2019 Annual Report
BULLETIN

Winter 2019
WHAT WE ARE DOING WITH YOUR SUPPORT

In the last fiscal year, with our community’s support, we’ve accomplished more than ever:

- Launched our Phase 3 clinical trials of MDMA-assisted psychotherapy for PTSD
- 2 articles published in peer-reviewed scientific journals
- 3,590 total donors
- 462 monthly donors
- Over 470 unique media stories
- 19 MAPS-produced events
- 120 outreach events
- 2,906 store orders sent to 45 countries
- 1st-ever Zendo Project webinar series
- 4 MDMA Therapy Training Program Retreats for 212 trainees
- Launched our new clinical trial recruitment website at: mdmaptsd.org

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.

As we steadfastly advance towards U.S. Food and Drug Administration approval of MDMA-assisted psychotherapy for PTSD—anticipated around late 2021—your support is more vital than ever. We need your help to heal trauma, create a more compassionate culture, and make psychedelic therapy a legal treatment.

Be part of the change—give today at maps.org/donate.
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.

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Visit maps.org/store for information about donations and purchases.

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**Connect with MAPS**

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Painting together as a couple has been a rich creative experience for the husband/wife team of Martin Stensaas and Sunny Strasburg. Much like a musical duo, there is an improvisational knowing when to assert, and when to allow space for one another’s brainstorming and maneuvers. Martin brings focus, patience and a high level of skill to the work. Sunny brings more conceptual, figural and archetypal content.

Influences include writers Noah Yuval Harari, Joseph Campbell and William James; Archetypal psychology, outings in nature, as well as psychedelic research and electronic music.

Sunny says, “I believe making art is casting a spell. My intention is to imbue the work with the soul and offer visual cues toward the ineffable. For me, art is an experience reflecting the four directions of alchemy: in the first phase, the idea is organized within the energetic/spirit realm (North/Sublimatio). The second phase is creating the work which is pulling the energy of thought and crafting it into matter- the art piece itself (East/Calcinatio). The third phase is offering the work to the viewer and sharing in the experience (West/Coagulatio). The fourth and final phase is connecting both viewer and artist into the greater collective unconscious through the sublime experience art can provide (South/Solutio).”

Martin combines classical realism with the experience of mystical consciousness. His distinctive technique combines deep multilayered and colorful glazes, subtractive maneuvers, and fine line work to build up enchanted figures and otherworldly surroundings. His works are unique painterly experiences from across the room or a few inches away.

Originally from Salt Lake City, Utah, Martin grew up interested in art and science, and the rugged landscapes of the West. He studied under David Amico and Earl Jones prior to receiving a four-year full-tuition scholarship to the University of Utah Art Department, where he received his BFA and met Sunny.

Sunny is a visual artist, Jungian psychotherapist, and an avid outdoor sports enthusiast. These three interests weave into all of her work. From Salt Lake City, she has a BFA from the University of Utah, and a Master of Arts degree from Pacifica Graduate Institute in Counseling Psychology. She is a Certified EMDR Trauma Psychotherapist, and is also completing her Certification of Psychedelic Therapy and Research at the California Institute of Integral Studies.

Sunny self-produced a book on the hero/heroine’s archetypal journey as visualized by the four directions in alchemy: Alchemist’s Path: Navigating and Reclaiming the Depths of Your Psyche. She has produced a therapy workbook, Goddess Alchemy: A Dream Journal.

Sunny and Martin’s collaborative art exhibitions include: Temple of Visions, Phaneros Art, Bash Contemporary, Sally Centigrade, MAPS fundraising event pop up shows, Urban Arts Gallery, Pacifica Graduate Institute, and Alex Grey’s CoSM.

To learn more:
Please contact Art Dealer, Matthew Lessard
phanerosgallery@gmail.com
www.martinstensaas.com
Instagram @martinstensaas
Mstensaas@jps.net

www.sunnystrasburg.com
Instagram @artofsunnystrasburg
Email: sunnys@jps.net
For more information about her psychotherapy practice, please visit
www.sunnystrasburgtherapy.com

THE MANUAL OF PSYCHEDELIC SUPPORT
A Practical Guide to Establishing and Facilitating Care Services at Music Festivals and Other Events
Available now at maps.org/store
$19.95
This issue of the Multidisciplinary Association for Psychedelic Studies (MAPS) Bulletin contains our annual financial report for Fiscal Year 2019 (FY19: June 1, 2018 – May 31, 2019). Our report provides details on income and expenses for all of MAPS’ research and educational activities, and explains how MAPS is funding with charitable donations these activities and a staff that now exceeds 60 people. We also list and thank the many donors who are providing MAPS’ essential funding. This financial report continues MAPS’ policy of transparency and is an invitation for review, comments, and questions. This issue also contains articles about a range of MAPS’ activities.

We’re approaching the most important transition in MAPS’ over 33-year MDMA-assisted psychotherapy drug development effort, beginning with MAPS’ founding in April 1986. This transition is anticipated to take place in April 2020, and will be catalyzed by the interim analysis of MAPS’ first of two Phase 3 studies of MDMA-assisted psychotherapy for people with severe, chronic, posttraumatic stress disorder (PTSD). The interim analysis is to be conducted by our Data Monitoring Committee (DMC) for the purpose of re-estimating sample size, and will look at unblinded data from the first 60 of the 100 subjects in our first Phase 3 study. The DMC will tell us whether or not we will need to add more subjects to our Phase 3 study in order to obtain statistically significant results. Once we know the results of the interim analysis, we’ll have crucial information about the likelihood of obtaining U.S. Food and Drug Administration (FDA) approval for MDMA-assisted psychotherapy for PTSD—and if so, approximately how long it will take and how much it will cost.

If the results of the first Phase 3 study are promising, we’ll initiate our second Phase 3 study, start more comprehensive planning for commercialization of prescription use, and work to raise the remaining funds we need—about $8 million—to expand our Phase 3 MDMA-assisted psychotherapy for PTSD research to Europe. If the results are not promising, and are substantially different from our Phase 2 results which led FDA to designate MDMA-assisted psychotherapy for PTSD as a Breakthrough Therapy, we’ll need to reevaluate all of our research procedures and therapist training program to figure out what went wrong.

As we move steadily and hopefully closer to our interim analysis, we’re also in the midst of challenging negotiations with FDA. MAPS and FDA are in the process of addressing issues regarding our therapist training program, specifically whether we can retain and expand our research protocol in which therapists have the option to receive MDMA-assisted psychotherapy as a subject in a therapeutic context so they can better understand and support their patients with PTSD. We’re also in discussions with FDA about whether we can initiate Expanded Access for compassionate purposes in order to provide MDMA-assisted psychotherapy to treatment-resistant PTSD patients who aren’t able to volunteer for our Phase 3 studies, whether because they live too far away from our Phase 3 sites or because our Phase 3 sites are full, or for other reasons. In addition, we’re working with FDA to come to an agreement on the credentials that will be required of our two-person co-therapy teams. We have excellent advisers and lawyers assisting MAPS in these negotiations, and there is a very good chance that FDA will eventually come to appreciate and approve our proposals. I’m optimistic because our proposals are strongly data-driven and make clinical sense. We are willing to make compromises when necessary in our negotiations with FDA, in order to ensure our continued measured progress toward the prescription use of MDMA-assisted psychotherapy for PTSD. Neither the FDA, nor MAPS, nor anybody else has ever done this before, so it’s worth taking the time to do it right.

With the continued support of MAPS donors, together with the outstanding work of our staff at MAPS, the MAPS Public Benefit Corporation (MAPS PBC), and MAPS Europe BV, and the dedication of our therapists and courageous patients, we’ll bring psychedelic psychotherapy into the mainstream of legally accessible technologies of healing that are accessible to all who can benefit from them.
It’s our pleasure and responsibility to present the Annual Report for the finances of the Multidisciplinary Association for Psychedelic Studies (MAPS). Each year, MAPS, a 501(c)(3) non-profit organization, presents its year-end consolidated financial report with details about our income and its sources, as well as expenses and how they are allocated and projects prioritized. We do this as a commitment to transparency and an invitation to dialogue.

This report describes our most recently completed Fiscal Year from June 1, 2018 to May 31, 2019 (FY19) and consolidates financial information from MAPS, and MAPS’ wholly-owned for-profit subsidiaries the MAPS Public Benefit Corporation (MAPS PBC) and MAPS Europe BV.

MAPS’ top priority is to obtain worldwide approval for the legal prescription use of MDMA-assisted psychotherapy with initial approval for posttraumatic stress disorder (PTSD) and then for indications beyond PTSD as funding permits. In support of this goal, MAPS created two wholly-owned subsidiaries to conduct MAPS’ clinical research and eventually market MDMA as a medicine; MAPS PBC with a focus on FDA-regulated research and MAPS Europe BV with a focus on European Medicines Agency (EMA)-regulated research, with the work of MAPS Europe managed by MAPS PBC.

This report demonstrates our efforts to strategically leverage the resources which our supporters have so generously donated for us to transform psychedelics and marijuana into approved prescription medicines. Medicalization of psychedelics and marijuana is an essential part of our larger mission to mainstream these substances for a wide range of beneficial uses for a diverse and inclusive population of people, while educating a wider audience on their potential risks and benefits.

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

Donate today to help make psychedelic medicine a reality for millions of people around the world. Visit maps.org/donate to make a gift.
OVERVIEW

In FY19, net revenue for MAPS totaled $14.98M from contributed revenue, events, sales, and other income, roughly $4M less than our record-breaking FY18 when revenue totaled $19.08M. FY19 net revenue includes $11.83M in contributed revenue from 3,590 individuals, corporations, bequests, foundations, and sponsorships; $216,510 from event registrations and merchandise sales; $669,493 from the Colorado Department of Public Health and Environment (CDPHE) for our marijuana/PTSD study; $1.3M from fiscal sponsorship income; $311,200 from MAPS’ Zendo Project providing harm reduction services and training; $350,951 from the MDMA Therapy Training Program; and $346,308 from other income (Chart 2).

Expenses in FY19 totaled $11.61M, the largest in MAPS’ history and an increase of almost $3.84M compared to FY18. This increase is primarily a result of the initiation of Phase 3 studies of MDMA-assisted psychotherapy for PTSD, along with the expansion of our MDMA research program to Europe. Despite the historic high for expenses, in FY19 MAPS increased its assets by nearly $3.37M (Chart 1).

In FY19, MAPS’ primary fundraising priorities were: (1) Phase 3 MDMA-assisted psychotherapy for PTSD Program for European Medicines Agency (EMA) approval; (2) treatment development studies with Veterans Administration (VA)-affiliated researchers blending MDMA with Prolonged Exposure, Cognitive Processing Therapy, and group therapy; (3) pilot studies exploring the safety and effectiveness of MDMA-assisted psychotherapy for other indications beyond PTSD; and (4) commercialization activities.

MAPS made significant progress this fiscal year regarding the European arm of our MDMA-assisted psychotherapy for PTSD program. In the fall of 2018, MAPS conducted a weeklong training in the Netherlands for 60 therapists planning to participate in Phase 3 MDMA-assisted psychotherapy for PTSD trials or related research in Europe and elsewhere. Participants came from many countries, including Australia, Afghanistan, China, Czech Republic, Denmark, England, Finland, Germany, Israel, Netherlands, Norway, Portugal, Spain, and Slovakia. We raised $2M in FY19 for EMA trials securing funding for critical study startup activities including investigator and study site selection and training and regulatory negotiations. This total includes a $1.1M donation from an anonymous donor through the Psychedelic Science Funders Collective (PSFC), $100,000 from Abby Rockefeller, and the equivalent of $24,892 in Ethereum from Nicholas Reville.

MAPS estimates that another $8M will be required to fully fund the EMA Phase 3 program. We anticipate that the total cost of making MDMA-assisted psychotherapy for PTSD into a legal prescription treatment in Europe through the EMA will be approximately one-third the cost of the FDA program. This is because EMA will consider the data collected in the FDA studies as confirmatory data to support approval, requiring only one additional Phase 3 study while FDA is requiring two Phase 3 studies, along with other safety data.

The largest variable that impacts research expenses is the number of subjects needed in Phase 3 trials. The number of subjects is dependent on how effective the treatment is; the more effective the treatment, the fewer subjects needed to achieve statistical significance. We won’t know how many subjects we are going to need for Phase 3 until the interim analysis of our first Phase 3 study, expected in April 2020.

MAPS has achieved an enormous success in funding projected expenses for FDA approval, assuming no major delays, cost-overruns, or a large number of additional subjects needed for statistical significance. There are still funding gaps anticipated in FY20—most critically, funding for EMA Phase 3 research. Fortunately, our cost-estimates are becoming more precise as we now have a clear path to FDA approval for the prescription use of MDMA-assisted psychotherapy for PTSD.

Chart 2. CONSOLIDATED STATEMENT OF ACTIVITIES (UNAUDITED)

June 1, 2018 - May 31, 2019

<table>
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<tr>
<th>Revenue</th>
<th>Projected FY2019 Feb Board Meeting</th>
<th>Actuals FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals, Corporations, and Bequests</td>
<td>2,320,630</td>
<td>1,649,225</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>4,684,182</td>
<td>9,184,061</td>
</tr>
<tr>
<td>Sponsorship Income</td>
<td>-</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Event Registration</td>
<td>246,884</td>
<td>92,372</td>
</tr>
<tr>
<td>Sales</td>
<td>125,000</td>
<td>124,138</td>
</tr>
<tr>
<td>Government Grants (CDPHE Grant)</td>
<td>658,599</td>
<td>669,493</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>1,172,969</td>
<td>1,301,977</td>
</tr>
<tr>
<td>Harm Reduction Income (Individual Support)</td>
<td>266,847</td>
<td>311,200</td>
</tr>
<tr>
<td>Therapist Training Income</td>
<td>257,000</td>
<td>350,951</td>
</tr>
<tr>
<td>Net Investment and Other Income</td>
<td>224,044</td>
<td>346,308</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>9,956,155</td>
<td>15,029,725</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>53,321</td>
<td>45,675</td>
</tr>
<tr>
<td><strong>Net Revenue</strong></td>
<td>9,902,834</td>
<td>14,984,050</td>
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<th>Expenses</th>
<th>Projected FY2019 Feb Board Meeting</th>
<th>Actuals FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>9,042,026</td>
<td>7,405,589</td>
</tr>
<tr>
<td>Education</td>
<td>1,198,763</td>
<td>1,021,798</td>
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<tr>
<td>Harm Reduction</td>
<td>189,163</td>
<td>320,004</td>
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<tr>
<td>Fiscal Sponsorships</td>
<td>1,037,433</td>
<td>1,153,268</td>
</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td>11,467,385</td>
<td>9,900,660</td>
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</table>

| Fundraising | 381,815 | 534,321 |
| Administration | 938,807 | 1,179,150 |
| **Total Expenses** | 12,788,008 | 11,614,131 |
| Change in Net Assets | -2,885,174 | 3,369,919 |
REVENUE REVIEW FOR FISCAL YEARS 2017-18 AND 2018-19

MAPS received a total of $14.98M in contributed and earned revenue during FY19, $4.97M above mid-year projections for FY19 (Chart 2). The previous fiscal year, FY18, was an outlier year in many ways, impacting comparisons between FY18 and FY19. In FY18, MAPS reached its primary multi-year fundraising goal of $28M for Phase 3 FDA MDMA/PTSD trials in large part due to a windfall of support from cryptocurrency philanthropists totaling over $7.067M. Major contributors included The Pineapple Fund ($5.29M; $4M which was given as a 1:1 matching grant) and two anonymous supporters ($1M and $769,203). These cryptocurrency gifts were included in the individual contributions total for FY18 ($12.12 million).

