, Nozick relates the Experience Machine to the ongoing debate over “psychoactive drugs,” by which I believe he means psychedelics. He explains the “intensity” of this debate as follows: some people view psychedelics as akin to the Experience Machine – a route to a satisfying but fake reality – while others see them as a path to a deeper, more authentic reality.

Why have these questions gained comparatively little attention in the recent wave of research? It is tempting to speculate about changing cultural currents, about

a postmodern skepticism regarding truth and knowledge, and about the “post-truth” era of alternative facts and online conspiracy theories. Some have argued that the epistemic status of psychedelic experiences is relatively unimportant compared to their therapeutic benefits (Flanagan and Graham 2017). This may be so, but it does not show that truth and knowledge are completely unimportant and can simply be ignored. Indeed, this is one of the points of Nozick’s Experience Machine.

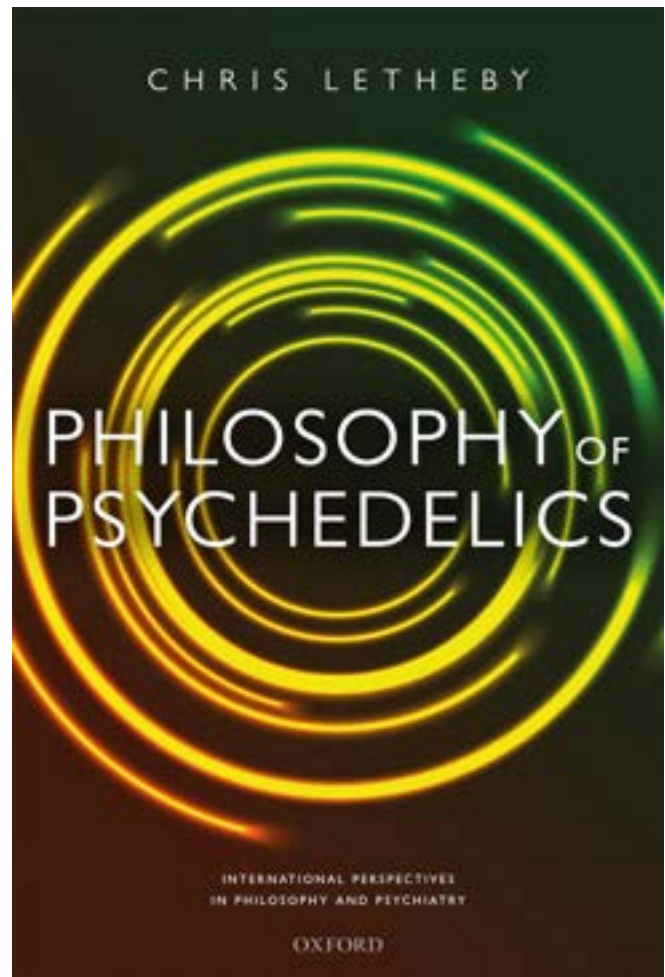
Another point that sometimes gets raised is that we can never know for certain whether psychedelic insights are accurate or not – but certainty is a red herring. The jurors in a criminal trial can never know for certain whether the defendant is guilty, but we all understand that it is possible and important to try to determine the most probable hypothesis using evidence and reason. The same point applies to virtually every decision we make in our lives. One of the great lessons of the last few centuries of epistemology, the philosophical study of knowledge, is that complete elimination of doubt is unattainable, but unnecessary: infallibility is not a prerequisite for reliable knowledge. Making decisions and forming beliefs under uncertainty is just the human condition. We cannot know for sure which answer is true, but this need not and should not stop us making a serious, rational attempt to figure out, tentatively, which answer is probably true.

In my book, *Philosophy of Psychedelics* (Letheby, 2021), I approach this project from the perspective of philosophical naturalism. The term “naturalism” has different meanings in different academic disciplines, but in contemporary English-language philosophy, it often denotes the view that the natural world studied by science is all that exists. How exactly to define “natural” is a difficult question. But most versions of this view endorse a materialist or physicalist account of mind, holding that consciousness is an outcome of complex development, rather than being basic or fundamental in the universe. So, according to naturalism, there is no cosmic consciousness, no spirit world, and no literally existing “discarnate entities” (Luke, 2011).

Of course, one of the most common apparent insights induced by psychedelics is that there is some deeper level of reality than the everyday empirical world. The longstanding traditions of ritual psychedelic use in non-Western cultures typically embed this use in metaphysical frameworks that posit the literal existence of spirits and the spirit world (Winkelman, 2021). Echoing this view, the religious scholar Huston Smith said: “The central message of the entheogens [is] that there is another Reality that puts this one in the shade” (2000, p. 133). Since my project is to pursue a naturalistic understanding of psychedelic therapy, I do not engage in detail with these traditions and frameworks. But why pursue a naturalistic account? Why not take this apparent insight at face value and reject naturalism?

A full answer to this question would require delving deeply into issues in metaphysics, epistemology, and related areas. But there are two basic reasons. First, naturalism is a simpler, more parsimonious view than alternatives which posit another reality. Second, there is no compelling evidence that disembodied entities or cosmic minds exist. Of course, we still lack a convincing naturalistic explanation of conscious experience itself— the so-called Hard Problem (Chalmers 1995). But this does not prove much, in itself. The scientific study of consciousness is relatively young, and all fields have unsolved problems. Still, one might wonder, why not take psychedelic experiences themselves as strong evidence against naturalism? My basic answer is that a naturalistic worldview has the resources to explain the many strange and striking features of psychedelic experience that often prompt non-naturalistic interpretations. This is something I try to show in the book.

Where does this leave us with respect to our initial question? Is psychedelic therapy, after all, simply foisting a comforting delusion on the sick and dying? Not so fast. Suppose, for argument’s sake, that my brand of naturalism is true. Given that assumption, if psychedelic therapy were to alleviate psy-



chiatric symptoms mainly by inducing comforting beliefs in “another Reality”, then it would work mainly by the induction of false beliefs. But, I argue, this is an implausible account of how psychedelic therapy works. It seems plausible initially, given the well-established correlation between ratings of mystical-type experience and good clinical outcomes. But the picture becomes more complicated when we examine the kinds of experiences that are being captured by the relevant psychometric questionnaires. Many psychedelic therapy patients do not emphasize metaphysical epiphanies or encounters with another Reality (Breeksema et al. 2020). Some patients report experiences of this kind, but others do not. More consistently emphasized are emotional breakthroughs, psychological insights, feelings of connectedness and acceptance, and changes to the sense of self. In short, the relevant psychometric instruments cast a broad net.

So, I argue that psychedelic therapy does not work mainly by changing people’s metaphysical beliefs—even though it sometimes does that. Rather, it works mainly by disintegrating mental representations of the self, which can become rigid and dysfunctional in mental disorders; this allows these self-representations to be revised for the better (Letheby and Gerrans 2017). By stepping outside her ordinary self-conception and seeing its constructed nature, the psychedelic therapy patient can access alternative self-conceptions: the person with substance use disorder can imagine a less chaotic future for herself; the depressed or anxious person can experience a return of hope and vitality, or a world that does not present as fundamentally threatening and unsafe.

Interestingly, this process of revising the “self-model” involves the acquisition of genuine forms of knowledge that are compatible with naturalism. Often, when we think about knowledge, we think of “factual” or “propositional” knowledge – knowing that certain things are the case. A textbook example is knowing that Paris is the capital of France. It is possible that many psychedelic therapy patients acquire propositional knowledge about their own minds, such as psychodynamic insights into their previously unconscious emotions and motivations – though even insights of this kind can turn out to be false. (Sober scrutiny, assisted by a therapist, provides a valuable check.) But there are other kinds of knowledge, too. Notably, there is “ability” knowledge, or knowledge how – what we have when we know how to ride a bicycle, or how to speak Arabic. There is evidence that psychedelic therapy patients acquire certain kinds of ability knowledge through their experiences – notably, knowledge how to relate to their own thoughts and feelings in open, accepting ways, similar to the attentional skills cultivated in mindfulness meditation.

