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Wellness

Where the Psychedelic Revolution Is Headed, According to the Guy Who (Arguably) Started It

GQ talked to pioneering psychedelic activist Rick Doblin about the promise of MDMA therapy for PTSD, working with Republicans, and his hope for a drug-assisted global spiritual awakening.

BY CLAY SKIPPER

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2070. That's the year that psychedelic researcher Rick Doblin speculates (and hopes) that psychedelics and [psychedelic](#)-assisted therapies will have penetrated mainstream culture enough to create a "spiritualized humanity" that's psychologically well-equipped enough to solve seemingly intractable crises like environmental destruction and economic inequity.

Does that seem a bit idealistic? Sure. But consider that, in the 1980's, Doblin dedicated his life to making the health benefits and healing powers of [psychedelics](#) available for mass use—a grand vision that would've seemed extremely unlikely four decades ago and now seems inevitable, thanks largely to the work of the Multidisciplinary Association for Psychedelic Studies (MAPS), a nonprofit organization Doblin founded in 1986.

It's Doblin's lab that produced the study, whose results were published [earlier this spring](#), on the promising effects of MDMA-assisted therapy in treating patients with severe PTSD. (According to [The New York Times](#), "Of the 90 people who took part in the [study](#)... those who received MDMA during therapy experienced a significantly greater reduction in the severity of their symptoms compared with those who received therapy and an inactive placebo. Two months after treatment, 67 percent of participants in the MDMA group no longer qualified for a diagnosis of PTSD, compared with 32 percent in the placebo group.") It is the first Phase 3 clinical trial to include psychedelic-assisted therapy. After a second successful trial, which is happening right now and will wrap in October 2022, Doblin believes

FDA approval of MDMA is likely to happen by the end of 2023. With other studies showing similarly promising results for the potential of psilocybin to treat depression, its approval should not be far behind.

Doblin says “mass mental health” is what he set out to achieve when he started MAPS. But starting the psychedelic renaissance is only the first step. Doblin says the company—which consists of a large team of psychologists and neuroscientists—is now working to help create a society built to capitalize on psychedelics’ reentry. That means harm reduction and cultural education, through things like the soon to be launched MAPS psychonaut certificate program, which anyone can take to better understand how to trip safely. “We’re careful not to encourage anybody to do it,” says Doblin. “It’s just, if you’re going to do this, these are the things to keep in mind. Always, the decision whether to do this or not is yours, and we’re not telling you to do it, we’re not telling you not to do it.”

Doblin imagines a future—by 2035 maybe—where you can get a license to use psychedelics, just as you can to drive a car. (He thinks alcohol might be under license then, too, because, if we’re reimagining how we think about drugs, we might reconsider how dangerous some of our more accepted substances are.) From there, well, that’s where Doblin dreams we can solve those gigantic global problems. “It’s that, or we could be destroying the planet, and it might not even be around depending on what we do,” he says. You might say the stakes are pretty high.

GQ called up Doblin to ask about the first time he ever tripped, how he sees the rest of the psychedelic revolution panning out, and the wildest hopes he has for the future of mind-altering medicines.

GQ: Mass mental health is the dream that you first had in mind, when you started MAPS, right?

Rick Doblin: Yeah, very much so. 10 years before I knew about MDMA, the idea was, how do people go through murdering people? How did we get the Holocaust? How could the U.S. and Russia [threaten to] blow up the world? How could we do these things? How can we trash the environment? How can we be so cruel to animals? How do we prejudice against different religions, countries, genders, or races? You do it through this process of dehumanizing. It’s all this sense of us and them.

So the core idea was, psychedelics are this unitive, mystical state—you realize we’re all connected, and we have more in common than different. Then, politics changes. That was the animating vision. The antidote to genocide, to environmental destruction, was the sense of connection. Not just the idea of it, but the felt experience of it.

I was coming to these ideas right around the same time that the moon landing took place. Then you get some of these astronauts talking about how when they saw the Earth from space, they changed their views. So it’s a lot easier and a lot less expensive to give somebody LSD than to shoot them up in space.

What was your first ever drug experience?

Well, I’m unusual in a couple of ways about drugs. My dad was a pediatrician. Back in the olden days, he would have to do a lot of house calls in the middle of the night. So I grew up watching him drink, like, 12 cups of coffee a day. I thought, “Oh, my dad’s addicted to coffee. I’m never going to do it.” So I’ve never had a cup of coffee in my whole life. The first time I ever tasted carbonation, I was like, that’s horrible. I don’t like that. So I have never had a Coca-Cola. Then my parents didn’t drink. So I didn’t grow up in this culture. At college, I did try to get drunk really fast just to see what it was like. I hated the taste of alcohol. The first time I did it, I mixed grape Tang—which was this powdered drink mix the astronauts get—with vodka. I passed through the fun stage and just got sick. So consequently, I don’t drink.