Compared to FY18, individual contributions (including sponsorship contributions) for FY19 returned to historic levels ($2.65M), a decrease of 78%, which can be attributed largely to the one-time cryptocurrency gifts mentioned above and multi-year pledges for the FDA Phase 3 program received in FY18. Foundation contributions increased 55% from $5.92M in FY18 to $9.18M in FY19, and net revenue decreased 21% from $19.06M in FY18 to $14.98M in FY19.

As FY18 was an outlier year, comparing FY19 to Fiscal Year 2016-17 (FY17) highlights the incredible growth over the last two years. When compared to FY17, individual contributions for FY19 (including sponsorship contributions) increased 36.7% from $1.80M in FY17 to $2.65M in FY19, foundation contributions increased an astonishing 676% from $1.18M in FY17 to $9.18M in FY19, and net revenue increased 279% from $5.97M in FY17 to $14.98M in FY19.

In FY19, MAPS raised $8.2M for research of which $8.16M was raised for MDMA-related research and $60,634 was raised for other research projects, and $152,001 for harm reduction and other projects.

Chart 3. CONSOLIDATED STATEMENT OF ACTIVITIES
FY2020 Projected June 1, 2018-May 31, 2019

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Projected FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals, Corporations, and Bequests</td>
<td>1,378,234</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>4,755,500</td>
</tr>
<tr>
<td>Sponsorship Income</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Event Registration</td>
<td>350,000</td>
</tr>
<tr>
<td>Sales</td>
<td>150,000</td>
</tr>
<tr>
<td>Government Grants (CDPHE Grant)</td>
<td>35,420</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Harm Reduction Income (Individual Support)</td>
<td>306,158</td>
</tr>
<tr>
<td>Therapist Training Income</td>
<td>1,025,000</td>
</tr>
<tr>
<td>Net Investment and Other Income</td>
<td>176,873</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>10,177,185</td>
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<table>
<thead>
<tr>
<th>Expenses</th>
<th>10,121,994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>13,547,244</td>
</tr>
<tr>
<td>Education</td>
<td>1,513,229</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>302,307</td>
</tr>
<tr>
<td>Fiscal Sponsorships</td>
<td>950,000</td>
</tr>
<tr>
<td><strong>Total Programs</strong></td>
<td>16,312,780</td>
</tr>
</tbody>
</table>

| Fundraising                                   | 727,959          |
| Administration                                | 1,388,954        |
| **Total Expenses**                            | 18,429,902       |
| **Change in Net Assets**                      | -8,307,998       |

Chart 4. CONSOLIDATED STATEMENT OF FINANCIAL POSITION
FY2018 Actuals June 1, 2018-May 31, 2019 (Unaudited)

<table>
<thead>
<tr>
<th>Assets</th>
<th>Actuals 31-May-19</th>
<th>Projected 31-May-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Equivalents</td>
<td>1,636,929</td>
<td>1,392,112</td>
</tr>
<tr>
<td>Pledges and Receivables (See Chart 2C)</td>
<td>8,006,130</td>
<td>1,973,929</td>
</tr>
<tr>
<td><strong>Other Current Assets</strong></td>
<td>15,755,793</td>
<td>13,450,449</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>25,398,852</td>
<td>16,932,516</td>
</tr>
</tbody>
</table>

| Liabilities                                   |                   |                     |
| Accounts Payable & Accrued                    | 244,225           | 85,588              |
| **Total Liabilities**                         | 244,225           | 85,588              |

| Net Assets                                    |                   |                     |
| Unrestricted (FY19: GMP MDMA:$1.06M FY20 GMP MDMA:$3.6M) | 7,679,285         | 10,617,577          |
| Board Restricted (1)                          | 4,705,917         | 3,343,085           |
| Temporarily Restricted                        | 12,769,425        | 2,886,267           |
| **Total Net Assets**                          | 25,154,627        | 16,846,928          |

| Total Liabilities and Net Assets              | 25,398,852        | 16,932,516          |
Support totaling $7.71M was received for MAPS’ Phase 3
MDMA-assisted psychotherapy studies. This includes $2.91M
towards the production of the GMP MDMA study drug for the
research and $314,249 for other MDMA research projects.

For research other than with MDMA, MAPS raised $4,422
for our study of marijuana for treating PTSD in 76 US veterans.
This study was largely funded by a $2.156 million cost reimburs-
able grant from the Colorado Department of Public Health and
Environment (CDPHE), the income of which will be recog-
nized monthly as received.

MAPS received additional revenue of $2.18M from its
educational initiatives. This includes $350,951 from the MDMA
Therapy Training Program, $311,200 from psychedelic harm
reduction crowdfunding, services, and training, $216,510 from
events and sales, and $1.3M in fiscal sponsorships (see Notes 1
and 2).

The balance of MAPS’ funds raised in FY19, in the amount
of $4.65M, was designated for unrestricted use.

**SOURCES OF REVENUE IN FISCAL YEARS 2017-18 AND 2018-19**

In FY19, about 79% of net revenue was contributed by 3,590 in-
dividual donors and family foundations. FY18 saw a considerable
increase in number of donors (44%) compared to FY17, and the
upward trend continued in FY19 with an additional 4% increase
to 3,590 total donors. The major increase in total donors wit-
nessed in FY18 can be attributed largely to Psychedelic Science 2017,
which took place in April 2017 with over 3,000 attendees.
The conference brought a wave of new contacts into MAPS’
database at the end of FY17, many of whom became donors in
FY18. Additionally, the number of major donors (donors giving
$1,000+) has nearly doubled from 185 to 316 individuals and
foundations over the last two years.

From FY18 to FY19, the number of renewed donors has
decreased from 35% to 28%, returning to historic levels fol-
lowing the outlier FY18 year. However, despite the percentage
decrease, the total number of renewing donors has increased
by 135. Of renewing donors, 38% increased their gift, 27% re-
mained stable, and 35% decreased their gift.

FY19 was a banner year for MAPS’ Monthly Giving Pro-
gram. It is noteworthy that monthly recurring donors nearly
doubled from 236 in FY18 to 462 in FY19, 290 (63%) of which
established their gift in FY19. This growth can be attributed to
increased promotion of the monthly giving option, including a
component of the 2018 Year-End Fundraising Campaign incen-
tivizing new monthly donations by offering a limited-edition
MAPS Dichroic Glass Pendant for donors who established a
new recurring gift of at least $15/month. At the close of FY19,
monthly donors contributed $81,230 towards MAPS’ total in-
come for the fiscal year.

MAPS had the most successful Year-End Fundraising and
Zendo Project crowdfunding campaigns to date in FY19:

November through December 2018, Year-End Fundraising
raised over $426,916 from over 1890 donors in 41 countries.
Roughly 60% of donors were first-time donors, with 31 first-
time donors giving $1,000 or more. There were 55 returning
donors who gave $1,000 or more. In total, there were 86 donors
who gave $1,000 or more, which is the largest number of major
gifts to any single campaign in MAPS’ history. Most funding
came from returning donors (60%). There were $90,000 in

---

**Chart 5**

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>FY 2019 Net Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from Individuals, Corporations, and Bequests</td>
<td>11%</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>61%</td>
</tr>
<tr>
<td>Sponsorship Income</td>
<td>7%</td>
</tr>
<tr>
<td>Event Registration</td>
<td>1%</td>
</tr>
<tr>
<td>Sales</td>
<td>1%</td>
</tr>
<tr>
<td>Harm Reduction Income (Individual Support)</td>
<td>9%</td>
</tr>
<tr>
<td>Therapist Training Income</td>
<td>2%</td>
</tr>
<tr>
<td>Net Investment and Other Income</td>
<td>2%</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>9%</td>
</tr>
<tr>
<td>Government Grants (CDPHE Grant)</td>
<td>4%</td>
</tr>
<tr>
<td>Support from Foundations</td>
<td>61%</td>
</tr>
<tr>
<td>Event Registration</td>
<td>1%</td>
</tr>
<tr>
<td>Sales</td>
<td>1%</td>
</tr>
<tr>
<td>Fiscal Sponsorship Income</td>
<td>9%</td>
</tr>
<tr>
<td>Harm Reduction Income (Individual Support)</td>
<td>2%</td>
</tr>
<tr>
<td>Therapist Training Income</td>
<td>2%</td>
</tr>
<tr>
<td>Net Investment and Other Income</td>
<td>2%</td>
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</table>
### Chart 6: Detailed Expenditures, FY 2018-19

<table>
<thead>
<tr>
<th>Research Area</th>
<th>MAPS FY 2018-19</th>
<th>MPBC FY 2018-19</th>
<th>MAPS Europe Consolidated FY 2018-19</th>
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<td><strong>Research</strong></td>
<td>FY19 Actuals as of May 31, 2019</td>
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<tr>
<td>Ibogaine</td>
<td>-</td>
<td>-</td>
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<tr>
<td>General</td>
<td>35,809</td>
<td>-</td>
<td>35,809</td>
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<tr>
<td>IPK1</td>
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<td>147</td>
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<tr>
<td><strong>Total Ibogaine</strong></td>
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<td>147</td>
<td>35,956</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>General</td>
<td>-</td>
<td>1,801</td>
<td>1,801</td>
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<tr>
<td>MJP-1 Cannabis PTSD</td>
<td>18,492</td>
<td>651,001</td>
<td>669,493</td>
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<td><strong>Total Marijuana</strong></td>
<td>18,492</td>
<td>652,802</td>
<td>671,294</td>
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<td><strong>MDMA</strong></td>
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<tr>
<td>MDMA/PTSD Phase 2 Closeout</td>
<td></td>
<td></td>
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<tr>
<td>Phase 2 CSR’s</td>
<td>848</td>
<td>225,134</td>
<td>225,982</td>
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<td><strong>MDMA Phase 2 Research Studies, other</strong></td>
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<td></td>
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<tr>
<td>MAA1: Autism Anxiety, Los Angeles</td>
<td>40</td>
<td>6,772</td>
<td>6,812</td>
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<td>MDA1: End-of-Life Anxiety, San Anselmo</td>
<td>61</td>
<td>32,188</td>
<td>32,250</td>
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<tr>
<td>MPVA1: PTSD CBCT, Charleston</td>
<td>-</td>
<td>9,463</td>
<td>9,463</td>
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<tr>
<td>MPVA4: Startle Paradigm Emory</td>
<td>384</td>
<td>9,626</td>
<td>10,010</td>
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<td>MPVA5: PTSD, PE, Barbara Rothbaum</td>
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<td>-</td>
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<tr>
<td>ICAN1: PTSD, CPT Toronto</td>
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<tr>
<td>INOR1: TRD, Norway</td>
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<td>-</td>
<td>-</td>
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<td>Pilot Programs (inc. Est GMP MDMA Costs)</td>
<td>1,101</td>
<td>33,464</td>
<td>34,565</td>
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<td>MPVA6: PTSD, Biomarkers Rachel Yehuda</td>
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<td>MPVA7: PTSD, PE, Edna Foa</td>
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<td>MED1 (Eating Disorder)</td>
<td>55</td>
<td>2,518</td>
<td>2,573</td>
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<td>MPG1: PTSD, Group Therapy UCSF</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>MDMA Qualitative</td>
<td>-</td>
<td>311</td>
<td>311</td>
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<tr>
<td>Conflict Resolution (MDMA Portion)</td>
<td>16,859</td>
<td>-</td>
<td>16,859</td>
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<tr>
<td><strong>Marketing Authorization in US: MDMA Phase 3 Studies and Support Activities</strong></td>
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<td></td>
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<tr>
<td>MDMA Therapist Adherence</td>
<td>-</td>
<td>30,796</td>
<td>30,796</td>
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<tr>
<td>MDMA Lit Review &amp; (Investigator Brochure)</td>
<td>-</td>
<td>34,495</td>
<td>34,495</td>
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<tr>
<td>Clin Pharm (PK Studies)</td>
<td>64</td>
<td>33,783</td>
<td>33,847</td>
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<tr>
<td>MP16/MP17 Phase 3 Lead-in</td>
<td>6,932</td>
<td>1,699,394</td>
<td>1,706,325</td>
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<tr>
<td>Phase 3 Systems (CTMS/eTMF/eCTD)</td>
<td>-</td>
<td>94,511</td>
<td>94,511</td>
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<tr>
<td>Registration GMP MDMA US Studies (Balance Sheet Item Shown as Cash Expense)</td>
<td>329,200</td>
<td>234,623</td>
<td>563,823</td>
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<tr>
<td>Phase 3 Program General</td>
<td>49,264</td>
<td>487,579</td>
<td>536,842</td>
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<tr>
<td>Phase 3 Preclinical Toxicity Studies</td>
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<td>167,315</td>
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<tr>
<td>Phase 3 Trial 1</td>
<td>47,849</td>
<td>1,630,242</td>
<td>1,678,091</td>
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<tr>
<td>Phase 3 Trial 2</td>
<td>976</td>
<td>14,072</td>
<td>15,049</td>
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<tr>
<td>MT1: Therapist Training (Phase III)</td>
<td>831</td>
<td>122,287</td>
<td>123,118</td>
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<tr>
<td>Healthcare Economics Consultant</td>
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### NDA Process

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<tr>
<td>Clinical Research General</td>
<td>180,132</td>
<td>568,531</td>
<td>748,663</td>
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<tr>
<td><strong>Total Phase 3 Studies and Support Activities</strong></td>
<td>634,596</td>
<td>5,437,105</td>
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### Marketing Authorization in Europe: MDMA/PTSD Phase III Cost Projections