A third type of knowledge discussed by philosophers is **knowledge by acquaintance**, which roughly involves knowing something directly, or experientially, rather than via book-learning or others’ testimony. There are important facts that are easy to know about indirectly, by reading the reports of mystics and psychonauts, but harder to know about directly – such as the human mind’s potential for profound wonder and ecstasy, and the constructed nature of the ordinary sense of self. Many psychedelic therapy patients go from having only indirect knowledge about their minds’ potential to being directly acquainted with this potential as it becomes manifest in their field of consciousness. Finally, in a similar vein, psychedelic experiences can help patients acquire new knowledge of old facts. Certain facts that they already knew in an intellectual manner, such as the inevitability of death or our interconnectedness with the natural world, can be known in a new way. As one patient put it, the psychedelic experience “brought [her] beliefs to life, made them real, something tangible and true” (Malone et al. 2018, p.4).

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By stepping outside her ordinary self-conception and seeing its constructed nature, the psychedelic therapy patient can access alternative self-conceptions: the person with substance use disorder can imagine a less chaotic future for herself; the depressed or anxious person can experience a return of hope and vitality, or a world that does not present as fundamentally threatening and unsafe.

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**Dr. Chris Letheby** is a philosopher working on issues related to the therapeutic and transformative potential of classic psychedelic drugs. In his work, Letheby argues that a traditional conception of psychedelics as agents of insight and spirituality can be reconciled with naturalism, the philosophical position that the natural world is all there is. He is currently Lecturer in Philosophy at the University of Western Australia and Postdoctoral Researcher at the University of Adelaide on the Australian government-funded project “Philosophical Perspectives on Psychedelic Psychiatry.” His monograph, *Philosophy of Psychedelics*, was published in 2021 by Oxford University Press.

One of the main conclusions of my book is this: From a naturalistic perspective, psychedelics can be both existential medicines and agents of comforting delusions. However, when it comes to their current therapeutic use, the former term is more apt and accurate. Psychedelics do not reduce psychiatric symptoms mainly by changing patients’ metaphysical beliefs, but by facilitating a transformative re-appraisal of fundamental assumptions about the self, the world, and the relations between the two. Moreover, this process involves genuine knowledge acquisition – so even from a naturalistic perspective, psychedelic therapy confers substantial epistemic benefits, as the philosophical jargon has it.

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# Psyche Unbound

## Lessons for a Career in Psychedelic and Holotropic Therapies



Michael Mithoefer, M.D.

*Psyche Unbound: Essays in Honor of Stanislav Grof* is a festschrift in celebration of the 90th birthday of a pioneer in psychedelic-assisted therapy, breathwork, and transpersonal psychology copublished by MAPS and Synergetic Press. The new collection, edited by Richard Tarnas, Ph.D. and Sean Kelly, Ph.D., features contributions from thought leaders of the last five decades including Joseph Campbell, Huston Smith, and Michael Mithoefer, M.D., excerpted here.

**Stanislav Grof’s contributions to the** understanding of the psyche and the healing potential of holotropic states of consciousness are only beginning to be realized in current Western psychiatry and psychology. His work has been conveyed largely through his scientific papers, books, and lectures. I’m grateful for this opportunity to write about another avenue through which Stan taught and influenced many people who have carried his teachings into their own work: the Grof Training. For many of us, our time in Grof Training was life-changing; for some of us, it also changed the direction of our careers.

In 1990, after ten years of practicing emergency medicine, I was ready for a change. In the emergency department, the suffering I was treating so often had its roots in psychological trauma and longstanding societal forces. I was longing for a different, more collaborative approach to supporting people in their healing, and curious about possibilities for addressing the underlying causes of suffering. Casting about for a new direction, I came across a book in the library at the Medical School in Charleston, South Carolina: *Beyond the Brain* by Stanislav Grof. I was impressed that they had that book on their shelves at all, and not surprised that I was the first to check it out. The “cartography of the psyche” Stan described in the book was a startlingly powerful map for understanding human consciousness, including some of my own psychedelic experiences from twenty years earlier. The impact of the book on my career is evidenced by the result; I applied to Psychiatry Residency and the Grof training, and started both in 1991.

Over three years of psychiatry training I made periodic trips to California for a total of nine six-day Grof training modules. This made for an interesting contrast. The psychopharmacology taught in psychiatry training was aimed at suppressing symptoms, and Stan was demonstrating that “a symptom is something that’s halfway out,” so it may become more pronounced in the process of releasing. Most people at the Institute of Psychiatry in Charleston thought that lying on the floor with patients and doing bodywork during hours-long breathwork sessions was unethical and dangerous. Many people in the Grof training thought psychiatric drugs and psychiatry, in general, were dangerous. While I was grateful to learn from each of these very different approaches, without question I found the Grof model far more compelling in terms of understanding and bringing healing to human suffering. A few years later, my wife, Annie, also completed the Grof training. For the next ten years, we worked with patients in our outpatient psychotherapy practice and in monthly holotropic breathwork groups that we facilitated together. From the beginning, our therapy practice was oriented toward the principles we learned from Stan, that our role is to trust and support each individual’s inner healing intelligence.

Over those ten years facilitating holotropic breathwork groups, we saw many examples of profound healing and growth, often in people who had not responded to years of therapy and medications. We also recognized that breathwork wasn’t effective for everyone. As in most areas of medicine and psychology, we need an array of different tools for different people, and there was already a body of work exploring other tools for catalyzing access to holotropic states. Stan Grof and others had published clinical research as well as case reports using psychedelics in the setting of psychotherapy, and some psychedelic plant medicines had been used for healing and exploration in other cultures for centuries. Knowing this, Annie and I felt a duty to our patients to research psychedelic treatments aimed at making them available for clinical use.

In early 2000, we approached Rick Doblin, who had formed MAPS for this purpose in 1986. It is no coincidence that Rick had also trained with Stan and Christina Grof in one of their earlier training groups, so we shared that foundational orientation. The inspiration for the MAPS research, and the therapeutic approach we have been using in clinical trials of MDMA-assisted psychotherapy for post-traumatic stress disorder (PTSD), stems directly from the training that Rick and Annie, and I had with Stan, Christina, and the other wonderful teachers at Grof Training. This influence includes the opportunity to engage in our own deep personal work as an essential element of learning to support others in deep healing. Now, after twenty years of successful MAPS-sponsored studies, MDMA-assisted psychotherapy is likely on the verge of FDA approval for use in conjunction with psychotherapy. This will be a unique event: a drug brought to market through a non-profit and public benefit model, and used not just as a pharmacological agent but as a catalyst to access a deep healing. To use Stan’s language, it will be an FDA indication for a drug aimed at accessing “the healing potential of non-ordinary states of consciousness” guided by the “inner healing intelligence.”

I will describe some of the seminal moments and teaching points I recall from Grof Training, which Stan conveyed with theories, stories, and by his own example. Here is some of what I learned from Stan:

Inviting someone to do inner work and agreeing to support them in non-ordinary states of consciousness is a commitment that takes compassionate presence, energy, flexibility, a sense of humor, and stamina. The most powerful lessons for me came from spending hours watching Stan and other teachers during holotropic breathwork sessions, as they stayed with the last people in the room at the end of long, intense

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The overarching lessons I take from Stan, on which all the others depend, are lessons of courage, scientific honesty, and the ethical responsibility of physicians and therapists to the well-being of their patients, and of all of us to the well-being of each other.