Also, in this formative stage of life for me, during the protest for Vietnam, there was this divide: if you’re a hippie, you smoke pot, and you’re against the war. If you’re in favor of the war, you’re a drinker. So, the first drug that I ever really did was marijuana. And I didn’t even do it until my senior year of high school, and then I only did it once. We didn’t have any rolling papers, so we rolled it in a newspaper. [laughs] My friend put on Santana. The first time we ever got high, we were listening to Carlos Santana. That was great. Then the very next thing for me was LSD.

Wow, big jump.

Yeah. [laughs] *Really* big jump. So I’m pretty limited in what I’ve done. I’ve done a lot of the psychedelics, I’m happy to say.

How soon after experimenting with LSD did you realize the potential for mass mental health? Because, from my understanding, you went to New College in Florida, and then you took 10 years off, and then came back?

Yeah, and the reason I took 10 years off is because I had done so much LSD and mescaline, in particular, and a little bit of psilocybin mushrooms, that I was really lost. I wasn’t able to really open up. I had a lot of resistance. I went to the guidance counselor, and the guidance counselor gave me Stan Grof’s book [*Realms of the Human Unconscious: Observations from LSD Research*], and reading that, I said, yes, this is what I got to do. This makes sense.

I was a draft resister, and thought I was going to go to jail for Vietnam. My parents were like, you'll never be able to have a real job, because you're going to be a felon, and you can't be a doctor or a lawyer or whatever. So at 18, I started doing these psychedelics. This is *after* the backlash. That's important. I learned about MDMA *before* the backlash, but I learned about LSD after the backlash.

This is what, early 70s?

Yeah, this is '71, '72. So I'm just there thinking, the idealism has crashed and burned, we've got this terrible backlash, Nixon is in the White House, the war is continuing, it's a crazy world, what can I do? And my parents were charging me with this idea of, what can you do to make the world a better place?

That's a big charge for an 18-year-old.

Well, just to give you an example, I was studying Russian in high school, and after my junior year of high school, my parents sent me to Russia. This is 1970, the height of the Cold War, and I'm there in Russia with 60 other U.S. high school students to learn Russian. My parents put some prayer books in my luggage, to give to the people at the synagogue. So it was this sense that religion is outlawed, and we can't do much about that, but you can do your little part. So they gave me these two prayer books, which were pretty heavy, to fit in my luggage. So I was trained to take action in whatever little ways I can.

That turned into an incredible experience where me and two other guys met some young Russian black market kids. They wanted to buy everything that looked like America. We had the psychedelic revolution. They just had repression. So they're buying buttoned shirts, jeans, all this stuff. These two friends and I gathered all these things from the 60 people in our high school group, and we would sell them on the black market and make thousands and thousands of thousands of rubles. Which were worthless outside of Russia, because they didn't want anybody to escape. I went to the synagogue and I said, "I got all this money for you, and I got these prayer books." And the guys were like, "Well, we're being watched, don't give it to us now, but let me meet you at the subway station at this spot, at this time." I did that. I thought, hey, I'm just a 16 year old kid, if the Russian spies catch me, they'll just send me home. That's at least what I thought. [laughs] Anyway, that was this idea of activism. So when I was experiencing LSD, I'd say pretty much from the beginning, [it was] this moving beyond the ego.

The other big part for me was that my Bar Mitzvah failed me—or I failed it. It didn't turn me into a man and it wasn't a big transition. But when I first started taking LSD, it's like this is what my Bar Mitzvah should have been. I'm like, Who am I? Where do I fit in the universe? What are emotions? Where's my place? What about all this inner world? What about the intimations of this deeper sense of connection? So it was pretty clear to me pretty early on from taking LSD, that there was a lot of value there. But I had a hard time managing that.

I'm surprised to hear you say you were resistant, or closed off. I feel like the stereotypical understanding of LSD is that it does the opposite of that.

Well, you have to surrender. It's hard to do that. At the same time, you're losing your sense of self. I didn't have the emotional maturity or capacity to really process fear and anxiety in the normal way, so I would freeze up. Then I did everything I could think of to go deeper. I took a workshop with [psychiatrist] Stan Grof in the summer of '72. I did a monthlong encounter group in the mountains of California—of course, getting my parents to pay for this. [laughs]

Then I did primal therapy, which was a three week primal therapy intensive, where I'm alone and by myself, basically. I come out for one hour a day in a soundproof padded room to scream. But at the end of it, I wasn't where I wanted to be. I didn't know what to do. I went home, I was distraught. I feel like this idealistic movement of the hippies had crashed and burned, not just because of resistance, but also because of internal flaws. I needed to work on myself, and I didn't know what tools to do it [with].