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<tr>
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<tbody>
<tr>
<td>EU Phase 3 Program General</td>
<td>18,575</td>
<td>-</td>
<td>124,797</td>
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<tr>
<td>MP18 Phase 3 Europe Lead-in &amp; Start-up</td>
<td>24,676</td>
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<td>112,067</td>
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<tr>
<td>MAPP3</td>
<td>-</td>
<td>-</td>
<td>4,375</td>
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<tr>
<td>MT1 EU</td>
<td>-</td>
<td>-</td>
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<td>EU Phase 3 Therapist Training</td>
<td>1,353</td>
<td>-</td>
<td>119,497</td>
</tr>
<tr>
<td>Therapist Adherence</td>
<td>-</td>
<td>-</td>
<td>945</td>
</tr>
<tr>
<td>EU MT1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>EU MT2</td>
<td>-</td>
<td>-</td>
<td>296</td>
</tr>
<tr>
<td>GMP MDMA Registration EU Studies (Balance Sheet Item Shown as Cash Expense)</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td><strong>Total MAPS Europe</strong></td>
<td>44,603</td>
<td>-</td>
<td>451,978</td>
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### Commercialization Activities

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<tr>
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</thead>
<tbody>
<tr>
<td>Phase 3 Therapist Training</td>
<td>-</td>
<td>9,331</td>
<td>-</td>
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<tr>
<td>Expanded Access Training</td>
<td>4,626</td>
<td>423,785</td>
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<tr>
<td>MT2: Therapist Training</td>
<td>924</td>
<td>18,028</td>
<td>-</td>
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<tr>
<td>Phase 4 Program General</td>
<td>-</td>
<td>2,563</td>
<td>-</td>
</tr>
<tr>
<td>GMP Drug Manufacture Staff Time</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total Commercialization</strong></td>
<td>5,550</td>
<td>453,708</td>
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</table>

### Total MDMA

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Total MDMA</strong></td>
<td>684,749</td>
<td>5,890,813</td>
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### Total Research

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Research</strong></td>
<td>739,050</td>
<td>6,543,761</td>
<td>451,978</td>
</tr>
</tbody>
</table>

### Education

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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conferences, Events &amp; Initiatives</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Advocacy General</td>
<td>191,443</td>
<td>-</td>
<td>-</td>
<td>191,443</td>
</tr>
<tr>
<td>Wisdom 2.0</td>
<td>2,783</td>
<td>-</td>
<td>-</td>
<td>2,783</td>
</tr>
<tr>
<td>Beyond Psych</td>
<td>4,559</td>
<td>-</td>
<td>-</td>
<td>4,559</td>
</tr>
<tr>
<td>Cannabis Cup: LA, SF, Seattle</td>
<td>6,095</td>
<td>-</td>
<td>-</td>
<td>6,095</td>
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<td>Catharsis on the Mall</td>
<td>1,636</td>
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<td>-</td>
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<td>Webinars</td>
<td>8,012</td>
<td>-</td>
<td>-</td>
<td>8,012</td>
</tr>
<tr>
<td>Harm Reduction (see note 2)</td>
<td>320,004</td>
<td>-</td>
<td>-</td>
<td>320,004</td>
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<td>Horizons</td>
<td>4,594</td>
<td>-</td>
<td>-</td>
<td>4,594</td>
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<td>Special Events</td>
<td>63,667</td>
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<td>63,667</td>
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<td>Events Staff, Education Staff, and General Expense</td>
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<td>43,730</td>
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<td>End the NIDA Monopoly</td>
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<td>-</td>
<td>-</td>
<td>24,029</td>
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<tr>
<td><strong>Total Conference, Events &amp; Initiatives</strong></td>
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<td>-</td>
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<td>670,551</td>
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<tr>
<td>Category</td>
<td>Subcategory</td>
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<td>Amount</td>
<td>Amount</td>
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<td>------------------------------------</td>
<td>----------</td>
<td>--------</td>
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<td>Communications</td>
<td>Web &amp; Multimedia</td>
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<td>Media</td>
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<td>Publishing</td>
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<td>Email Newsletter</td>
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<td>Social Media</td>
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<td>Media Communications</td>
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<td>Communications General Expense</td>
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<td>Total Communications</td>
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<td>Total Education</td>
<td>1,341,803</td>
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<tr>
<td></td>
<td>Fiscal Sponsorships (see note 1)</td>
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<tr>
<td></td>
<td>Total Programs (Research, Education, Fiscal Sponsorships)</td>
<td>3,234,121</td>
<td>6,543,761</td>
<td>451,978</td>
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<td>Fundraising</td>
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<td>Campaigns</td>
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<td></td>
<td>Donor Meetings</td>
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<td>CRM Implementation Salesforce</td>
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<td>Fundraising Staff and General Expense</td>
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<td></td>
<td>Total Fundraising</td>
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<td>Operations</td>
<td>Business Expenses</td>
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<td>Accounting and Finance</td>
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<td>Human Resources</td>
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<td>Legal and Tax Advisory Services</td>
<td>17,449</td>
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<td>Information Technology</td>
<td>129,487</td>
<td>48,353</td>
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<td>Facilities and Equipment</td>
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<td>Occupancy</td>
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<td></td>
<td>Office Supplies, Utilities, Phones, Post, Printing, Misc</td>
<td>9,259</td>
<td>1,460</td>
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<td>Staff Development</td>
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<td>Travel</td>
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<td>Operations Staff and Other Expense</td>
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<td>200,601</td>
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<td>Total Expenses</td>
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**Programs Ratio (Education/Total Expense)**

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<th>Program</th>
<th>Ratio</th>
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<tbody>
<tr>
<td>Research, Education</td>
<td>71.6%</td>
</tr>
<tr>
<td>Education</td>
<td>93.9%</td>
</tr>
<tr>
<td>Fiscal Sponsorships</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>85.7%</td>
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</table>

Expenses Adjusted for Capitalization of GMP MDMA ($329,200)

11,614,131
matching grants provided by Justin Rosenstein ($50,000) and Ed Littlefield ($40,000).

From July through September 2018, the Zendo Project raised over $129,000 from nearly 460 donors, the most successful Zendo Project campaign to date. This campaign raised 26% more than the FY18 campaign and more than twice as much as the FY17 campaign. There were $31,500 in 1:1 matching grants during the FY19 campaign from the Riverstyx Foundation and other donors.

In FY19, MAPS hosted or collaborated on 8 fundraising events and 11 donor cultivation events, which cumulatively raised over $395,000 in gross revenue. These events were typically small- to medium-sized dinners or receptions which offered opportunities to build relationships with our core supporters, connect with new supporters, and establish new audiences in new places. These events included: Breakthrough for Psychedelic Medicine benefit in NYC ($100,523); Sleeping Octopus Assembly on Psychedelics (SOAP) conference in Pittsburgh ($45,990); SXSW dinner in Austin ($145,660); Arcview dinner in Los Angeles ($39,940); Assembling a Psychedelic Clinic benefit in NYC ($35,790) and dinners in San Francisco, CA ($3,000), Boulder, CO ($18,625), and Carmel, CA ($6,400).

MAPS continues to grow its relationships courageous and visionary granting foundations. FY19 grant revenue of $9.18M is the highest revenue from foundations in MAPS’ history, largely due to $4.14M in grants awarded from the Psychedelic Science Funders Collaborative.

MAPS’ long-term account for our assets, The Curing Fund, is managed by the San Francisco Foundation and has been invested in the stock market. In May 2017, based on cash flow forecasts that showed drawdowns beginning in December 2017, the MAPS Board of Directors reallocated the portfolio with all stocks being sold and proceeds allocated to a short-term investment strategy with a closing balance of $13.75M at fiscal year-end.

MAPS generous fiscal sponsorship program provides support for a few dozen smaller organizations to start their work raising awareness and increasing knowledge and research in psychedelics. This year over $1.3M was processed through our fiscal sponsorship program is an example of MAPS ethos around generosity and expanding the capacity for our entire community.

Product sales (books, art, and wearables) and event registrations generated $216,510 in income. Notably, a total of 2,906 orders were placed in FY19, reaching more than 45 countries. This fiscal year, the Zendo Project hosted a harm reduction webinar series of five 90-minute sessions which generated over $24,800 in net revenue from registrations and shared harm reduction education with 400 attendees. Events and products remain important aspects of our work which serve to draw new supporters, strengthen our relationships to current supporters, and promote our mission.

Begin with the end in mind
then work backward to plan for reaching ambitious goals
—Ashawna Hailey, who left $5.5 million to MAPS in her will

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

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

jade@maps.org
EXPENSE REVIEW FOR FISCAL YEAR 2018-19

In FY19, total expenses were $11.61M. Program costs totaled 85.7% of all expenses and include research expenses ($7.73M), education and communication expenses ($2.01M), harm reduction expenses ($320,004), and fiscal sponsorships ($1.15M). Fundraising expenses were $534,321 and operations expenses were $1.18M. For an in depth look at detailed expenditures, please see Chart 6.

MAPS’ primary expenditure in FY19 was MDMA-assisted psychotherapy research with expenses totaling nearly $7.03M. Of that amount, MAPS spent $6.07M on FDA Phase 3 research into MDMA-assisted psychotherapy for PTSD and associated projects. Additional MDMA expenses included $112,843 on Phase 2 studies; most notably $32,250 towards completing the study for anxiety associated with a life-threatening illness and $10,010 for the study examining the effect of MDMA on startle response in healthy volunteers.

Marijuana research expenses totaled $671,294. In FY16, after seven years of struggle, MAPS finally received DEA and IRB approval to move forward with its study examining the efficacy of smoked marijuana in 76 veterans with chronic, treatment-resistant PTSD. This research is funded by a $2.156 million grant from the Colorado Department of Public Health and Environment (CDPHE). This study has completed enrollment and publication of the results is under development.

Education expenses of $1.34M include events, conferences, publications, communications and psychedelic harm reduction. Of that amount, conferences, events, and initiatives had expenses of $670,551. In FY19, MAPS provided sponsorships, speakers, tables, formal representatives and/or promotional support for

Chart 7. MDMA/PTSD Cost Projections: Two Phase 3 Trials for FDA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>End-of-Phase-2 Meeting w/ FDA</td>
<td>$2,060</td>
<td>$69,462</td>
<td>$105,614</td>
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<td>-</td>
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<td>Phase 3 Systems</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(CTMS/eTMF/eCTD)</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ClinPharm (PharmacoKinetics and ECG Studies)</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preclinical Toxicity Studies</td>
<td>-</td>
<td>-</td>
<td></td>
<td>$2,551</td>
<td>$167,315</td>
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<tr>
<td>MP16/MP17 Phase 3 Lead-in</td>
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<td>-</td>
<td></td>
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<td>-</td>
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<td></td>
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</tr>
<tr>
<td>Phase 3 Trial 1: MAPP1 Expended (n=50)</td>
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<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Phase 3 Trial 2: MAPP2 Expended (n=50)</td>
<td>-</td>
<td>-</td>
<td></td>
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</tr>
<tr>
<td>Phase 4 Commitments</td>
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<td>-</td>
<td></td>
<td></td>
<td>$2,563</td>
</tr>
<tr>
<td>NDA Process</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Overhead (Projected)</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td>$311,495</td>
</tr>
</tbody>
</table>

Total Phase III MDMA/PTSD

| Research | $84,928 | $622,353 | 1,610,372 | 3,775,812 | 6,046,935 |

Total Phase III Projected Costs

| Commercial Drug Supply & Stability | $35,647,093 |

| Total Phase III Projected Costs & Commercial Drug Supply and Stability | $35,647,093 |
over 120 outreach events.

Communications expenses of $671,251 include active engagement in public education through media contacts, website and social media presence, publishing the tri-annual MAPS Bulletin, 12 email newsletters, and the MAPS Podcast hosted by Zach Leary. We maintain maps.org, mapspublicbenefit.com, maps Europe.eu, maps Canada.org, zendoproject.org, psychedelicscience.org, psychedelicedinners.org, and mdmaptsd.org. In FY19, MAPS received 471 unique media mentions from online and print publications including: Chronicle of Philanthropy, Nature, Inc. Magazine, CBS Evening News, Business Insider, the New York Times, PBS News Hour, and many more.

The Zendo Project psychedelic harm reduction program incurred costs of $320,004, with $86,738 of that supporting the Zendo Project’s work at Burning Man. The Zendo Project provided services at several major events including: Burning Man, Insomniac events with Project Opentalk, Envision, and Lightning in a Bottle. The Zendo Project provided support to over 380 guests at one central location at Burning Man in 2018. The Zendo Project’s location was highlighted on Burning Man’s official map of Black Rock City and the Zendo Project collaborated closely with medical staff, law enforcement from the Bureau of Land Management, and Black Rock City Rangers. A public 3-hour training on the principles of psychedelic harm reduction was hosted for several hundred people.

In FY19, MAPS spent $534,321 on expenses related to fundraising, an increase of 38% from FY18. However, current fundraising expenses account for only 4.5% of all contributed revenue for FY19, which is significantly lower than national averages (10-20%). Thought of another way, MAPS efficiently spent about $0.05 for every $1 raised in FY19.

Operational costs were nearly $1.18M. These are the unglamorous but necessary expenses of staffing, office rent, taxes, fees, accounting, information technology, equipment, supplies, and postage. Operational costs account for 9.87% of MAPS expenses.