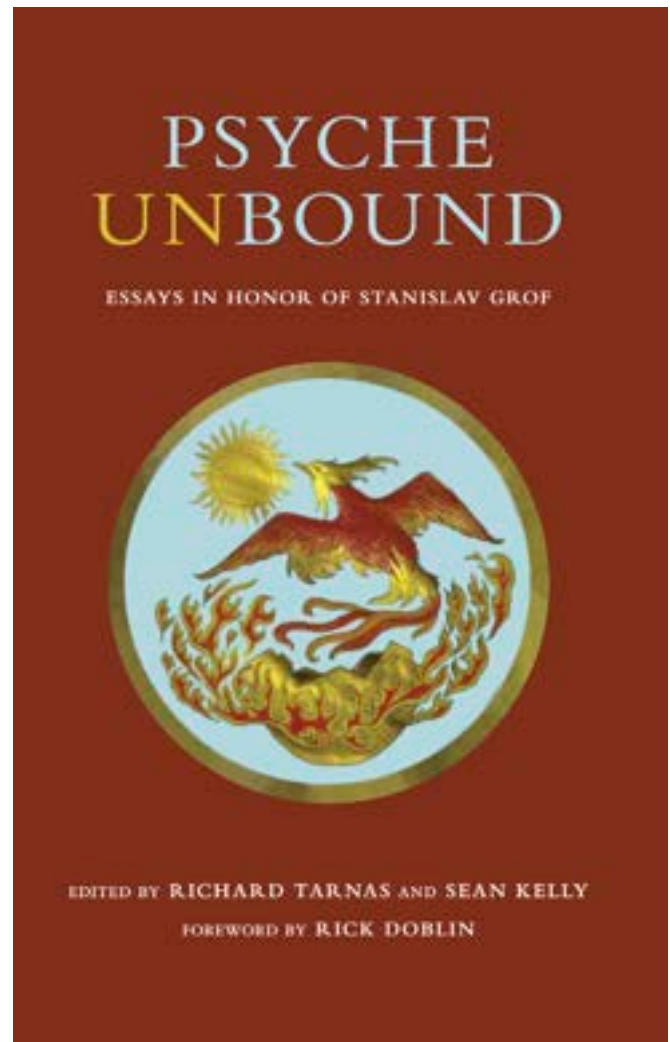
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breathwork sessions. We saw again and again that taking extra time at the end of a session often allowed a level of healing that would not have been reached in therapy with a rigid schedule. Stan was almost always there until the end of the session, and later in the evening, often the last person awake in the hot tub at midnight ready to play another round of Higgledy-piggledy, a very complex word game I think he and Christina had invented.

Supporting someone who has the willingness and courage to do deep inner work is a great privilege that can be as nourishing as it is demanding, and as energizing as it is tiring. One of the most inspiring things I've heard Stan say was in Atlanta at what was billed at the time as his last public holotropic breathwork group before retiring at 70 (none of us really thought he would stay retired). We were standing around and someone asked him how it was to turn 70. His reply was something like, "Oh, it's wonderful! The older you get, the more interesting life should become because you've had so many experiences to draw from." At a time when I was already hearing friends in their late 50s or early 60s bemoaning the way things weren't "what they used to be," I knew which example I would try to follow.

Curiosity, respect, and trust in the inner healing intelligence are usually more helpful than theories about pathology. This is expressed in another of the most striking things I heard Stan say during a training module (I haven't seen this written down anywhere, so this is from my memory). One of the trainees had asked him what he would do if he thought someone is being manipulative during a session rather than genuinely in a deep process. Since Stan had many years of psychoanalytic training in the past, I'm sure he could have come up with explanations about character pathology based on psychodynamic theory, but my memory is that he said this, "In that kind of situation, I choose to believe that there is something going on that I do not understand." The unspoken extension of that choice is that he would then continue to stay present with an attitude of curiosity, love, and trust in that individual's own ability to discover their own path to healing. This is true to what Stan has often quoted his friend Joseph Campbell as saying: "If you're going to have a story, have a big story, or none at all."

Preparation to support others in deep process includes the therapist's own inner work. The Grof training teaches a framework for understanding the nature of consciousness and an approach to healing based on facilitating each individual's own innate healing intelligence. Stan's extensive knowledge about the therapeutic and cultural use of psychedelics and other technologies for shifting consciousness, combined with his "cartography of the psyche," brings wonderful depth and color to his teaching. However, maintaining balanced presence in the face of suffering and emotional intensity requires more than a cognitive framework. Essential elements of Stan's teaching are



conveyed by his example, his modeling of compassionate, courageous, and seemingly tireless presence with people during holotropic breathwork sessions. And at every Grof training module, trainees participate in their own breathwork sessions as well as acting as sitter and facilitator for others. For me, this direct experience was the heart of the training. Although I arrived for my first training module after having had a number of years of psychotherapy, as well as past psychedelic experiences, it was quickly obvious to me how much more I had to do. Happily, it also soon became obvious what an extraordinary opportunity was presented for us all to learn through the direct experience of facing our own challenges while supported with the skill and love of facilitators who trusted our inner healing intelligence even when we were not yet able to trust it ourselves. In line with this, one of the requirements in the Grof training is that trainees can take as long as they want to complete the training modules, but are not allowed to do it in less than two years because it takes at least that long for trainees to integrate the major shifts in perspective that may come over the course of their own holotropic breathwork sessions.

**Michael Mithoefer, M.D.** is a psychiatrist living in Asheville, NC, with a research office in Charleston, SC. In 2000, he began collaborating with MAPS on the first U.S. Phase 2 clinical trial of MDMA-assisted psychotherapy. He and his wife Annie have since conducted two of the six MAPS-sponsored Phase 2 clinical trials testing MDMA-assisted psychotherapy for PTSD, as well as a study providing MDMA-assisted sessions for therapists who have completed the MAPS-sponsored MDMA Therapy Training Program, and a pilot study treating couples with MDMA-assisted psychotherapy combined with Cognitive-Behavioral Conjoint Therapy. He is now Senior Medical Director for Medical Affairs, Training and Supervision at MAPS Public Benefit Corporation (MAPS PBC). He is a Grof-certified Holotropic Breathwork Facilitator, is trained in EMDR and Internal Family Systems Therapy, and has nearly 30 years of experience treating trauma patients. Before going into psychiatry in 1991, he practiced emergency medicine for ten years, served as medical director of the Charleston County and Georgetown County Emergency Departments, and has held clinical faculty positions at the Medical University of South Carolina. He has been board-certified in Psychiatry, Emergency Medicine, and Internal Medicine.

Some specific skills are important to have, such as how to offer nurturing touch or do bodywork safely and effectively to support release in the body. More important is knowing when not to use any skills other than compassionate presence. This requires that the facilitators have sufficient self-awareness and capacity to refrain from acting on their own fears in the face of intensity, or acting from a need to feel skillful or useful. Any direct work with the body should come only after time and encouragement to bring attention to the body, and to allow any movement, shaking, or other spontaneous process to unfold. This is often sufficient, without intervention by the therapists, which is needed only if the process becomes stuck. Premature or unnecessary intervention may be a distraction from an unfolding process that might have resolved without intervention, and may have led in unexpected and helpful directions. Stan has used the example of a sitter in a breathwork session who decided her “breather” needed to be comforted, so she started stroking his head and coddling him like a baby. She found out later that the breather had been having an experience as a Viking, so comforting was not what he needed!

On the other hand, support offered skillfully at the appropriate time can be a great service. I watched Stan during a breathwork session at a training module; a woman had been in an apparently very emotionally upsetting process with lots of writhing and crying on the mat for a long time. Her sitter was next to her, very attentive but not engaging. Stan walked up and stood watching for minutes. He then slowly lay down beside her and watched for several minutes more without her being aware of his presence. His pace and manner conveyed deep caring and deep respect for her process. Finally, he said gently, “Do you really want to do this alone?” The dam broke. When she felt the loving connection and Stan’s offer of non-intrusive support her process shifted dramatically to one of welcome release.

The experiences illustrated by these vignettes have profoundly influenced my personal life and my work. They are the underpinnings of our approach to MDMA-assisted psychotherapy in MAPS-sponsored clinical trials conducted over the past seventeen years. The overarching lessons I take from Stan, on which all the others depend, are lessons of courage, scientific honesty, and the ethical responsibility of physicians and therapists to the well-being of their patients, and of all of us to the well-being of each other. It takes these qualities to explore one’s own psyche deeply; to remain intensely curious in the face of discoveries that don’t fit with prevailing dogma about the nature of reality; to follow what patients are telling you they need, even if it means straying from rigid professional boundaries regarding touch and length of sessions as well as concepts about pathology and the nature of healing; and to recognize the fallacy in thinking there is some essential difference between therapist and patient. During our MAPS Therapist trainings we show videos of MDMA-assisted research sessions using this kind of non-pathologizing approach. Sometimes during the videos, experienced psychiatrists start crying and tell us, “This is why I went into psychiatry, this is the kind of work I’ve always wanted to do!” Stan Grof’s contributions to psychiatry and psychology, to humanity, will continue to be felt, and are a gift to all of us as we support each other in healing and growth.

Learn more about *Psyche Unbound: Essays in Honor of Stanislav Grof*, available January 11, 2022: [maps.org/bulletin-psyche-unbound](https://maps.org/bulletin-psyche-unbound).

# The Future is Queer

## Imagining Queer-Affirming MDMA-Assisted Therapy

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LL.B., LL.M., Stéphanie Manoni-Millar, B.A.  
(Hons), and Terence H. W. Ching, Ph.D.



**The chronic and cumulative identity-based** stressors that queer<sup>1</sup> individuals face on a daily basis (e.g., systemic discrimination, lack of constitutional protections, internalized stigma, pressure to conceal authentic identity expressions) are commonly referred to as minority stress, and can compromise the well-being of queer individuals over time. While not officially recognized as a Criterion A event for post-traumatic stress disorder (PTSD) per the DSM-5, minority stress can precipitate symptoms observed with PTSD, such as hypervigilance and impairing beliefs about personal safety. In addition to minority stress, queer individuals are more likely than cisgender heterosexual individuals to experience traumas, including sexual abuse and assault, increasing their risk for developing PTSD.

MDMA-assisted therapy holds great promise for tackling some of our most pressing mental health concerns, including PTSD. However, queer communities have a complicated history with psychological theory and practice, and the research community has yet to robustly engage with the queer experience. Further, transgender and gender-queer representation have been low in clinical trials for psychedelic-assisted therapies, raising the question of whether these therapies can address the mental health needs of gender minorities in the same way it may for the wider population.

It is essential that we continue to deepen our understanding of the potential MDMA-assisted therapy holds for everyone. This involves understanding how to provide MDMA-assisted therapy in ways that are non-(re)traumatizing, accessible, and adaptable to multiple lived realities. Developing and validating queer-affirming MDMA-assisted therapy that can effectively address minority stress is thus necessary. In the following overview, we imagine what queer-affirming MDMA-assisted therapy could look like, with a focus on cultivating a queer-affirming set and setting. We are attempting to be as non-prescriptive as possible, acknowledging the limits and blind spots in our collective perspective. We aim to contribute to conversations around queering MDMA-assisted therapy and provide actionable suggestions for readers, especially principal investigators and study therapists in ongoing MDMA-assisted therapy trials.



2019 Chacruna Conference

<sup>1</sup> We use the reclaimed term “queer” to inclusively refer to lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit, and more (LGBTQIA2S+) individuals.

## Set and Setting in Queer-Affirming MDMA-Assisted Therapy

“Set” refers to the frame of mind participants enter a psychedelic experience with, including their lived experiences as beings with multiple intersecting identities, or as members of a particular community or communities, and beliefs surrounding trust, control, safety, etc. “Setting” refers to the context in which the psychedelic experience occurs, including the time of day, location of the dosing session, others in attendance, etc. These extra-pharmacological factors reliably and profoundly impact the outcomes of psychedelic-assisted therapy, and are consistently considered in preparatory, dosing, and integration sessions in MDMA-assisted therapy.

In the context of queer-affirming MDMA-assisted therapy, we think that minority stress can be an integral component of queer participants’ set as they enter the psychedelic space. Therapists can create a more conducive therapeutic alliance and atmosphere by addressing queer participants’ particular needs for safety and support. If clinicians neglect to create a therapeutic space that outwardly affirms participants’ queer identities, participants may feel less safe, seen, and accepted. This may perpetuate the “closet-ing” of participants’ authentic identities and diminish the healing potential of MDMA-assisted therapy. So, what concrete actions can clinicians take to cultivate a queer-affirming set and setting in queer-affirming psychedelic therapy?

### Get Educated

Queer people experience considerable mental health disparities and report below-average healthcare satisfaction due to clinician discomfort, poor clinician communication, and distrust in the therapeutic relationship (Valdiserri et al., 2018). This shows a lack of sensitivity among professionals working with queer individuals and often leaves queer individuals feeling responsible for educating their provider about their healthcare needs.

Therapists can work to empathically understand the multifaceted ways in which queer individuals face prejudice and discrimination. A good starting point is getting educated on the historical, social, political, and cultural contexts from which heterosexism and cisnormativity have emerged. Therapists can also study the ways in which these sociopolitical factors permeate modern healthcare and begin cultivating self-awareness and working to address their unseen prejudices and biases which impede their ability to effectively serve their queer clients.<sup>2</sup>

<sup>2</sup> Project Implicit® has developed a series of tests that clinicians can use to identify their hidden biases. Clinicians wishing can take the tests here: <https://implicit.harvard.edu/implicit/>

In the pursuit of ethical, equitable, and culturally responsive provision of care, clinicians can familiarize themselves with and adhere to established professional guidelines for psychiatric practice with gender and sexual minorities (e.g., APA, 2012, 2015). Clinicians should also seek ongoing professional development. Queer-specific cultural humility training is regularly available through trusted organizations (e.g., the National Coalition of Anti-Violence Programs; World Professional Association for Transgender Health; GLMA: Health Professionals Advancing LGBTQ Equality). Valuable resources on the intersection between queer-lived experiences and the use of psychedelics for healing can also be found through Charuna Institute’s Queering Psychedelics chronicles.

Additionally, clinicians need to recognize that queerness is not isolatable from other identity parameters such as race, ethnicity, disability, religion, and socioeconomic and immigration status. These identity factors are often accompanied by nuanced stressors and can compound with and exacerbate minority stress in queer individuals. Training in cultural humility pertaining to these other identity parameters may prepare therapists to work with queer individuals from various backgrounds more holistically.

### Address Misgivings

Psychedelic researchers and clinicians should familiarize themselves with examples of past injustices in psychedelic therapy. This means reckoning with the fact that one of the early uses of psychedelics involved explicit attempts to “cure” homosexuality and “transvestitism” (Cavnar, 2018). This practice took place in and out of hospitals in England, Canada, and the United States, and spanned three decades, being ostensibly discontinued shortly after the international prohibition of psychedelics in 1971.