**PROJECTIONS FOR FISCAL YEAR 2019-20**

In FY20, our focus remains on the multi-site Phase 3 studies required for FDA and European Medicines Agency (EMA) approval of MDMA-assisted psychotherapy for PTSD as a legal prescription treatment. The first Phase 3 study for FDA is actively enrolling study subjects at sites in the United States, Canada and Israel. The interim analysis for our first Phase 3

<table>
<thead>
<tr>
<th>Phase III MDMA/PTSD Research Projects</th>
<th>Projected 2019-20</th>
<th>Projected 2020-21</th>
<th>Projected 2021-22</th>
<th>Total Expenditures</th>
</tr>
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<tbody>
<tr>
<td>End-of-Phase-2 Meeting w/ FDA</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$177,136</td>
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<tr>
<td>Phase 3 GMP (Initial Formulation and Mfg)</td>
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<td>$85,626</td>
<td>$21,825</td>
<td>$1,699,419</td>
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<tr>
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<td>$66,956</td>
<td>$21,539</td>
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<td>$727,350</td>
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<tr>
<td>MDMA Literature Review</td>
<td>$45,098</td>
<td>$57,799</td>
<td>$57,797</td>
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<td>MDMA Therapist Adherence Criteria</td>
<td>$49,112</td>
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<td>-</td>
<td>$233,285</td>
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<tr>
<td>Phase 3 Therapist Training</td>
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<td>Clinical Research General</td>
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<td>$100,712</td>
<td>$2,725,226</td>
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<td>Phase 3 Systems (CTMS/eTMF/eCTD)</td>
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<td>$26,474</td>
<td>$834,577</td>
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<td>ClincPharm (Pharmacokinetics and ECG Studies)</td>
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<td>Preclinical Toxicity Studies</td>
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<td>$34,291</td>
<td>$13,955</td>
<td>$2,378,427</td>
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<tr>
<td>MP16/MP17 Phase 3 Lead-in</td>
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<td>-</td>
<td>$2,970,996</td>
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<tr>
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<td>$6,574,334</td>
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<td>$4,937,511</td>
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<tr>
<td>Phase 3 Trial 1: MAPP1 Expanded (n=50)</td>
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<td>-</td>
<td>$1,898,039</td>
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<tr>
<td>Phase 3 Trial 2: MAPP2 Expanded (n=50)</td>
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<td>$1,656,180</td>
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<tr>
<td>Phase 4 Commitments</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$2,563</td>
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<tr>
<td>NDA Process</td>
<td>$37,224</td>
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<td>$286,494</td>
<td>$497,050</td>
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<td>Overhead (Projected)</td>
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<td>$100,000</td>
<td>$92,296</td>
<td>$803,791</td>
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<tr>
<td><strong>Total Phase III MDMA/PTSD Research</strong></td>
<td><strong>11,804,776</strong></td>
<td><strong>7,422,968</strong></td>
<td><strong>1,410,810</strong></td>
<td><strong>32,778,953</strong></td>
</tr>
</tbody>
</table>

**Total Phase III Projected Costs**

| Commercial Drug Supply & Stability                                      | $2,627,406        | $1,731,146        | $827,240          | $5,185,792         |

**Total Phase III Projected Costs & Commercial Drug Supply and Stability**
study is going to take place in March 2020. We expect to begin enrolling for the second Phase 3 study for FDA and the Phase 3 study for EMA in April or May 2020, pending regulatory clearances. If the studies remain on schedule, we anticipate the New Drug Application will be submitted to the FDA in 2021 and the Marketing Authorization Application to EMA in 2022. Starting the studies in Europe is dependent on raising the remaining $8 million needed to fund these studies, making EMA Phase 3 MAPS’ primary funding priority for FY20.

In FY20, there are projected total research expenses of over $13.54M with approximately $11.8M for FDA studies and $1.65M for European studies (Charts 7 & 8). Projected expenses for other programs include $2.76M for our education programs including the Zendo Project and fiscal sponsorships, and $2.11M for fundraising and administration (Chart 3).

Estimated spending in FY20 is projected to be nearly $18.43M, an increase of over $5.1M over FY19, and by far the largest expenditure in a single fiscal year in MAPS’ entire 34-year existence due to the ongoing Phase 3 studies.

CONCLUSION
FY19 was another exceptional year, successfully initiating Phase 3 research on MDMA-assisted psychotherapy for PTSD. Expenses were greater than any other fiscal year to date, yet MAPS managed to raise enough contributions and multi-year pledges to increase our net assets by nearly $4 million. However, as FDA Phase 3 continues and EMA Phase 3 starts up, expenses will grow substantially. The inspiring news about FDA granting MAPS Breakthrough Therapy Designation for MDMA-assisted psychotherapy for PTSD has motivated supporters to step up, confident in the impact of their gift to heal trauma and legitimize MDMA-assisted psychotherapy as a legally available treatment available by prescription.

As MAPS continues its Phase 3 MDMA/PTSD studies for FDA, research and educational expenses will continue to increase through FY20 when we anticipate completing the gathering of Phase 3 data. In FY21, MAPS’ FDA Phase 3 research will shift to much less expensive data analytic work and submitting a New Drug Application to FDA.

Now, our fundraising focus for research turns to EMA Phase 3 studies, which we anticipate will cost approximately $10 million, of which about $2 million is already raised. MAPS

Note 1: FY19 Fiscal Sponsorship Detail

<table>
<thead>
<tr>
<th>Program/Grant</th>
<th>Raised 5/31/19</th>
<th>Distributed 5/31/19</th>
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</thead>
<tbody>
<tr>
<td>Expanded Access Fiscal Sponsorship Program (Escrow Account)</td>
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<td>ESCROWED</td>
</tr>
<tr>
<td>North and South Carolina</td>
<td>18,991</td>
<td>ESCROWED</td>
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<tr>
<td>Hazeldwood and Living Bridge</td>
<td>1,000</td>
<td>ESCROWED</td>
</tr>
<tr>
<td>Somatic Center Portland</td>
<td>2,839</td>
<td>ESCROWED</td>
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<tr>
<td>Human Rights Foundation</td>
<td>10,000</td>
<td>ESCROWED</td>
</tr>
<tr>
<td>Telluray Foundation (Colorado EA Treatment Grants)</td>
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<td>ESCROWED</td>
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<td>Holos Foundation</td>
<td>730</td>
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<td>Microdose Me</td>
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<td>Blueelight</td>
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<td>5,213</td>
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<td>Catharsis on the Mall</td>
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<td>Cosmic Sister</td>
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<td>From Shock To Awe</td>
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<td>Chacruna</td>
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<td>ICEERS</td>
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<td>MDMA the Movie</td>
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<td>Mission Within</td>
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<td>Sacred Plants of the Americas</td>
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<td>Nierika</td>
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<td>Weed the People</td>
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<td>Open Cannabis Project</td>
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<td>Iboga Saves</td>
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<tr>
<td>Vision of the Forest</td>
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<tr>
<td>Aniwa</td>
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<td>Prescription X</td>
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<td>Psychedelic Integration</td>
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<td>Psychedelic Therapist</td>
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<td>Psykia Institute</td>
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<td>9,738</td>
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<td>Ayahuasca Foundation</td>
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<tr>
<td>Kahpi</td>
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<td><strong>Sub-Total</strong></td>
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<td>1,153,268</td>
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<td><strong>MAPS Fees</strong></td>
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Note 2: FY19 Fiscal Sponsorship Detail

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<tr>
<th>Program/Grant</th>
<th>Income 5/31/19</th>
<th>Expense 5/31/19</th>
</tr>
</thead>
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<tr>
<td>Zendo</td>
<td>129,590</td>
<td>48,768</td>
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<tr>
<td>Retreat</td>
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<td>5,141</td>
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<tr>
<td>Outreach</td>
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<td>15,521</td>
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<tr>
<td>Trainings</td>
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<td>Burning Man 2018</td>
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<tr>
<td>Catharsis</td>
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<td>2,457</td>
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<tr>
<td>DB Camp</td>
<td>96,324</td>
<td>693</td>
</tr>
<tr>
<td>Insomniac</td>
<td>2,208</td>
<td>5,730</td>
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<tr>
<td>Harm Reduction General (includes $62K Legal expense)</td>
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<td>103,844</td>
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<tr>
<td>Envision</td>
<td>14,700</td>
<td>13,142</td>
</tr>
<tr>
<td>Lightning in a Bottle</td>
<td>2,000</td>
<td>24,529</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>311,200</td>
<td>320,004</td>
</tr>
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</table>
is seeking to raise these funds by the end of FY20. It will be substantially less expensive if we can enroll subjects for the one Phase 3 study for EMA and continue until we have treated enough subjects, rather than if we must stop the study to raise more funds.

In FY19, we have conducted discussions with EMA for scientific advice about the study designs for the Phase 3 study, and discussions with FDA and DEA regarding our Breakthrough Therapy Designation. MAPS still needs to demonstrate statistically significant evidence of efficacy in our Phase 3 studies with an acceptable safety profile before FDA will authorize prescription use, but the Breakthrough Therapy Designation allows for discussions about potential commercialization issues prior to the completion of the Phase 3 studies. These discussions will focus on topics related to Expanded Access (compassionate use for PTSD patients prior to actual approval for prescription use), brand names, manufacturing of commercial quantities of GMP MDMA, the Risk Evaluation and Mitigation Strategies (REMS) that will control how MDMA-assisted psychotherapy will be provided by prescription, as well as other topics related to commercialization of MDMA-assisted psychotherapy for PTSD.

We are not there yet, but with the continued support from the MAPS community, the legal prescription use of MDMA will become more than a dream and will become available initially for people suffering from PTSD, then other indications. We are already seeing a tide change in the curiosity, acceptance, and interest in the use of psychedelics for depression, addiction, and other challenges in our communities. Your ongoing support of our work makes all of this and more possible. You are not only helping PTSD sufferers; you are helping to change the face of mental health services worldwide and making them more resilient, creative, and impactful – exactly how we want to see the communities of the future.

If you have questions or comments about anything in the financial report, or would like to become more involved, we invite you to contact giving@maps.org.

Chart 8. Marketing Authorization in Europe: MDMA/PTSD Phase III Cost Projections

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Registration EU Studies (GMP MDMA)</td>
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<td>$256,560</td>
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These pledges and donations were made between June 1, 2018 and May 31, 2019. Our gratitude goes to all those who contributed to make this work possible. We share this list in part to show that a community has gathered together to make a difference.

Donors in italics donated to MAPS Canada rather than to MAPS US.

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To discuss your plans, please contact Jade Netanya Ullmann at giving@maps.org.

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<td>Candra Docherty ($150)</td>
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<td>Spencer Stewart &amp; Stephanie Ansin ($5,000)</td>
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<td>Anthony Illiano ($333)</td>
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PHASE 3 TRIALS OF MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD

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

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

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

The Phase 3 trials are being conducted at the following study sites:

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

As of September 17, 2019, all 15 Phase 3 sites have officially enrolled a subject.

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

On August 16, 2017, the FDA granted Breakthrough Therapy Designation to MDMA for the treatment of PTSD. The FDA grants this designation for treatments that (1) are intended alone or in combination with one or more other drugs to treat a serious or life-threatening disease or condition; and (2) preliminary clinical evidence indicates may demonstrate substantial improvement over existing therapies.

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

ISRAEL APPROVES COMPASSIONATE USE OF MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD

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

“The ministry is taking this seriously and with appropriate caution, an in-depth investigation has been carried out. There is a considerable population in Israel of people suffering from PTSD that is resistant to other treatment,” said Bella Gershon of Israel’s Ministry of Health to Haaretz Newspaper.

OPEN-LABEL LEAD-IN STUDY OF MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD: ALL SITES FULLY ENROLLED

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

Therapist Training Study: 85th Participant Enrolled, New Trial Location Approved in Santa Fe, New Mexico

Ongoing Study

Locations: Charleston, South Carolina, and Boulder, Colorado, and Santa Fe, New Mexico

Principal Investigators: Zhenya Gelfand, M.D. (Charleston), and Marcela O’Rala G., M.A., L.P.C. (Boulder), George Greer, M.D. (Santa Fe)

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

To date, a total of 85 participants have enrolled in our Phase 1 study of the psychological effects of MDMA when used in a therapeutic setting by healthy volunteers. Enrollment in this multi-site study is limited by invitation only to therapists in
training to work on MAPS-sponsored clinical trials of MDMA-assisted psychotherapy for PTSD.

We have launched a third study location in Santa Fe, New Mexico, for our ongoing therapist training study, which also takes place in Boulder, Colorado, and Charleston, South Carolina. The new study site in Santa Fe has received Drug Enforcement Administration (DEA) and Institutional Review Board (IRB) approval and will be led by Principal Investigator George Greer, M.D. The study site in Boulder is led by Principal Investigator Marcela Ot'alora, M.A., L.P.C., and the study site in Charleston is led by Principal Investigator Zhenya Gelfand, M.D.

**Startle Testing with MDMA: 20th Participant Completes Experiment**

**Ongoing Study**

**Location:** Emory University in Atlanta, Georgia

**Principal Investigator:** Barbara Rothbaum, Ph.D.

On September 18, 2019, the 20th participant completed their participation in our ongoing study of the effect of MDMA on startle testing in healthy volunteers. Led by Principal Investigator Barbara Rothbaum, Ph.D., this study is conducted at Emory University in Atlanta, Georgia. If you have tried MDMA and live near Atlanta, you may be eligible to enroll in this study investigating the effects of MDMA on the startle response. For more information, please contact callan.m.coghlan@emory.edu.

**MDMA Therapy Training Program Update**

**Training Program**

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

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

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

Additional site and practitioner requirements are posted on our website. Each site must submit one site questionnaire and all applicants interested in training need to complete a therapy training application for providers. Only applicants affiliated with a qualifying site can be considered for training at this time. MAPS PBC will review applications on an ongoing basis, as they are received.

The MDMA Therapy Training Program has launched a series of trainings to prepare therapy providers to become eligible to work on an MDMA-assisted psychotherapy for PTSD protocol. Our most recent MDMA Therapy Training Program retreat took place from October 1-8, 2019, in Asheville, North Carolina, and will be led by Annie Mithoefer, B.S.N., and Michael Mithoefer, M.D. See also Shannon Clare Carlin’s article in this issue about MAPS’ Psychedelic Medicine and Cultural Trauma Community Workshop and the MDMA Therapy Training for Communities of Color, which took place in Louisville, Kentucky on August 10-17, 2019.

Sign up and stay tuned to the Training Program Newsletter to receive updates on upcoming trainings at mapspublicbenefit.com.

**Medical Marijuana Research**

**76th and Final Participant Enrolls in Smoked Marijuana Trial for Chronic PTSD in Veterans**

**Study Completed: February 20, 2019**

**Location:** Phoenix, Ariz.

**Coordinating Principal Investigator:** Marcel Bonn-Miller, Ph.D. (University of Pennsylvania)

**Co-Investigator/Site Principal Investigator:** Sue Sisley, M.D. (private practice)

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

On February 8, 2019, MAPS-sponsored researchers officially completed the first-ever clinical trial of smoked marijuana (cannabis) as a treatment for PTSD symptoms, with all 76 veterans enrolled and treated. The data from the study are now being analyzed and prepared for publication in a peer-reviewed biomedical journal.
“We are thrilled to finally be at the finish line of this nearly 10-year saga trying to get this crucial clinical trial completed,” said Site Principal Investigator Sue Sisley, M.D. “We are immensely grateful to all of the study’s supporters, especially the veteran service organizations who helped us with patient recruitment.”