“Homosexuality” and “gender identity disorder” have since been delegitimized as mental illnesses in the DSM, but the legacy of pathologizing queer identities persists. Today, “conversion therapy” (i.e., systematized attempts to alter an individual’s sexual orientation or gender identity to hetero- and cis-normative standards) is still openly practiced by licensed therapists in Canada and the United States. It is important that these practices are universally denounced by psychedelic researchers and clinicians to dissuade the revival of the archaic and harmful practice of psychedelic-assisted “conversion therapy.”

### Terminology and Language Mirroring

Language is an effective tool for building trust between the clinician and patient. As clinicians align themselves with queer clients’ lived experiences, they may become more comfortable with the terminology queer individuals use to self-identify. This

helps them avoid the conflation of distinct concepts (e.g., sex/gender), and precipitates fewer instances of inadvertently making clients feel unseen or misunderstood. It is important that clinicians working with queer individuals listen attentively to the language they use when describing their own sexual and gender identity and mirror it carefully. This language is constantly changing on both social and individual levels. Clinicians should stay up-to-date on evolving terminology and accommodate clients if their self-identifiers change.<sup>3</sup>

## Queer-Affirming Intake Protocols

Patients pursuing mental health services tend to see value in having clinicians ask about their sexual orientation and gender identity as part of the intake process, but intake forms commonly give prospective patients insufficient or no opportunity to fully describe their gender and sexual identity. This can have a lasting negative impact on the therapeutic alliance, as it signals to gender and sexual minorities that the clinic or clinicians may not recognize nuanced queer identities beyond the historical hegemonic standards of Western healthcare. Providing a greater number of options for sexual orientation and gender identities on intake forms, as well as “not listed above” options with areas for specification are an effective tool for building trust between clinician and client.<sup>4</sup>

## Debinarizing the Therapist Dyad

In previous trials of MDMA-assisted therapy for PTSD, male-female therapist dyads were standard. While this may promote a sense of safety for many participants by echoing the support provided by heteronormative mother-father archetypes, this practice reflects assumptions about gender that do not apply to many people. This is particularly true of gender-diverse participants, and/or those who were raised in households with single, same-sex, or gender-diverse parents. It is important that researchers work to make various gender pairings available to participants and collaborate with them prior to the dosing session to select a therapist team that is of greatest comfort to them.

## Queering the Dosing Space

Many queer individuals associate medical spaces with invalidation and gatekeeping, so creating healing spaces that appear less overtly clinical and more comfortable through thoughtful design is of particular importance. While this is standard for MDMA-assisted therapy, efforts to overtly affirm queer identities may be rare in these clinical spaces. Displaying safe space indicators and pride flags, hanging queer-affirming art, employing queer office staff, and ensuring access to single-stall gender-neutral bathrooms are just a few examples of creating progressive and responsive queer-friendly healing spaces.

Idiosyncratic meaning-making processes involving cultural symbolism and metaphor are also common features of psychedelic healing processes in MDMA-assisted therapy (Ching, 2020; Williams et al., 2020). Therefore, clinicians may encourage participants to bring personally significant objects that symbolize self-acceptance to the dosing sessions. Clinicians may similarly consider working collaboratively with participants regarding the music used during dosing sessions to further affirm queer

**Challian Christ's** research aims to facilitate the development of spiritual literacy in the rapidly growing field of psychedelic-assisted psychotherapy. Challian's thesis project involves a phenomenology-focused comparative analysis of psychedelic-induced mystical-type experiences and mystical-type experiences occasioned through traditional yogic practices such as fasting and meditation. Challian's aim is to determine to what degree spiritual teachings in Hinduism, Buddhism, and Jainism can be repurposed to develop more nuanced and effective treatment plans in the field of psychedelic-assisted psychotherapy.

**Amy Bartlett** began a Ph.D. adventure at the University of Ottawa in September 2020, diving into the wonderful world of psychedelics, spirituality, and human connection. Amy is working with Dr. Anne Vallely and Dr. Monnica Williams at uOttawa, and also contributing to a variety of projects in Dr. Williams' Laboratory for Culture and Mental Health Disparities. Amy is curious about exploring the role that mystical psychedelic experiences play in individual and communal healing. Amy is passionate about psychedelic integration, community building, harm reduction, psychedelics for healing, diversity and inclusion in the psychedelic space, decriminalization, psychedelic ethics, and building pathways for safe, accessible and well-supported access to psychedelic substances and non-ordinary states of consciousness. Amy is also interested in psychedelics for navigating end-of-life issues and psychedelic chaplaincy.

**Stéphanie Manoni-Millar, B.A.** is a Community Researcher at the Center for Research on Educational and Community Services and is currently completing her PhD Psychology at the University of Ottawa. Her research utilises both qualitative and quantitative methodology and her primary focus is on youth, resilience, and marginalized populations. She values interdisciplinary research and collaboration. Stephanie aims to use research to inspire community growth and amplify the voices of marginalized members of the community in order to support access to services and basic necessities.

<sup>3</sup> For practical guidance on how to discuss pronouns with patients, see <https://www.prideinpractice.org/articles/transgender-pronouns-guide/>

<sup>4</sup> Clinicians can review the Fenway Institute's 2013 [case study on Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings](#) for practical guidelines on developing queer-affirmative intake protocols.

**Terence Ching** is a postdoctoral associate at the Yale OCD Research Clinic. Terence received his Ph.D. in clinical psychology from the University of Connecticut. Prior to moving to the United States, Terence received his Bachelor's and Master's degrees in psychology from the National University of Singapore. His research and clinical interests are at the intersections of: (1) fear-/trauma-based disorders (OCD, anxiety disorders, PTSD); (2) cultural diversity; and (3) psychedelic-assisted psychotherapy. Terence has completed clinical training in a variety of settings, including the University of Connecticut, the Institute of Living, as well as Dartmouth-Hitchcock Medical Center. Terence approaches psychotherapy from an evidence-based and culturally attuned perspective, and specializes in cognitive-behavior therapy (CBT) for fear-/trauma-based disorders. Terence has also received training in functional analytic psychotherapy (FAP), as well as MDMA-assisted psychotherapy.

identities. For example, given the invalidating and potentially traumatic experiences many queer individuals have with religious institutions, the overtly religious music sometimes used in psychedelic dosing sessions can be triggering and undo the safe container. Having queer participants hear and vet samples of intended music playlists may be a queer-affirming means of therapeutic collaboration.

## Building a Queer Psychedelic Community

The importance of post-dosing integration sessions is widely recognized among psychedelic researchers, but this process can often take months or years—far beyond the timelines of clinical trials. Because of this, it may be helpful for researchers to work collaboratively with queer-affirmative practitioners to arrange appropriate aftercare if needed. Queer-affirming resources should be shared, and researchers may consider linking participants with local psychedelic societies and public queer-friendly integration circles. Since researchers and clinicians are predominantly white, heterosexual, and cisgender, we must work to amplify queer and non-white voices at every level in psychedelic spaces. The involvement of queer researchers and clinicians should also be a priority for future clinical trials involving queer participants.

## Conclusion

These recommendations in no way constitute an exhaustive list of efforts researchers and clinicians can make to better address the needs of queer individuals in MDMA-assisted therapy. Additionally, queer people have been, are, and continue to be resilient in the face of minority stress. Whether it is Ching describing his own psychedelic experience which helped him accept and affirm his intersectional queer identity (2020), or Dallas Denny describing her use of psychedelics to successfully overcome her internalized transphobia (2006), we believe psychedelics hold great potential to unlock queer individuals' ability to heal from the effects of trauma and minority stress. We hope researchers and clinicians will seek out more expansive resources and pursue formal education on cultural humility as part of developing queer-affirming MDMA-assisted therapy and exploring the unique potential these substances hold for helping queer people heal.