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

Ayahuasca Research

**Data Collection Survey Continues**

*Ongoing study*

**Principal Investigator:** Jessica Nielson, Ph.D.

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

Ibogaine Treatment for Drug Addiction

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

*Study Completed*

**Locations:** Mexico and New Zealand

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

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

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**Participate in Research**

MAPS sponsors clinical trials around the world that require human participants. Our studies have strict enrollment criteria based on the goal of the study and the condition the study is investigating. Our new study recruitment website is now accepting applications to participate in clinical trials of MDMA-assisted psychotherapy for PTSD at mdmaptsd.org.
MAPS in the Media

Boston magazine

The Interview: MDMA-Therapy Expert Dr. Rick Doblin
By Catherine Elton on September 10th, 2019. Boston Magazine. The world’s leading advocate for the medicinal use of psychedelics on the ghost of Timothy Leary, why Ecstasy could cure PTSD, and the best place to trip in Boston.

abc10

How a first responder says MDMA helped him get past PTSD
By Lilia Luciano on September 16th, 2019. ABC10. ABC 10 Sacramento interviews a former police officer and first responder who participated in a MAPS-sponsored Phase 3 clinical trial of MDMA-assisted psychotherapy for PTSD.

npr

MDMA, Or Ecstasy, Shows Promise As A PTSD Treatment
NPR’s reporting partnership with KJZZ and Kaiser Health News. on August 14th, 2019. Boston Magazine. Scientists are testing how pharmaceutical-grade MDMA can be used in combination with psychotherapy to help patients who have a severe form of PTSD that has not responded to other treatments. Unlike street drugs, which may be adulterated and unsafe, researchers use a pure, precisely dosed form of the drug.

The New York Times

Tim Ferriss, the Man Who Put His Money Behind Psychedelic Medicine
By Benedict Carey on August 9th, 2019. New York Times. The author of “The 4-Hour Workweek” is behind a surge in funding for clinical research into psychedelic drugs.

The Guardian

MDMA treatment for alcoholism could reduce relapse, study suggests
By Helena Blackstone on September 6th, 2019. The Guardian. The Guardian reports on the first study to test the effectiveness of treating alcohol use disorder with MDMA-assisted psychotherapy. The study is conducted by Dr. Ben Sessa, an addiction psychiatrist and senior research fellow at Imperial College London, and MAPS provided the MDMA for the study. “MDMA psychotherapy gives you the opportunity to tackle rigidly held personal narratives that are based on early trauma. It’s the perfect drug for trauma-focused psychotherapy,” explains Dr. Sessa.

Filter

The First-Ever MDMA Therapy Training for Communities of Color Was Vital
By Alexander Lekhtman on August 23rd, 2019. Filter Magazine. The eight-day event consisted of an opening workshop followed by a six-day MDMA therapist training.
In July 2017, MAPS Policy and Advocacy Director Natalie Ginsberg, M.S.W., met with U.S. House of Representatives member Joe Kennedy III to discuss barriers to cannabis and psychedelic research. Ginsberg also connected with organizations including Veterans of Foreign Wars (VFW), Drug Policy Alliance (DPA), and Americans for Tax Reform (ATR). “I continue to be encouraged by the growing nonpartisan support for psychedelic research, especially when nonpartisanship is such a rarity in Washington these days,” explains Ginsberg.

From May 31 to June 2, 2019, MAPS staff including MAPS Policy and Advocacy Counsel Ismail L. Ali, J.D., MAPS Founder and Executive Director Rick Doblin, Ph.D., MAPS Sales and Outreach Assistant Rudy Maldonado, and MAPS Policy and Advocacy Director Natalie Ginsberg, M.S.W., attended the third annual World Ayahuasca Conference, hosted by the International Center for Ethnobotanical Education, Research and Service (ICEERS) in Girona, Spain. Ginsberg presented “Palestinians, Israelis, and Ayahuasca: Can Psychedelic Medicines Promote Reconciliation?” with partners Dr. Leor Roseman from Imperial College Center for Psychedelic Research and Antwan Saca. This is a collaborative study which interviews Palestinians and Israelis who drink ayahuasca together. Ali led a workshop entitled “Sacred Reciprocity,” which explored effective strategies and approaches for the intentional expansion of ayahuasca.

MAPS’ Policy and Advocacy team members are actively traveling around the world to educate the public about our work, which led to participation at the United Nations’ (UN) 62nd session of the Commission on Narcotic Drugs (CND) from March 14-22, 2019, in Vienna, Austria, to present and advocate the human right to science and research with controlled substances, alongside international allies including International Center for Ethnobotanical Education, Research and Service (ICEERS) and Science for Democracy.

On March 16, 2019, MAPS Policy and Advocacy Director Natalie Lyla Ginsberg, M.S.W., represented MAPS at South by Southwest (SXSW) 2019 through participating in a panel discussion, The Future of Hemp and Health. In addition to this panel discussion, Natalie also collaborated with MAPS Development Officer Liana Gillooly on hosting the Psychedelic Science Meet Up at SXSW, a well-attended gathering that engaged and united the local psychedelic community.

On February 26, 2019, MAPS Policy and Advocacy Counsel Ismail Lourido Ali, J.D., spoke with Annie Oak of the Women’s Visionary Congress at Psychedelic Systems of the Future, an event hosted by Psychedelic Seminars in San Francisco, California.

Natalie Lyla Ginsberg, M.S.W. received her B.A. in history from Yale, and her master’s of social work (MSW) from Columbia. Before joining MAPS in 2014, Natalie worked as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical cannabis in her home state of New York, and worked to end New York’s race-based marijuana arrests. Natalie has also worked as a therapist at an alternative-sentencing court for prostitution and drug-related offenses, and as a middle school guidance counselor. At MAPS, Natalie works to disentangle science from political partisanship on Capitol Hill, at the United Nations, and beyond. She is also co-developing a psychedelic peace-building study with Imperial College, working with Palestinians and Israelis. Natalie is particularly inspired by the potential of psychedelics for healing systemic, intergenerational trauma, for building empathy and community, and for inspiring creative and innovative solutions.
This August marked the Zendo Project’s eighth consecutive year at Burning Man. Over the course of the event, Zendo Project volunteers served 546 guests in Black Rock City, providing around-the-clock psychedelic peer support services in a safe space. We are proud to share that the Zendo Project was highlighted in the official event materials provided to attendees upon arrival. The two Zendo Project locations were prominently located at the 3:00 and 9:00 keyholes next to Medical and Rangers.

For the first time this year, the Multidisciplinary Association for Psychedelic Studies (MAPS)/Zendo Project hosted a psychedelic speaker series—EntheoGeneration—which brought in over 30 speakers across various disciplines for honest and responsible conversations around psychedelics. The four-day series focused on topics including current major psychedelic research projects, mysticism and spirit, visionary art, spirituality, plant medicines, and indigenous and marginalized perspectives, with talks from Rick Doblin, Alex Grey and Allyson Grey, Paul Stamets, Android Jones, David Bronner, and many more. Recordings of the series will be available at zendoproject.org/entheogeneration.

In the spirit of our community model, we’ve collected a variety of anonymous testimonials via our website from guests who have used the Zendo Project’s services at events this year, of which we are sharing a selection below. Thank you to all who offered to share about their experiences.

“At burning man 2019, the Zendo Project tent…has transformed my life and my burning man experience.”

“The Zendo staff has welcomed me into the safe and calm space. They have turned their entire attention towards me throughout the entire experience starting from me coming, entering, talking, napping for three hours, eating a Zendo offered beef jerky snack, and leaving.”

“I am very grateful for you. You have changed my entire life. I did not know who to turn to after my LSD trip and did not know anyone who could decipher the meaning behind my experience until this day. Yes, I could have forgotten about the trip, put it under the carpet, and moved on with my life accepting a break up and loss of the love of my life, however with the understanding of why we broke up during the LSD trip, life is easy.”

“Psychedelic Peer Support and the Zendo Project: Winter Update and Testimonials”

BY SARA GAEL, M.A., DIRECTOR OF HARM REDUCTION, ZENDO PROJECT.

Sara Gael, M.A.

Ryan Jay Beauregard and Sara Gael.
“I am transformed, I now share my LSD experience with others and the lessons that I have learned, and I am ultimately a better person towards my future wife and community.”

“I have learned to be compassionate to myself. I know I have fears. It is important to recognize your fears for what they are and observe where they are coming from and how I want to react to them. Learn that these fears want to protect a part of me. Be compassionate to yourself and others and take the lessons learned from these fears and bring them back to your tribe and teach others. I love you!”

We also received the following testimonial from Kai Chotard, Operations Manager for High Rock Security, one of the leading festival security companies.

“I have been working for years at events where Zendo Project also performs their duties. I have deep gratitude for the Zendo Project’s existence and support. Zendo Project’s assistance is immeasurable. Their presence bridges the experimental needs of certain festival-goers with a highly professional program that allows individuals to feel safe and secure while exploring new ways. Zendo Project has always been there anytime we have needed them, adaptable and courteous. In short, Zendo Project is the best!”

If you would like to submit a testimonial or feedback about your experience volunteering with the Zendo Project or any support we may have provided to you as a guest, to your friends or community, or assistance we were able to provide for your official department (medical, law enforcement, security, production, etc.), we invite you to do so (anonymously if desired) at zendoproject.org/feedback.

Thank you to all the volunteers, guests, donors, and supporters who helped us make 2019 a success. We look forward to continuing to provide support in 2020 and way beyond.

Sara Gael, M.A., received her Master’s degree in Transpersonal Counseling Psychology at Naropa University. She began working with MAPS in 2012, coordinating psychedelic harm reduction services at festivals and events worldwide with the Zendo Project. Sara was an Intern Therapist for the recently completed MAPS Phase 2 clinical trial of MDMA-assisted psychotherapy for PTSD in Boulder, CO. She maintains a private practice as a psychotherapist specializing in trauma and non-ordinary states of consciousness. Sara believes that developing a comprehensive understanding of psychedelic medicines through research and education is essential for the health and well being of individuals, communities, and the planet. She can be reached at saragael@maps.org.
In April 2017, I made the decision to open my home-based private practice and turn it into a Phase 2 study for MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD) sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS). To do this, I founded the San Francisco Insight and Integration Center (SFIIC). Over two years later, SFIIC is now a Phase 3 study site and we are looking ahead to being one of the first legal psychedelic therapy centers in the world. During this time, we have also begun offering ketamine-assisted psychotherapy (KAP), based on some elements of the MAPS MDMA treatment protocol. Writing this article has encouraged me to reflect back on the incredible experience of working on a large scale U.S. Food and Drug Administration (FDA)-regulated study of an Investigational New Drug.

I serve in the roles of co-principal investigator, along with Sylver Quevedo, M.D., a co-therapist at our site. I am responsible, along with Dr. Quevedo, for executing the contract we have with MAPS to implement the study according to the FDA protocol and to maintain accurate data collection. Dr. Quevedo and I could not do any of this important work without the invaluable support of our study coordinator, Rachel Bacigalupi. In addition, our team consists of eight licensed therapists trained by MAPS to deliver MDMA-assisted psychotherapy in clinical trials for PTSD, including: myself, Julane Andries, LMFT, Harvey Schwartz, Ph.D., Veronika Gold, LMFT, Eric Sienknecht, Psy.D., Genese Herzberg, Psy.D., Evan Sola, Psy.D., and Emily Williams, M.D. We also have two study physicians, Kristi Panik, M.D., and Dr. Williams.

In addition, we have a team of wonderful night attendants who stay with study participants at the clinic during the required overnight stay following MDMA sessions. The night attendants continue the care and support of participants by delivering or preparing dinner and breakfast, setting up their sleeping arrangements, and remaining available throughout the night should participants need anything at all. During this time, the therapy team and study physician remain on call should there be any problems or concerns. To date, we have had no serious adverse events associated with the study.

Once deciding to become a study site, we had many meetings, phone calls, and discussions spread out over the next year along with mountains of paperwork. After much work meeting FDA and Drug Enforcement Administration (DEA) requirements to get our site ready, we enrolled our very first participant in the preparatory Phase 2 open-label MDMA-assisted psychotherapy for PTSD study in April 2018 (referred to as MP16).

We had four study participants across four therapy teams in MP16 with very positive results. The Clinician Administered PTSD Scale-5 (CAPS-5) is our primary outcome measure. All participants had severe PTSD as measured by the CAPS-5 at the time of enrollment. After three MDMA-assisted psychotherapy sessions, with accompanying non-drug preparatory and integrative sessions, all four participants had large improvements in PTSD symptoms as measured by the CAPS-5. Anecdotally, we observed reductions in suicidal ideation, reductions in depressed mood and anxiety, improvements in sleep, improvements in interpersonal relationships, improvements in educational and career functioning, and increased hope for the future. While we are certainly excited about this outcome, we must be cautious about making any assumptions regarding this type of outcome in Phase 3. Phase 3 is a very different study design, most importantly being a double-blind placebo study.

Now, 18 months later, we have enrolled five participants as part of the Phase 3 study and we have an additional 3 in active screening. We plan to enroll 7 participants in total as part of the first study of Phase 3 (referred to as MAPP1) and an additional 8 in the second study of Phase 3 (referred to as MAPP2).
As awareness of the study has grown, we have received a lot more interest from people with PTSD and their families than we ever expected. We believe this is a testament to the integrity and power of the treatment and how well it has been received by the media and the general public. Due to the popularity of the trial and people’s desire for effective treatment, it can be challenging to exclude those who are looking for an end to their suffering. Similar to any Phase 3 trial, the specificity of the inclusion and exclusion criteria can be limiting, disappointing, and confusing for those wanting to be in the study. This is not unique to this particular study, but is often a necessary part of pharmaceutical research so that findings can be interpreted and are generalizable to a larger population of patients.

Another challenge is the general public’s misunderstanding of the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria for PTSD. We hear a lot about trauma in the general discourse today. People can experience a range of traumas in their lifetimes, which can result in deep suffering and many symptoms that look like PTSD, yet these traumas may not meet the strict criteria for inclusion in this particular study. One of the many challenges of being a researcher is telling people they do not qualify for the study. Needless to say, a lot of thought, care, and concern goes into how we deliver this news.

We want to acknowledge the significant sacrifices our therapist teams have made to be part of this study given the many other responsibilities we have in our professional lives. Most of us have private practices, relationships, children, and a myriad of other commitments we are juggling simultaneously. None of us work full-time for MAPS-sponsored trials. Working on a study of this size requires an incredible amount of dedication, coordination, and sacrifice to execute it with scientific rigor. Our site is blessed to have a highly cohesive and dedicated team and we very much consider ourselves a family. We are all extremely grateful to be part of such exciting and groundbreaking research and we continue to make the necessary sacrifices to see this study through to its completion. It is a very exciting time of growth in the field of psychedelic therapy. Ketamine-assisted psychotherapy (KAP), led by Phil Wolfson, Raquel Bennett, and others, has exploded with the treatment being offered at a growing number of clinics nationwide. KAP has become an alternative treatment for some who do not meet criteria for inclusion in the study.