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# Can Psychedelics Promote Social Justice and Change the World?



Erika Dyck, Ph.D.

The foreword to *Psychedelic Justice: Toward a Diverse and Equitable Psychedelic Culture*, edited by Beatriz Cauby Labate, Ph.D., and Clancy Cavnar, Psy.D.

**The concept of social justice** has been with us for over a hundred years. It initially emerged in the 19th century among disgruntled workers in Europe, frustrated that they provided labor, sweat, raw energy but did not get to share in the spoils of industrialization. They relinquished their bodies and minds to pursue a better life and future, but in return, felt the growing gulf of income inequality and the sting of discriminatory systems that restricted their access to education, health care, and legal power. Famously, the grievances experienced by an expanding working class around the globe erupted in demonstrations of collective action that generated an ideological commitment to equality.

In the 21st century, social justice has expanded beyond its working class roots and evolved to embrace a more diverse way of understanding marginalization, discrimination, and inequalities that go beyond wealth disparities alone. Today's social justice advocates recognize a more complex set of structures and systems that produce inequalities by addressing sexism, racism, ableism, capitalism, and colonialism alongside homophobia, transphobia, climate change denial, sexual abuse, and ecological destruction. Social justice advocates confront and reject a set of systems and attitudes that perpetuate inequalities.

Despite the change in tone from the historical workers' revolts, collective action remains at the forefront of justice work. But collective action is complicated when we appreciate the intersectionality of injustice in today's world. That is to say, how do we prioritize a growing list of inequities, especially when drawing focus away from one to concentrate on another can cause divisions? Are wealth inequalities more of a priority than environmental concerns, or should we first focus on systemic racism? These goals are not necessarily oppositional, but they can divert energy away from strategies of wholesale collective action. As the authors in this collection ably show us, social justice work in the 21st century is vital—and it is also very complicated. In this collection, we see examples of how we can effectively use collective action to promote the needs of all individuals while being sensitive to intersectional forms of injustice.

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So, what do psychedelics have to do with justice? Simply put, psychedelics might be the lubricant we need to turn the gears of a justice revolution. We are not the first ones to think that psychedelics have the potential to inspire revolutionary actions. In 1966, the US Public Health Service submitted a report in response to a rumor that psychedelic apostles would dump LSD into a major city's water supplies. Variations of this rumor spiraled through media outlets in North America and Europe, which triggered a debate about whether a collective dosing experiment might end the Cold War, dampen the frenetic pace of capitalism, bring harmony to communities in conflict, or take the edge off ideologically entrenched ideas. In other words, the promise of a collective dose of psychedelics was part of a fantasy that such a prank might help everyone be more tolerant and respectful of each other's differences.

As we experience a resurgence of interest in psychedelics, we can again fantasize about a different future. When Aldous Huxley and Humphry Osmond introduced the word "psychedelic" in 1957, they too were fantasizing. Their playful efforts to create a word came from a deep desire to inspire a process, a way of thinking—or even better—a way of thinking differently. Some of their earlier drafts seized up concepts of phaneros (manifest) and thumos (soul) to generate linguistic connections with a sensation of opening, making evident, mind-moving, mind-rousing. Ultimately, they settled on mind-manifesting after agreeing that it was uncontaminated by other associations. Their contemplation on the term was deliberate. Huxley and Osmond sought to avoid over-medicalizing the experience by choosing a word that would invite reflection. They decided on a term that was less likely to be dismissed as part of an already established way of organizing information or privileging a specific knowledge system. We might disagree as to the extent that they achieved this free association since the word continues to inspire wide-ranging discussions about where psychedelics fit in our world—as medicines, commodities, plants, ideas, spirits, and attitudes.

We might be tempted to dismiss the efforts of these two deceased white men, whose social networks situated them within an elite set of thinkers. They hardly fit the profile of social justice warriors in the 21st century.

It is true, some of their later writings and ideas have been discarded as elitist. However, I encourage us to listen not just to their erudite accents but hear how they invested in psychedelic thinking. For these early champions of psychedelic thinking, these drugs were a means to an end: to change how we think.

The optimism they invested in psychedelics came from the core idea that these drugs have the capacity to change the ways we relate to one another by opening our minds to ideas that we could not otherwise see without help. Of course, they did not discover this wisdom. They merely articulated it in a particular

manner that brought a more diverse set of traditions, ways of thinking, and healing methods into mainstream discussions.

As Western-trained thinkers, they were mesmerized by how others had approached plant-based medicine, especially Indigenous healers in the Americas. They tried to honor Indigenous practices, sacred teachings, and plant-based knowledge by participating in ceremonies and helping to legally lobby governments for protected access to plant medicines for Native American Church members. But the legacy of westerners learning from these ceremonies is fraught with contradictions, exploitation, and broken promises. Despite attempts to convince the government about the sacred use of peyote, legal efforts failed, and Indigenous people suffered.

The application of psychedelics as therapies attempted to stem the tide of medicalization and secularization by bringing attention to the cadence of healing through ceremony and the reflection on spirit from listening carefully to voices that exist without bodies. These men cultivated relationships with a network of women who worked as psychics, Native American Church leaders,

and schizophrenic patients. These interactions helped psychedelic thinkers listen to perspectives and teachings that western science previously discarded. As Huxley famously wrote, these

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Karina Muscarina  
Chacruna Institute for  
Psychedelic Plant Medicines

drugs merely opened the “doors of perception.” It is up to us to walk through those doors and not simply marvel at their existence.

When Karl Marx was developing his theories of social justice, he wrote that religion is like opiates. However, he was not referring to any mind-manifesting moment associated with taking drugs. Instead, he described a very different chemical reaction, one focused on numbing the pain and trauma caused by discrimination leveled at the laboring classes. For Marx, religion created a distraction from that pain that fueled campaigns for justice. But psychedelic drugs are not opiates for the masses—they fulfill a very different role. Rather than being a distraction, psychedelics provide a way to connect pain and healing through conscious engagement. They are a means to an end, not an end in themselves. Psychedelics alone will not vaccinate us against a pandemic of isms.

The legacy of connections, collective action, and healing from psychedelics has a history stretching far beyond the coining of the word. As contributors in this volume show us, Indigenous ceremonies with plant medicines have a long tradition of linking people with plants in the confrontation of pain.

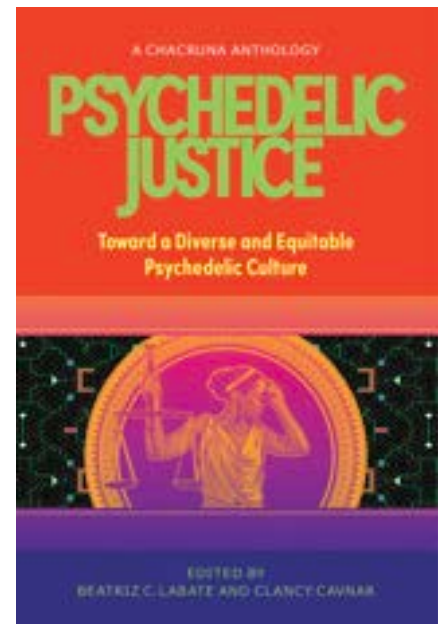
We can experience pain on an individual level, like overcoming an unhealthy relationship with opiates. We can also experience pain collectively, such as the despair felt by many when Jair Bolsonaro was elected as President of Brazil. His policies have wreaked havoc on the Amazon rainforest and Indigenous communities, making us feel like the clock of social and environmental progress is regressing.