Finally, we could not do any of this work without the ongoing support of MAPS and MAPS Public Benefit Corporation (MAPS PBC) staff. We are deeply grateful to our trainers and mentors, Annie and Michael Mithoefer, Marcela O’t’alora, and Bruce Poulter; to Shannon Clare Carlin, to Alia Lilienstein, and to all of the people who keep this incredible endeavor up and running. We all look forward to the day when this potentially life-saving therapy is legally available to all who seek it.

**Gregory Wells, PhD**, has been a licensed psychologist in San Francisco for the past 10 years. Prior to that, he practiced in New Orleans where his trauma related work focused on post-Katrina relief and recovery. He currently serves as co-principal investigator and co-therapist on the Phase 3 MDMA study at San Francisco Insight and Integration Center. Gregory is also co-founder of Polaris Insight Center offering Ketamine Assisted Psychotherapy.

**Sylver Quevedo, MD**, has been in continuous practice of medicine for 40 years and practices nephrology, family, internal, and integrative medicine. He serves as Assistant Professor at Stanford and UCSF. He has played pivotal roles in several global health projects, including planning and development of medical and nursing school in Africa. He is currently co-principal investigator of the Phase 3 MDMA study at San Francisco Insight and Integration Center and he is co-therapist at the Phase 3 site at UCSF. Sylver is also co-founder of Polaris Insight Center offering Ketamine Assisted Psychotherapy.

**Rachel Bacigalupi, MA**, is a clinical trials coordinator at San Francisco Insight and Integration Center who began working with MAPS in 2017 on MP16, a phase 2 open label trial of MDMA-assisted psychotherapy for PTSD and has continued in this role into phase 3 trials. A native New Orleanian, Rachel earned her BS in Psychology from the University of New Orleans where she began a career in research. After graduating, she went on to work as a clinical trials coordinator at New Orleans Children’s Hospital. She has since earned her master’s degree in Clinical Psychology from Palo Alto University, where she is currently a PhD doctoral candidate researching suicidality and culturally informed treatment and assessment. Rachel is passionate about her work with MAPS and the opportunity to integrate her knowledge of research and clinical work in order to contribute to forms of treatment which innovate the field of psychology.
The Faces of Phase 2: Principal Investigators in MAPS’ Clinical Trials of MDMA-Assisted Psychotherapy for PTSD in Europe

BY MARTA MAZUR

We are thrilled to include the energy of newer psychedelic therapists alongside more experienced colleagues. In this edition of the MAPS Bulletin, we present personal statements from a selection of our Europe-based PIs, a highly regarded group with whom we are fortunate to collaborate. Other European sites and PIs will be introduced in future issues.

MAPS Europe as well as MAPS Public Benefit Corporation (MAPS PBC) are wholly-owned subsidiaries of the non-profit Multidisciplinary Association for Psychedelic Studies (MAPS). The MAPS Europe subsidiary was formed at the beginning of 2018 and our primary goal is completing Phase 2 and Phase 3 clinical trials required to develop MDMA-assisted psychotherapy into an approved treatment for PTSD in Europe through the European Medicines Agency (EMA).

We are pleased to announce that MAPS Europe team has grown substantially over the last year. Currently we have five team members fully dedicated to support European operations. Please meet our team by visiting MAPS Europe website at mapseurope.eu/team.

On June 12, 2018, MAPS met in London with the Scientific Advice Working Party of the EMA. On June 28, MAPS received written scientific advice about its Phase 3 protocol and overall drug development plans, with approval to proceed to a Phase 3 trial in Europe. The preparatory Phase 2 studies are expected to start in October 2019. The EMA Phase 3 trial is anticipated to start in 2020, pending funding and regulatory approval by individual European countries.

PHASE 2 STUDY

The formal title of the Phase 2 European trials is an Open-Label, Phase 2, Multicenter Feasibility Study of Manualized MDMA-Assisted Psychotherapy with an Optional fMRI sub-study Assessing Changes in Brain Activity in Subjects with Post-Traumatic Stress Disorder.

The Phase 2 study will serve as the lead-in to the planned Phase 3 study in Europe and will aim to validate assumptions made for statistical power calculations supporting the Phase 3 study. The Phase 2 study will also provide cross-cultural validation data on the updated version of the Primary Outcome measure, the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), which will be used in Phase 3. In addition, the study will gather supportive data on the safety and effectiveness of manualized MDMA-assisted psychotherapy while providing an opportunity for clinical supervision for planned Phase 3 therapy teams. This Phase 2 study will be the first multi-site study of MDMA-assisted psychotherapy for PTSD in Europe, and will explore reproducibility of findings from MAPS’ completed FDA-regulated Phase 2 trials in a multi-site format in Europe to confirm the Phase 3 study design.

The Phase 2 study will be conducted in up to 40 participants in 7 countries in Europe, in the Netherlands, Czech Republic, Norway, United Kingdom, Portugal, Finland and Germany. Four sites in total—two in the Netherlands, one in the United Kingdom, and one in the Czech Republic—will participate in the brain imaging sub-study which includes functional Magnetic Resonance Imaging (fMRI) scanning to explore the neurobiological effects of two experimental sessions.

So far, clinical trial applications were submitted to the Dutch, Czech and Norwegian ethics committees and the regulatory authorities. We received a number of questions from the regulatory bodies and despite all the questions and challenges our responses were accepted granting approval to start Phase 2 in the Czech Republic. We anticipate approval from the Netherlands authorities followed by the Norwegian approval in October 2019. We expect that the first participants could be invited for screening visits in the Czech Republic and in the Netherlands in October 2019.

In parallel, the MAPS Europe team is working on the regulatory submission activities in United Kingdom, Portugal, Finland, and Germany. We expect that the clinical trial applications in these countries will be submitted to the country-specific approving bodies between October and December 2019, with approval anticipated between February and April 2020. In clinical trials, Principal Investigators (PIs) are ultimately responsible for ensuring the accuracy and integrity of all data generated by their site, overseeing all site staff, reporting adverse events, retaining study records, among many other duties. Running a clinical research site is no easy task! Our investigators have varied backgrounds, but all have spent their careers preparing for this challenge. Each has assembled excellent teams to accomplish this research.
**THE NETHERLANDS, MAASTRICHT UNIVERSITY**

**PRINCIPAL INVESTIGATOR: DR. KIM KUYPERS**

Kim obtained her PhD at Maastricht University where she studied the effects of MDMA on cognition and driving performance in healthy volunteers. Later on, she started focusing on the positive effects of MDMA on social behaviour and since a couple of years she also studies the acute, sub-acute and persisting effects of other psychedelics like psilocybin, LSD, and ayahuasca. Her main goal is to understand the mechanism of action of these substances on the behavioural and biological level.

Maastricht is in a geographically interesting location, near the border with Belgium, where one of the three national languages is Dutch. We will welcome potential participants from both countries, especially participants who are fluent in speaking and reading Dutch, since this is the language of the study site. We are happy that with the number of growing EU sites, MDMA-assisted psychotherapy will get more and more attention in Europe. We trust that this will help in the acceptability and normalization of the MDMA-assisted psychotherapy in society. We are very eager to start this special journey and grateful that we can be part of this historical project which will change the face of psychiatric therapy forever.

**TREATMENT ROOM AT MAASTRICHT UNIVERSITY IN THE SOUTH OF THE NETHERLANDS.**

**CZECH REPUBLIC, NATIONAL INSTITUTE OF MENTAL HEALTH, KLECANY**

**PRINCIPAL INVESTIGATOR: DR. TOMÁŠ PÁLENIČEK**

The National Institute of Mental Health (NUDZ) in Klecany, on the outskirts of Prague, originated as the Prague Psychiatric Center where Stanislav Grof began his first LSD experiments in the early 1960s. Nowadays, NUDZ is not only a psychiatric clinic but also a research center focusing on several areas of both preclinical and clinical research with neuroimaging methods. After a long ban on psychedelic research, in 2015 we managed to get approval for the first human clinical trial in the Czech Republic studying the effects of psilocybin in healthy volunteers. We are delighted to move forward not only with our neuroscientific studies but also be a part of a global community that recognizes the need for delivering psychedelic treatments to patients and are very much looking forward to taking part in the Phase 2 clinical trial of MDMA-assisted psychotherapy for PTSD.

Tomáš Páleníček, PhD, is a licensed psychiatrist and senior researcher at NUDZ. He began his career in preclinical research focusing on neurobiology of psychedelics and new synthetic drugs. At the same time he was trained in clinical psychiatry and specialized in electrophysiology. Over the past five years he has been Principal Investigator of the first projects in Czech Republic studying the acute effects of cannabis and psilocybin in healthy volunteers, and co-investigator of ketamine’s fast antidepressant potential in patients with depression.

**TREATMENT ROOM AT MAASTRICHT UNIVERSITY IN THE SOUTH OF THE NETHERLANDS.**

Dr. Tomáš Páleníček, Principal Investigator, Czech Republic
NORWAY, SYKEHUSET ØSTFOLD, OSLO

PRINCIPAL INVESTIGATOR: PROF. OLE A. ANDREASSEN

The Norwegian Phase 2 study team is located close to the capital Oslo in a hospital outpatient clinic, Sykehuset Østfold. The team is staffed with head of department Ingmar Clausen, study coordinator Inger-Tove van de Vooren, two psychiatrists Stina Fasting Risbråthe and Tor-Morten Kvam, two psychologists Susanne Lund-Høie and Ivar W. Goksøyr, and a special MD advisor Lowan Stewart. Three of the therapists have now received training provided by MAPS, and the whole team is ready and committed to investigating the potential of MDMA-assisted psychotherapy in the treatment of PTSD patients.

Prof. Ole A. Andreassen is psychiatrist and head of the psychiatric Center of Excellence NORMENT/Oslo funded by the Research Council of Norway. Ole A. Andreassen’s scientific interests are the causes and mechanisms of severe mental disorders. He has contributed to the development of biobanks and databases, is an experienced PhD and post doc supervisor, publishes regularly in highly ranked journals and is one of the most cited researchers in Norway.

Quotation Tor-Morten Kvam: «There is a huge need for psychiatric treatment innovation, and we believe that MDMA assisted psychotherapy has the potential to relieve suffering from PTSD and possibly other conditions associated with processing of memories and emotions. We are grateful and honored to be a part of this important and cutting edge research.»

Quotation psychologist Ivar Goksøyr: “We are certainly at a very interesting point in time when it comes to this research, with so many unanswered questions. We owe it to ourselves as scientists to try and answer them as quickly as possible, so people in need can get access to new treatments. Our commitment to contribute is unconditional.”
UNITED KINGDOM, CARDIFF UNIVERSITY

PRINCIPAL INVESTIGATOR: DR. MAT HOSKINS

Dr. Mat Hoskins is a Consultant Psychiatrist and trauma psychotherapist working for the National Health Service (NHS) in Cardiff, the capital city of Wales. He has also been a Clinical Lecturer for six years, training undergraduate medical students in Adult Psychiatry with Cardiff University.

Dr. Hoskins has been a member of the Cardiff University Traumatic Stress Research Group, under Professor Jonathan I. Bisson, for nearly a decade, publishing work on the efficacy of pharmacological treatments in post-traumatic stress disorder and contributing to treatment guidelines developed by the World Health Organisation and the International Society for Traumatic Stress Studies (ISTSS).

Dr. Hoskins has been interested in the potential for MDMA-assisted psychotherapy for many years and has worked closely with colleagues in MAPS on bringing this approach to the UK, which is now finally coming to fruition. He will serve as the PI for the Cardiff Phase 2 site in the UK, working alongside counselling and clinical therapist colleagues Chrissie Wilson, Dr. Neil Kitchener and Dr. Julie Dorey.

Dr. Hoskins: “We urgently need new treatments for our patients with PTSD, especially those who haven’t responded to conventional approaches with trauma-focused therapy and medication. For my money, this is one of the cruellest and most debilitating illnesses someone can have, and we have a moral obligation to our patients to seek out and develop safe and effective new therapies. The evidence I’ve seen so far for MDMA-assisted therapy is truly impressive and fills me with hope. Having my own clinical MDMA therapy session a few years ago with Annie and Michael Mithoefer, as part of our therapist training, was a wonderful experience, and helped me integrate what I’d already learned from MAPS in their comprehensive training. My passion is ultimately the NHS, and making sure that, if the evidence continues to support MDMA-assisted therapy, this treatment will be available free at the point of use for those who would benefit from it in the UK. I’m very grateful to MAPS and my colleagues for their support”.

This is an amazing journey and we are very grateful for all the support that we are receiving from all the site personnel, study coordinators, therapists, physicians, cardiologists, and technicians involved. Of course, none of this would be possible without the help, support, and engagement of our Principal Investigators, ethics committees and regulatory bodies who challenge us but at the same time are open to a new treatment modalities. Also big thank you to all donors and people who trust that MDMA assisted psychotherapy can improve life’s of those suffering from PTSD. Together we are making a change!

If you would like to be involved please note that MAPS Europe team is searching for experienced Clinical Research Associates in Portugal, Finland and Germany, and Independent Raters in Portugal, Finland, Germany and Norway. Lastly, a position for Video Systems Support specialist is also currently open. Please see the MAPS Europe website for additional info: https://mapseurope.eu/careers

Marta Mazur, M.Sc. earned a master’s and engineer degree in Biomedical Engineering from the Wroclaw University of Technology in Poland and a master’s degree in Natural Medical Sciences from the Free University in Amsterdam, The Netherlands. Marta brings more than 16 years of experience advising on the clinical strategy, developing and managing all phases of clinical research studies in Europe, Asia Pacific, USA and the rest of the world. During her career Marta worked with different pharmaceutical (Novartis, GSK) and biotechnological companies (Genzyme, Sanofi-Aventis) and in Clinical Research Organizations (Parexel and Quintiles) overseeing immunology, oncology, cardiology and rare metabolic diseases studies from the protocol writing stage to the product licensure. In addition, Marta is a certified yoga and meditation teacher and is passionate about the human body and its healing abilities. In her free time, she can be found in nature, gardening, picking herbs and studying naturopathy. Marta is currently serving as the Clinical Program Lead for MAPS Europe, leading the clinical operations team in Europe. Marta is passionate about psychedelic research and is confident that MAPS’ work will transform the lives of those suffering from PTSD.
Investigator-Initiated Trials with MDMA

BY MELISSA FIELD, B.A., ALYSSA MCNAMARA, B.S., & REBECCA MATTHEWS

In clinical trials sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS), such as our ongoing Phase 3 trials of MDMA-assisted psychotherapy for posttraumatic stress disorder (PTSD), we perform protocol development, regulatory submission, funding, study monitoring, and other functions related to the responsibilities of the Sponsor role in clinical research.

In Investigator-Initiated Trials (IITs) the Investigator is also the Sponsor (or Sponsor-Investigator, SI). Therefore, the S-I has the responsibility to comply with federal regulations applicable to both the Sponsor and the Investigator. The U.S. Food and Drug Administration (FDA) defines the S-I as “an individual who both initiates and conducts a clinical trial, and under whose immediate direction the investigational drug is administered.”

For an IIT, the SI must adhere to Sponsor obligations with federal regulations which include (but are not limited to) the following:

• The submission and maintenance of their regulatory authority applications and reports (i.e. an Investigational New Drug Application (IND) with the FDA, for studies conducted in the U.S.)
• Ensuring that the study is funded adequately
• Monitoring their study for adherence to their country regulations and Good Clinical Practice (GCP)

MAPS and MAPS Public Benefit Corporation (MAPS PBC) are pleased to guide and aid researchers across the globe in their IITs studying MDMA. IITs are important in growing product knowledge and providing important safety data for continual research. Data from IITs can be pivotal in establishing a pipeline for concepts with MDMA treating various indications.

The following is a partial list of MAPS-supported IITs now enrolling, or in the planning stages for new research:

POSTTRAUMATIC STRESS DISORDER

• (Preparing for initiation) The effects of MDMA on Prefrontal and Amygdala Activation in Posttraumatic Stress Disorder
  o Location: Yale University - New Haven, Connecticut, US
  o Researcher: Benjamin Kelmendi, MD
  o Anticipated Start: Q4 2019

• (Under regulatory/ethics review) Open-label Phase 2 Study of MDMA-Assisted Psychotherapy in Veterans with Combat-Related, Refractory PTSD
  o Location: VA Loma Linda Healthcare System – Loma Linda, California, US
  o Researchers: Shannon Remick, MD and Allie Kaigle, PharmD, BCPP
  o Anticipated Start: Q2 2020

• (Preparing for regulatory/ethics review) A Phase 2 Open-Label Treatment Development Study of MDMA-Assisted Psychotherapy in Conjunction with Cognitive Processing Therapy (CPT) for Chronic Posttraumatic Stress Disorder (PTSD)
  o Location: Remedy – Toronto, Ontario, Canada
  o Researcher: Anne Wagner, Ph.D., Candice Monson, Ph.D., Michael Mithoefer,
M.D., Annie Mithoefer, B.S.N., and Emma Hapke, M.D.
  o Anticipated Start: Q2/Q3 2020

ALCOHOL USE DISORDER
  • (Enrolling) MDMA-Assisted Psychotherapy for the Treatment of Detoxified Patients with Alcohol Use Disorder
    o Locations: The Blackberry Centre and Colston Fort (Avon and Wiltshire Mental Health Partnership NHS Trust), Clinical Research and Imaging Centre (CRIC Bristol), University of Bristol – London, England
    o Researchers: Benjamin Sessa, M.D., Laurie Highbed, Ph.D., Professor David Nutt, Claire Durant Ph.D., and Tim Williams, M.D.

Several other MDMA research concepts have also been presented to MAPS for support across various clinical indications, including:
  • PTSD (Liberia, England, US, Colombia)
  • Alcohol Use Disorder (US)
  • Autism Spectrum with Social Anxiety (Australia)
  • Grief (Canada)
  • Depression (Norway)
  • Mood and Anxiety in Advanced Stage Cancer (New Zealand)
  • Multiple Sclerosis (New Zealand)

These concepts are still developing, and will be reviewed by MAPS PBC once proposals are provided by the researchers.

Melissa Field, B.A. earned a bachelor degree in Business Administration in 2010 from Baker University, while working as an In-House Clinical Research Associate for a contract research organization (CRO). After earning her degree and gaining CRO experience, Melissa moved to expand her career in a clinical research site setting. She spent several years working at an NCI-designated cancer center. Under her direction of the center’s regulatory affairs department, she spear-headed successful process efficiencies, cross-department project collaborations, and team development/training initiatives while guiding the expansion of Industry, Investigator-Sponsored, and national consortium research projects. At MAPS PBC, Melissa is currently serving as Clinical Research Associate, focusing on MDMA research in both MAPS Sponsored and Investigator-Sponsored studies. She contributes a passionate drive in the common goal for the benefit of psychedelics and cannabis in our society. In her spare time, Melissa enjoys cycling, hiking, and playing with her rambunctious home crew of two daughters, a dog, and two cats.

Alyssa McNamara, B.S. earned a bachelor’s degree in Neuroscience with a minor in Bioinformatics in 2017 from the University of California, Santa Cruz. Prior to joining the MAPS Public Benefit Corporation (MPBC), Alyssa worked as a Research Associate in the field of immuno-oncology, where she helped to research and develop therapeutics to treat ovarian cancer. Alyssa also worked in the field of Neurodevelopment, where she studied transcription factors and mechanisms of action implicated in Autism Spectrum Disorders. At MPBC, Alyssa is currently serving as a Clinical Study Assistant, supporting the Clinical Operations team. She is excited to join the dedicated and enthusiastic team at MAPS/MPBC. Alyssa joined MAPS/MPBC to help make an impact in the lives of people suffering around the world. She strives to help improve the standard of care for mental illness and neurological disorders. In Alyssa’s free time, she enjoys running and Geocaching with her family.

Rebecca Matthews Rebecca Matthews is the Associate Director of Clinical Operations at the MAPS Public Benefit Corporation (MAPS PBC), a wholly owned subsidiary of the Multidisciplinary Association for Psychedelic Studies (MAPS), a 501(c)(3) non-profit. Rebecca is leading the Clinical Operations teams in conducting clinical trials around the globe in all indications and clinical programs supported by MAPS PBC and MAPS. Rebecca began consulting with MAPS in 2009 and joined MAPS PBC full-time in 2015. Prior to her work at MAPS and MAPS PBC she worked in clinical research and development at Chiron/Novartis starting in 2001 with a focus in the indications of sepsis and vaccines. Rebecca is drawn to the field of research and drug development to support the advancement of healthcare and to provide novel and improved treatments for the benefit of humankind. She is deeply passionate about this amazing journey and honored to be on the forefront of psychedelic medicine research. Rebecca earned her B.A. from UC Berkeley in 2000. She resides in Northern California CA alongside her husband, two daughters and the family labradoodle and can be found starting impromptu dance parties, enjoying delicious tacos and playing in nature with family and friends.
Expanded Access: Creating a Psychedelic Therapy Center in the Pacific Northwest

BY TIMOTHY CRESPI, LPC, CADC

In my own life and in 14 years as a therapist, I have engaged deeply with the suffering of the war veterans in my family living with posttraumatic stress disorder (PTSD), women who have been severely abused, and children who have suffered beyond belief on account of wars, addictions, and intergenerational trauma. One common thread is repeatedly revealed to me in the stories of my family and clients: to walk in this world with severe PTSD is often to feel separate beyond what that person believes anyone could possibly understand or fathom.

This is in large part what fueled me to found Somatic Center Portland (SCP) in March of 2018. My vision was to gather a community of somatically-oriented mental health practitioners, acupuncturists, body workers, and physicians around one foundational principle: that the body and mind are not separate. SCP was also created as a hub for a group of practitioners to collaborate in their pursuit of offering MDMA-assisted psychotherapy for people struggling with PTSD.

Thanks to a special FDA program called Expanded Access, our vision may soon become a reality. Expanded Access allows for the use of an investigational treatment (in this case MDMA-assisted therapy) outside of a clinical trial. If MAPS’ application is approved, the Expanded Access program would allow certain sites with qualified practitioners – such as those found at SCP – to administer open-label MDMA-assisted psychotherapy to patients with PTSD.

At SCP, we are continually shaping our program to incorporate the following principles: supporting our care takers to reduce the potential for burnout, providing our services to people who would not typically have access to them, creating a beautiful setting that aids in the healing process of those being treated, and building a thriving community of support around the work that we do. We believe that these principles can positively shift many aspects of today’s mental health paradigms.

The setting of MDMA-assisted psychotherapy is a very unique type of work environment. It entails creating an environment that is comfortable, nurturing, and that provides ways for the patient to engage with their own experience as content arises in their awareness. As we’ve seen in the research so far, MDMA assisted psychotherapy can evoke a highly sensitive state for the patient. As a result, we believe that the environment plays a key role in the therapeutic process, and the SCP team thus strives to focus on each detail of the setting that is created. Everything from the headphones to the plants and décor will be carefully chosen and considered as part of the therapeutic process. Art that is not suggestive of particular subject matter but that could lend to the process of inner inquiry and deepen a patient’s relationship to their intrapersonal experience will be carefully incorporated in each space.

In fiscal sponsorship with the non-profit Multidisciplinary Association for Psychedelic Studies (MAPS), SCP is preparing to offer MDMA-assisted psychotherapy for PTSD pending approval from the FDA for the Expanded Access program. The protocol for MDMA-assisted psychotherapy requires practitioners to be experienced and well trained in the principles of non-directive and somatic-oriented therapy. Because of our focus on somatic orientation within the context of therapeutic skillsets, SCP serves as vital ground on which to offering MD-
MA-assisted psychotherapy (once it’s approved for Expanded Access – and beyond).

All of SCP’s therapists have enrolled in MAPS’ training in MDMA-assisted psychotherapy for PTSD (maps.org/training). The final modules of the training for certification are pending Expanded Access approval and entail having the therapists attend a therapist training sub-study, where they will experience the therapy themselves. The final part of the training entails each co-therapy pair conducting one patient through the protocol with supervision from a senior therapist from MAPS’ completed Phase 2 studies. The completion of these final steps in the training serve as the path to certification as a MAPS-approved Expanded Access site. Our repeated witnessing of the devastating effects of PTSD – coupled with our own grief, our empathy for our clients and loved ones, and our processes of emotional awakening – drives us to seek out effective treatments for PTSD in our work as therapists. In our lives and careers we have peered deeply into the complexities of the individual, familial, and collective traumas rampant in today’s world, and we have subsequently questioned the current paradigms of the mental health system. A myriad of personal, professional, and relational experiences have brought our amazing team together around our vision for healing.

The research to date focusing on MDMA-assisted therapy has forged a path for us, and I give tremendous respect and praise to those who continue to bring this work into the world.

As we are determined to launch our program, preparation for becoming a site offering MDMA-assisted psychotherapy has been quite a journey. Our core group of practitioners has been meeting regularly for almost two years. We have spoken and fundraised at around a dozen events over the past year, organized meetings with prospective partners in the community who want to support our team, and several of us play roles in building and maintaining relationships with MAPS, the Zendo Project, and healing communities local to us in the Pacific Northwest. Along with completing the required training and preparing our site to conduct therapy, our community-building and outreach initiative has served as the focal point of our preparation process. This has been energizing, as fostering relationships with a supportive community has given us the courage and the resources we need to keep moving forward.

As we await the FDA’s approval of Expanded Access, we dream of launching our MDMA-assisted psychotherapy program by treating a few patients at our current site in Portland. Our future aspirations are to expand the program by opening an additional center ideally suited for MDMA-assisted psychotherapy. We have been developing a business plan which could take almost 300 patients through the 15-session protocol per year and which could also serve as a training ground for future psychedelic therapists. This plan entails building an eco-conscious village of therapy spaces – a design that could also serve as a model for other centers in other cities. We aim to build this new center within 20 minutes of the city center, providing easy access to patients to come back each week for integration therapy sessions.
We are now excited to enter a phase of fundraising to help us effectively work toward our goal of offering MDMA-assisted psychotherapy. A large part of our fundraising efforts include offering the therapy to people who cannot afford to pay for the full protocol on their own. Other funds raised will be used toward assisting our therapists in completing the required training and for the expenses associated with being in compliance with the Expanded Access program.

While our vision seems attainable, it is also one with no clear precedent. A large part of our challenges ahead entail the groundbreaking work of forming an organization and sustainable business model that upholds our values and principles in offering the highest level of patient care. This is an exciting endeavor and we are honored to move forward with the ongoing encouragement and fiscal sponsorship of MAPS.

SOMATIC CENTER PORTLAND

https://www.somaticcenterportland.com

**Timothy Crespl, LPC, CADC**

**Timothy Crespl, LPC** is the owner and founder of Somatic Center Portland, Portland, OR. He is currently working with his colleagues on the development of a program for MDMA-assisted psychotherapy in the Pacific Northwest. He has a Masters degree in Transpersonal Counseling Psychology from Naropa University in Boulder, CO. In his private practice he specializes in somatic based therapies including Contemporary Reichian Psychotherapy, and Gestalt. He works with people struggling PTSD, addictions, non-ordinary states of consciousness, and challenges related to life transitions. Tim is currently a Supervisor for The Zendo Project and works with people seeking to integrate difficult psychedelic experiences.
Can Psychedelics Play a Role in Making Peace and Healing Cycles of Trauma?
Early Reflections on Interviews with Palestinians and Israelis Drinking Ayahuasca Together

BY NATALIE LYLÁ GINSBERG, M.S.W.

This Yom Kippur, the Jewish day of atonement and reflection, Rabbi Sharon Brous spoke to her Los Angeles-based Ikar congregation about the global consequences of the hardening of hearts occurring in Israeli and American politics, as well as around our world. Psychedelics, and MDMA in particular, are known for softening and opening the heart in appropriate settings. For millennia, indigenous communities around the world have used ceremonies and traditions involving plant medicines in the service and protection of intergenerational peace, and some communities continue to use traditional medicine practices for active conflict resolution. For example, in Colombia, councils of indigenous communities are joining together to hold yagé (ayahuasca) ceremonies to bring together those fighting on opposing sides of the civil war.

I was first drawn to psychedelic research with the hope that we could more intentionally leverage psychedelics’ many gifts to heal our global wounds, and create new communities built on trust instead of fear. Gratefully, I am now working with a team to learn from psychedelic traditions how to improve our current modes of reconciliation, restorative justice, conflict resolution, and community healing. We are hopeful and curious: How can psychedelics help heal our broken politics and planet?