Sometimes that pain stems from injustice, whether that be feelings of displacement from one’s home, disenfranchisement from one’s community, disorder from one’s own body and mind, or disunity from one’s social environment. Contributions in this collection introduce us to these topics by unpacking the history of sexism, patriarchy, homophobia, and binary thinking that causes harm—issues especially pervasive in medical and legal fields. We also look at ways to rethink trauma and racism.

Psychedelics nourish these topics with intellectual energy to visit sites of trauma with open minds and hearts. These contributors give us constructive guidelines for respectfully inviting Indigenous participants into conversations without tokenism, offer cautionary advice about the risks and rewards of bringing psychedelics “out of the shadows” and into the marketplace, and teach us how to recognize sexual abuse in intimate healing settings. Taken as a whole, the authors embrace the spirit that psychedelics are indeed a project of fascination; thinking with and about psychedelics allows for greater investments in changing our circumstances—as individuals and as a collective.

This Chacrana anthology unites authors who recognize the power of psychedelics to change the way we think. It is not just that we need to update the browser on our search engine, but rather that we need to unplug the computer altogether and look instead to different sources of information, be it from the stars, plants, or people in our communities—especially those who are different from us.

Social justice advocates ask us to think critically about the structures of power in our world that perpetuate inequalities, and psychedelics offer us an intellectual passport to visit these sites of injustice, to understand the violence perpetuated by discrimination, and to generate the courage to change history. It is then up to us all to integrate the insights we gain from our experiences with psychedelics to create a more just, tolerant, and supportive world. The authors in this collection give us a lot of tools to begin the process of integration.



**Erika Dyck** grew up in Saskatoon and started a BA in history at the University of Saskatchewan before transferring to Dalhousie to complete her degree in History. She returned to Saskatchewan and completed a Master’s degree with Valerie Korinek in 2000. After a year working at a law firm in Toronto, she began her Ph.D. in History of Medicine at McMaster University. Her dissertation was published as a book, *Psychedelic Psychiatry: LSD from Clinic to Campus* by Johns Hopkins University Press (2008), republished by the University of Manitoba Press in 2011. Her 2013 book, *Facing Eugenics*, was shortlisted for the Canada Prize in Social Sciences and for the John A. Macdonald Prize.



# Dear Daniel

## Your Letters from Prison are Making MAPS Better

Rudy Maldonado

*I received the letter and book. Hope became a more realistic thing for me rather than something I seek and can never grasp due to all the setbacks of life.*

Daniel\*

**Rudy Maldonado** reached his position through persistent volunteering, combined with an open-minded approach to offering MAPS support in any way he saw possible. Before initially volunteering at MAPS, Rudy was a wrestling coach for children and adults. His interest in psychedelic integration formed his direction with MAPS as he brings a mentality of honesty and determination to the team. Psychedelic Science 2017 gave Rudy an opportunity to dive into the field of his passion, which was the jumping point of his career. He fulfills his dream to travel and meet new faces through supporting outreach events and psychedelic groups around the world.

**On occasion, the MAPS mailbox** will receive letters from people who are currently incarcerated throughout the United States. These letters come from people with infinitely diverse backgrounds, and they typically have two common requests: an audience who will listen, and a desire for educational resources around psychedelic research. We've been receiving these letters long before I began working at MAPS, but I quickly jumped at the opportunity to reply back as a representative of our non-profit organization. My mentor, Jenni Vierra, introduced me to the process of responding to letters: encouraging me to listen with an open heart, be caring in my response, and to include a MAPS-published book and/or *Bulletin* with each letter so they have more access to information.

My first letter was introduced to me in June 2018 from Daniel, who suffers from PTSD and found himself "in a very tough situation." Admittedly, his attempts to do self work and meditation were challenging while in a federal state prison. He offered to donate to MAPS as a means to receive up-to-date psychedelic research information to help address his PTSD; however, morally, we could not accept his money. We gave him a copy of *LSD: My Problem Child* by Albert Hofmann, gratis, which he replied shortly after, "I received the letter and book. Hope became a more realistic thing for me rather than something I seek but can never grasp due to all the setbacks of life."

One report from the U.S. Bureau of Justice Statistics estimates that three-quarters of prisoners released in 2005 were arrested for a new crime within five years. More than half had been arrested by the end of the first year. In a cover story for the American Psychological Association, Kirsten Weir writes, "Yet while correctional systems are getting better at assessing inmates, there's still a gap between knowing what offenders need to be successful, and making sure they get it." In her article, *Life on the Outside*, Weir speaks on the efforts being made by psychologists to increase and improve services that can help incarcerated people face the challenges awaiting them outside of prison walls upon their (potential) release (Weir, 2015).

Everyone, regardless of their background, deserves the right to an honest education. It has been my personal mission to look for clues that may be helpful in selecting just the right MAPS-published literature to gift to my pen pals. If their goal is to learn about the healing potential of psychedelic substances, then I'll provide books like *The Healing Journey* by Claudio Narajo or *LSD Psychotherapy* by Stanislav Grof, M.D., Ph.D. Sometimes I'll receive letters about the struggles of navigating life and loss, so *Honor*

*Thy Daughter* by Marilyn Howell is a great option. For those who are not familiar with the interpersonal relationships behind prison bars, oftentimes the books are redistributed to another person who may also benefit from them. I can only hope that their interest in learning is infectious.

“*Somehow I believe that someone, Rudy or the MAPS Team, is really listening and totally understanding what I’m saying.*”

In 2009, I was convicted of a violent felony. Though I was innocent, I accepted a plea bargain. Proving my innocence as a Latino male against the word of the son of a high-ranking firefighter in affluent Silicon Valley felt impossible so I accepted my 10 month sentence over the potential four year prison sentence. In the time between my arrest and conviction, I was a 19-year-old community college student that had concurrently begun my exploration with psilocybin mushrooms. Though I was terrified and confused, my psychedelic ventures began to encourage me to prepare for the impending uncomfortable and challenging experience within the carceral system.

“*Reciprocal education initiatives where supporters, letter writers, volunteers, and survivors have a safe space to educate MAPS on topics that are relevant to them are imperative to our ability to provide honest education.*”

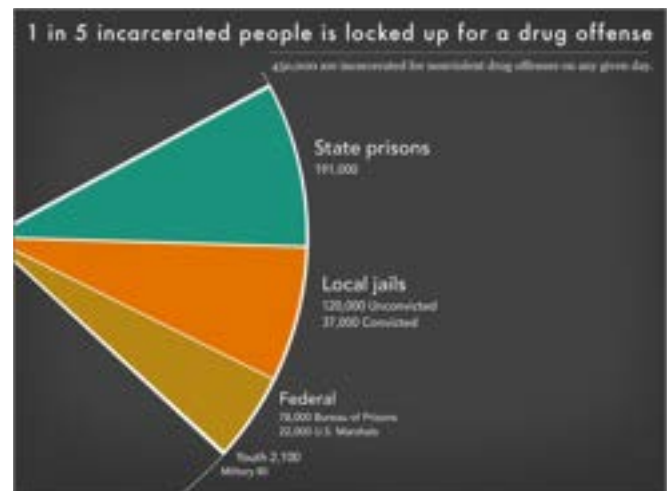
The letters between Daniel and I have continued for three years now, and in that span of time, I’ve sent over 30 responses to other people who are incarcerated. Daniel does not know this yet, but his letters created a spark within me to explore new avenues of consistently and mindfully providing educational materials like books and bulletins to others in the carceral system. In terms of making sure people are getting what they need to combat recidivism, I encourage our audience to listen to their voices with compassion. Throughout my experience of writing to each person, I have received an overwhelming number of responses with a similar desire to give back to all communities once they are released. I’ve heard examples of joining hospice care, fishing trips for kids with special needs and Veterans, and even potentially joining the MDMA Therapy Training Program!

If equipping these people with books and *Bulletins* could be a catalyst for change, then let’s continue expanding our collective reach to work beside marginalized and invisibilized com-

munities. Reciprocal education initiatives where supporters, letter writers, volunteers, and survivors have a safe space to educate MAPS on topics that are relevant to them are imperative to our ability to provide honest education. We want to hear about new information, new opportunities, to implement programs in conjunction with our major policy reform initiatives for safe psychedelic access.

As the influential María Sabina, Bia Labate, Stanislav Grof, Paul Stamets, Rick Doblin, and the Shulgins have taught us, psychedelics can offer alternative perspectives and opportunities for introspective work which can later act as a toolbox when facing challenging experiences, addressing traumatic events, and experiencing times when large or difficult life decisions must be made. Even now, I can still feel myself in a cold cement barrack writing my thank you letters using a half-length pencil and laying down on the top bunk of a three-inch beat-up mattress pad. Exchanging letters with incarcerated individuals is an emotional roller coaster at times, but it’s one of the most rewarding opportunities I choose to do.

Thank you for writing to MAPS, thank you for your courage and vulnerability, and thank you for listening.



\*Names have been changed to protect the identity of those in correspondence from prison.

If you or you have a loved one are incarcerated and would like to receive the MAPS *Bulletin* or MAPS-published books, please contact me at [rudy@maps.org](mailto:rudy@maps.org). We will provide *Bulletins* and books when we have the supply.

## References

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# Ask MAPS Anything

Khea Morton

Since its inception in 1997, AskMAPS has answered thousands of inquiries about psychedelics, therapy, and research each year. Now Khea Morton is here to connect with the psychedelic community and provide educational resources.

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Does MAPS have information on how each state handles the Schedule I substance? We are looking to conduct psychedelic trials and hope to find the best geographical areas which support these trials.

Thank you for contacting MAPS.

After posing this question to Policy & Advocacy Associate Leslie Booher, J.D., she suggested that the most relevant information for potential researchers is the licensing requirements at the state level (which, to the extent that they exist, are in addition to the federal regulatory hurdles).

The DEA (U.S. Drug Enforcement Administration) provides this list of states ([deadiversion.usdoj.gov/drugreg/reg\\_apps/pract\\_state\\_lic\\_require.htm](https://www.deadiversion.usdoj.gov/drugreg/reg_apps/pract_state_lic_require.htm)) where a second license is required, though that isn't the only potential state hurdle. Some states, like California, have provisions that may not require an additional license, but require some other type of additional oversight of research with Schedule I substances. Here's a link to a page about that California oversight body and its organic statutory citations: [oag.ca.gov/research](https://oag.ca.gov/research)

Additionally, if you are looking into conducting clinical trials with MDMA, we invite you to explore our Investigator-Initiated Trials program: [iit.maps.org](https://iit.maps.org).

You're also welcome to review our recent Bulletin article "[Investigator-Initiated Trials: From Process to Change](#)" by Valerie Ahanonu, with contributions from Michael Mithoefer and Hailey Gilmore.

I hope this is helpful!

I am doing a review paper on the psychedelic treatment of PTSD and would like to include in it the assertion that the FDA is obliged to approve MDMA for PTSD, should the second part of the Phase 3 trial show comparable significance and safety profile. I have heard Rick Doblin say on a number of occasions that the process MAPS followed is an unusual one in which the FDA approves the study design and therefore binds itself to approval should the treatment be effective. Are there any resources or ways I can cite this? Our reviewer continues to push back against this even being possible. Thank you in advance for any assistance you can provide.

We sent this to Allison Coker, Ph.D., the Regulatory Affairs Manager at MAPS PBC, and she responded:

Thanks for writing! It is definitely not the case that the FDA is obligated to approve a drug.

The special protocol assessment (SPA) process that we completed is to help mitigate the risk of the FDA denying approval because of a flaw in the study design that caused the FDA to not consider it a valid study to demonstrate safety or efficacy. The communications we have with the FDA through the SPA and through the Breakthrough

designated therapy process provide us excellent guidance from the Agency on the size and composition of the Phase 3 trials, as well as other data that we will include in our NDA, making our application much stronger and increasing the likelihood of approval, but this is certainly not a binding commitment or obligation on the FDA's behalf.

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*The AskMAPS article is for informational purposes only. MAPS cannot provide legal, medical, or mental health advice, nor do we advise on the use of any prohibited substance outside of the approved clinical study setting. Always seek the advice of your physician, mental-health professional, or other qualified health provider with any questions you may have regarding a medical condition. These emails have been edited for length and to protect the senders' anonymity. Visit [maps.org/askmaps](https://maps.org/askmaps) for frequently asked questions about psychedelic healing, therapy, or research.*

**Khea Morton** is a Masters of Social Work Intern at MAPS. She obtained her Associate's degree in Human Services. She then transferred to Radford University where she completed her Bachelor's degree in Social Work and is now completing her Master's in Social Work from Tulane University. Khea is very passionate about advocacy, drug policy reform, and harm reduction. Khea wants her work to impact them to where they can find their light again, so they never lose it. She says, "Often, we dim our own light on the account of others. We can lose sight of our worth, our faith, and our drive, but with self-reflections and advocacy, individuals can find it again." In her free time she loves to cook, read, and spend time with friends.

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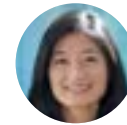
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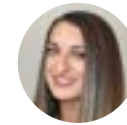
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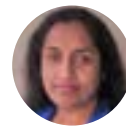
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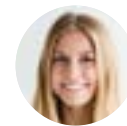
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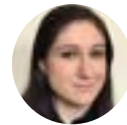
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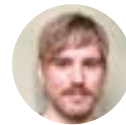
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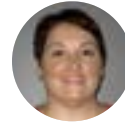
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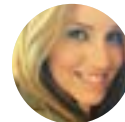
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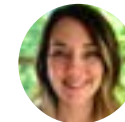
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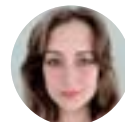
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Director of Financial  
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**Judy Calkins**  
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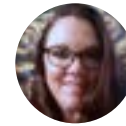
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**Jason Vetrano,  
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**Jane Zahniser**  
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**Nicole Tavernier-Luebcke**  
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**MAPS Public Benefit Corporation (MAPS PBC)** catalyzes healing and well-being through psychedelic drug development, therapist training programs, and sales of prescription psychedelics prioritizing public benefit above profit. Founded in 2014, MAPS PBC is a wholly owned subsidiary of the Multidisciplinary Association for Psychedelic Studies (MAPS), a 501(c)(3) non-profit organization.

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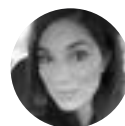
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# MAPS

MULTIDISCIPLINARY ASSOCIATION  
FOR PSYCHEDELIC STUDIES

## Research • Education • Advocacy • Access

In addition to our worldwide research programs, our top-priority programs include:

- **Supporting psychedelic science and education** through policy change and advocacy
- **Training practitioners** to deliver MDMA-assisted therapy through professional education in ethics, safety, and therapeutic methods
- **Empowering communities** through our international psychedelic peer support and harm reduction program, the Zendo Project

As a monthly donor, your sustaining contribution supports the development of new treatments for mental health conditions and the creation of evidence-based policies centered on compassion and public health.

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