In 2015, I had the honor of helping the Multidisciplinary Association for Psychedelic Studies (MAPS) organize an Israeli speaking tour for pioneering LSD researcher and transpersonal psychiatrist, Dr. Stanislav Grof. I enlisted the help of my Israeli friend Dr. Leor Roseman, a then-doctoral researcher with Dr. Robin Carhart-Harris at the Centre for Psychedelic Research (CPR) at Imperial College London. Touring with an inspiring group of psychonauts, therapists and researchers, including Dr. Rick Doblin (MAPS Founder and Executive Director) and MAPS therapist Dr. Keren Tzafarty, over lunches and bus rides, we would paint visions of what psychedelic peace-making might entail in the region.

In 2016, Leor was introduced to Antwan Saca, a peace and nonviolence activist and interfaith group facilitator who was formerly Director of Programs at Holy Land Trust in Bethlehem. Antwan leads groups of Israelis, Palestinians, and Germans in retreats focused on understanding how trauma impacts policy.

Leor, Antwan and I drove around the region, speaking to Israelis and Palestinians about their experiences using psychedelics in shared spaces, ranging from night clubs to ayahuasca ceremonies to raves and “nature parties.” Present throughout our brainstorming and conversations was the foregrounding that this conflict, like most, is in fact asymmetrical, and the power differential between Israelis and Palestinians is vast.

Leor, Antwan, and I began to develop collaborative research between MAPS and CPR to understand if and how psychedelics could play a role in moving towards a more peaceful and equitable society for Palestinians and Israelis. We are lucky to be joined by a multidisciplinary team of supervisors—Dr. Rick Doblin, Sami Awad, Executive Director and Founder of Holy Land Trust, and Dr. Robin Carhart-Harris—and advisors, includ-
ing those at the University of Haifa and Hebrew University in Jerusalem. We recognize our professional, religious, national and gender identities in particular shape our research: Antwan was born in Jerusalem to a Christian family and lives in Bethlehem, Palestine, considered by the Israeli government to be the West Bank. He studied politics, and is a long time peace activist. Leor and I are Jewish; he lives in London and grew up in Haifa, Israel, and studied psychology before becoming a neuroscientist; and I am an American living in Los Angeles, raised in New York City, who studied history and social work, and who works for social and political change.

Before beginning the development of a specific research protocol, we committed to learning more about indigenous ceremonial conflict resolution practices, and more about Palestinians and Israelis who were already participating (“sitting”) in ayahuasca ceremony together. We decided to formally interview a few dozen Palestinians and Israelis about their experiences drinking ayahuasca in joint ceremonies, thanks to the consistent guidance, support, and funding of Moshe Tov Kreps, founder of Maqamat Middle Eastern Music Academy in Tzfat.

Leor and Antwan conducted the majority of the interviews in Hebrew and Arabic, and I conducted five interviews in English. We interviewed 18 Jewish Israelis and 13 Palestinians about their experiences. Of the 13 Palestinian participants, six were Muslim and seven were Christian. Nine Palestinians we interviewed live in Israel with Israeli citizenship, and four Palestinians live in Palestine (West Bank) and do not have Israeli citizenship. Though less than 2% of Palestinians are Christian, Christian Palestinians are overrepresented in our interviews possibly because of their relative privilege and access compared to Muslim Palestinians.

Members of these ayahuasca communities were clear that they were drinking for personal and psychospiritual reasons, not with political or peace-oriented intentions. Those we interviewed had drank ayahuasca more than ten times, and some had drank more than 100 times. The majority of ayahuasca circles in the region are organized by Israelis, or in joint community with Israelis, thus, Palestinians seeking ayahuasca would most easily find medicine in joint spaces. Conversely, there are so many Israeli ayahuasca circles that the Israelis who chose these shared ceremonies showed some intention in selecting their circle. As a result of pervasive fear in the region, Israeli society is very divided. So, mixed social spaces of any kind are not very common, and an ayahuasca ceremony is a particularly vulnerable space.

The circles in which our interviewees participated took place in Israel, Palestine, Europe, Brazil, and Peru. Uniquely, many ceremonies drew on Jewish, Christian, and Muslim spirituality, music and texts, which interviewees reported often played pivotal roles in their processes. Ceremonies ranged from traditional Amazonian ceremonies to those inspired by Western humanist spiritual philosophies, and most combined the two. These interviewees drank in groups mostly facilitated by men, though most of the time people of every gender also played important supportive roles. We interviewed 13 women, 17 men, and one person whose gender was non-binary.

Similarly to other psychedelic contexts, one of the most commonly reported experiences was a strong sense of togetherness, oneness, and connectedness, and how that led to a transformation of anger into compassion, especially in the context of ongoing struggle. As one Palestinian woman describes, she experienced “moments of love and open-heartedness…there is no ‘you are Jewish, Arab, Muslim, Christian.’ Everything was stripped, all this nonsense was out, and only acceptance and love were present.” But, as another Palestinian man explained:

Presenting at the 2019 World Ayahuasca Conference in Girona, Spain.
I cannot go to a checkpoint and be like, “I’m a human being let me go through I’m a spiritual light being you know?” Even for me it was a big challenge which is how can you heal trauma if the trauma is ongoing. You can’t heal it, but you can bring a shovel and dig some shit out. Every once in awhile, more shit will come out, but the more you dig out, the more space you create where people are free to see things differently, to engage differently, to be creative.

This inconsistency between the “all-one” sentiment, and the divided, lethal political reality was most stark for the Palestinians we interviewed, which was unsurprising due to the power dynamics of Israeli and Palestinian society. However, most people we interviewed did report consuming significantly less news and media, after consistently drinking ayahuasca, as a means of retreating from the divided political reality.

Though many reported connecting beyond identity, many were also guided by the intergenerational beauty, wisdom, music, language, and spirit of the “other” side, prompting powerful visions of historical trauma, often experienced through an opposing lens. For example, one Palestinian man reported having a journey as an Israeli soldier, seeing through the lens of a rifle, and feeling a deep compassion for this 18-year-old. A Jewish woman recalls:

[At] almost every retreat, there is a moment in which [a small group of Palestinians] are comfortable enough to sing in Arabic. This is always an amazing moment…suddenly you hear your most hated language, by far, maybe the only language in the world that you really didn’t like, and suddenly it sends you to light and love.

People commonly reported shifting their frameworks from hatred and fear and anger to love and compassion, often as a response to (or despite) the ongoing trauma of the political reality. One Palestinian man explained:

My activism has changed tremendously… a big part of what I realized was how much this activism, and even non-violent activism, was motivated by hatred towards the other. And my activism as non-violence meant that I would expose them and I would amplify how terribly they are. So it was more of a demonizing non-violence motivated by hatred, not by love and compassion.

People consistently extolled the necessity of first healing on an individual level, to remove the generational layers of embedded fear, before we can ever shift on a societal and political level. As one Palestinian man said: “Focus on yourself, and make inner peace with yourself first, the peace starts within us. Each one will make the peace within himself. That is peace.” A Jewish Israeli gender non-conforming interviewee asked, “How do I heal the inner political map within me, to create change in the world? How do I heal the outer political map to create change within me? And how do I contain both?”

This last series of questions reflects our focus as we move forward in our research: How can we create the container and intention for the necessary act of internal and relational work, in order to maximize its impact on political and social change on a wider community scale? Does focusing on internal work reduce our capacity for external social change, or can we learn from ceremonial plant medicine work how psychedelic traditions can enhance our abilities to live in alignment with the planet and one another? We look forward to learning the beginnings of the answers to these questions. We plan to publish a paper about our interviews in 2020.

Giving a presentation in Tel Aviv organized by Safe Shore, a leading Israeli psychedelic harm reduction organization.

Natalie Lyla Ginsberg, M.S.W. received her B.A. in history from Yale, and her master’s of social work (MSW) from Columbia. Before joining MAPS in 2014, Natalie worked as a Policy Fellow at the Drug Policy Alliance, where she helped legalize medical cannabis in her home state of New York, and worked to end New York’s race-based marijuana arrests. Natalie has also worked as a therapist at an alternative-sentencing court for prostitution and drug-related offenses, and as a middle school guidance counselor. At MAPS, Natalie works to disentangle science from political partisanship on Capitol Hill, at the United Nations, and beyond. She is also co-developing a psychedelic peace-building study with Imperial College, working with Palestinians and Israelis. Natalie is particularly inspired by the potential of psychedelics for healing systemic, intergenerational trauma, for building empathy and community, and for inspiring creative and innovative solutions.
One of the most important books ever written about the human psyche and the spiritual quest, The Way of the Psychonaut is a tour de force through the worlds of psychology and psychotherapy, Holotropic Breathwork, birth, sex, and death, transpersonal experiences and mystical states, karma and reincarnation, archetypes, spiritual emergency, art, artists, and higher creativity. Grof writes that the new understandings were made possible due to Albert Hofmann's discovery of LSD—the “microscope and telescope of the human psyche”—as well as other psychedelic substances.

He reviews the history of psychonautics, defined as “the systematic pursuit of holotropic states of consciousness for healing, self-exploration, spiritual, philosophical, and scientific quest, ritual activity, and artistic inspiration.” Grof believes that the craving for transcendental experiences, the motivating force behind psychonautics, is the strongest drive in the human psyche; its pursuit can be traced back to the dawn of human history, to shamans of the Paleolithic era. His view of psychedelics is both optimistic and cautious, writing that it is becoming clear that LSD “was a wonder child, but that it was born into a dysfunctional family.” Many therapists, let alone lay experimenters, were not conceptually prepared for the gifts of these unique medicines.

Reviewing the history of depth psychology, Grof outlines the contributions of Freud as well as the famous psychoanalytic renegades, the ideas they contributed, and where their theories need revision and deepening in order to bring them into accord with clinical observations from work with the powerful psychedelic catalysts. The problem is that Freud and most depth psychologists after him seemed to be blind to the bands of the psychological spectrum studied and emphasized by the others, and reduced those other bands to his or her own model and understanding. “Thus Freud specialized in postnatal biography, and with one small and short exception ignored the perinatal domain, and reduced mythology and psychic phenomena to biology. Rank recognized the paramount significance of the birth trauma but reduced archetypal phenomena to derivatives of birth. Jung, who recognized and correctly described the vast domain of the collective unconscious, emphatically denied that biological birth had any psychological significance.” Of all the post-Freudian renegades, Jung’s understanding of the psyche is, however, the closest to Grof’s and needs the fewest revisions.

Grof believes that Freud’s original direction was brilliant and correct, but that he came to wrong and often ridiculous conclusions by reducing the psyche to postnatal biography: suicide is killing of the introjected bad breast of the mother, religion is obsessive-compulsive neurosis, and so forth. Mainstream psychologists rejected most of Freud’s ideas, but threw out the baby with the bathwater—they gave up the effort to understand the origin and dynamics of emotional disorders and assumed the “neo-Kraepelinian approach” (as outlined in the DSM manuals): a simple description of symptoms while giving up the search to understand their source and cause. Grof demonstrates how taking the exploratory quest deeper into the unconscious, to the perinatal and transpersonal domains, brings much more logical and believable explanations.

The importance of birth trauma and fear of death play an important part in Grof’s understanding. He writes that birth and death are events of fundamental relevance that occupy a metaposition in relation to all the other experiences of life. “They are the alpha and omega of human existence and psychological system that does not incorporate them is bound to remain superficial, incomplete, and of limited relevance.” He suggests that the reluctance of most psychological schools to integrate the perinatal layer of the psyche is based on psychological repression of the terrifying memory of biological birth. After many years of research and an influx of revolutionary data, Grof eventually came to the conclusion that a radical overhaul is needed in our understanding of the psyche.

The importance of birth trauma and fear of death play an important part in Grof’s understanding. He writes that birth and death are events of fundamental relevance that occupy a metaposition in relation to all the other experiences of life. “They are the alpha and omega of human existence and psy-
ological system that does not incorporate them is bound to remain superficial, incomplete, and of limited relevance.” He suggests that the reluctance of most psychological schools to integrate the perinatal layer of the psyche is based on psychological repression of the terrifying memory of biological birth. After many years of research and an influx of revolutionary data, Grof eventually came to the conclusion that a radical overhaul is needed in our understanding of the psyche.

His clinical discoveries regarding sadomasochism, for example, are intriguing. He believes that the primary focus of sadomasochism is perinatal, not sexual, per se. Sadomasochistic practices combine sex with elements of physical restriction, dominance and submission, inflicting and experiencing pain, and strangling or choking, i.e., repeating a combination of sensations and emotions that many people experienced during their birth. Similarly, his work with suicidal patients has yielded credible insights about both the impulse toward suicide and the specific choices of suicide to which people are drawn.

He writes that suicide is essentially a distorted and unrecognized craving for transcendence, a fundamental confusion between suicide and egocide—death or transcendence of the limiting and separate ego. Many readers will also be fascinated by Grof’s discoveries regarding the perinatal and transpersonal roots of wars, revolutions, racial riots, concentration camps, totalitarianism, and genocide. He is not offering a reductionist explanation, but simply adding—to historical, economic, political, and religious causes—the psychological and spiritual dimensions of these forms of social psychopathology that have been neglected in earlier theories.

Written in his late eighties, Psychonaut is possibly Grof’s greatest contribution to date. He has explored many of these themes before, but never in one place or delivered so gracefully. The commanding breadth and depth of knowledge is astounding, the tone of his writing easy and accessible, and the narratives brightened with amusing anecdotes, brilliant case studies, and intriguing personal accounts. Arguably one of the fathers of psychedelic-assisted psychotherapy, its most experienced practitioner, and deeply deserving of a Nobel Prize in medicine, he has successfully revealed a new and sweeping paradigm in self-exploration and healing. The vast and useful knowledge in this book is sure to be an invaluable and treasured resource for all serious seekers.

**Renn Butler** lived at the Esalen Institute in Big Sur, California for over two years, where he met Stanislav Grof and Richard Tarnas and began forty years of original research in transpersonal psychology. He certified as a Holotropic Breathwork facilitator in 1989 and offers workshops in Victoria, B.C., as well as doing archetypal astrology consultations with clients around the world. His focus as an astrological counselor is to help clients understand and integrate the material that emerges in their psychedelic sessions. Renn’s first book, Pathways to Wholeness, an exploration of the correlation between planetary alignments and psychedelic experiences, was published in 2014, followed by The Archetypal Universe in 2018—and his upcoming book on the astrology of relationships, The Divine Romance, will be out this fall. Renn has a B.A. in English and Religious Studies and worked as a health care worker for almost thirty years.

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Artist information on page 2.