That's where I realized that I had been overvaluing the psychedelic experience and undervaluing integration. You just can't force it. You have to integrate what's happening!

One of the most interesting ideas I've heard you talk about is the idea of the culture around drugs being as important as the drugs themselves. The stereotypical thing that gets talked about is set and setting. But it sounds like it's not just your immediate setting, it's all the things that have been poured into you over the course of your life.

And what did you learn in D.A.R.E.? Are you fundamentally believing that you're hurting yourself? That there's brain damage taking place? One of my worst trips ever, I was resisting the emotions. But I had this image that this energy was like a light bulb: there's electricity that hits the place where it doesn't flow anymore, and there's resistance, and the heat has turned into light, and that's how you get light. I had this idea that my brain was resisting the LSD energy, and because of that resistance, it was creating all this friction and heat, and that I was actually melting my brain. And I had a nasal drip. I'm like, "Oh, my God, my brain is dripping out of my head!" That was my worst trip, probably. So I'd say the set and setting is also, what have you been taught about it? What's your intent? Is this a party drug? If something happens that's deeper, are you going to try to suppress it? Which only makes things worse.

So how should we think about that larger cultural and contextual change, as these substances become more prevalent? If it's not just the immediate container of what you will have at your clinics, but the larger cultural container, how do we think about changing that in a way that supports these substances?

Number one, we need honest drug education. Abstinence for sex education doesn't work too well. The D.A.R.E. program of exaggerating the risks and denying any benefits doesn't really prevent kids from doing drugs later. We also need to embed knowledge in the culture about non-ordinary states of consciousness. Most people don't even remember their dreams. But we have this every night, we go into a different state of consciousness. It can be extremely valuable if you're paying attention to your dreams. As a culture, now we have meditation, mindfulness and yoga. So those are things that were very controversial in the 60s, but now they're everywhere, even at the YMCA.

We've done a lot of good cultural work. The groundwork has been laid. But we need to really educate the population more. That's why we're training the Denver police, in what to do if they encounter people with a difficult psychedelic trip, rather than just tase them or arrest them or tranquilize them or put them in jail. So there's *a lot* of work to be done, to build a psychedelic-informed culture. That will take decades.

In terms of that honest drug education, and the public education side of MAPS, do you feel like there's enough understanding of the risks? Because the media—and I include myself in this—is getting so excited that the coverage is all so overwhelmingly positive.

There's two different responses to that. What I think the culture has done, and what I think the media has done, a good case of, is to separate the risks from clinical research from the risks from non-medical use. For example, about a month ago, there was a story about a tourist in Miami at a restaurant who was killed by somebody who shot him. Then it came out that the [shooter] said he was on psilocybin, that he was disoriented and murdered this guy, that he didn't know what he was doing. 50 years ago, that would have been mainstreamed all over the place: *Psilocybin caused someone to go nuts and murder people, and we got to make this stop and criminalize all of it, shut down the research*. Now, there was very little media attention to it.

But the risks are much, much different in non-medical settings than they are in medical settings, because you have people that are screened, they're supported, there's the therapist. So the big risks for us are in the placebo group, where people realize [they're getting] the placebo. We had one person try to kill herself when she realized she had the placebo, and she'd given up. She was like, "I have a terrible PTSD, I gave up my medications in order to be in the study, and now it'll take me two years before I can cross over and get the MDMA, and I just can't live that way." She tried to kill herself twice. We had another woman who had such terrible suicidal ideation that she checked herself into the hospital to avoid killing herself. And she also was in the placebo group.

I think the message that needs to come across is that whatever is emerging, you need to deal with. If you take these drugs for fun and you start remembering something traumatic in the past, it could be made worse by just trying to run away from those memories. Also, what drugs are you taking? What happens where we've got a situation where fentanyl is put into MDMA? So we have to really educate people about drug checking. The drug policy has basically been focused on increasing the risks to drug users, to scare away other people from ever doing it. So you make it worse for the people that are willing to take that risk and do that. A lot of times, it does scare some people away from it. But you're also then shutting down the research, because you don't want to say anything positive about drugs.

We really need a psychedelic-informed culture. There's very few people who are going to be in clinical studies, compared to all the people that are going to read things and might want to do it on their own. That's where the risk education should be directed.

I'm thinking about the covid vaccine, and how despite the overwhelming statistical evidence that it is safe, a large number of people are resistant. Could something like that happen with psychedelics, where people are like, despite the overwhelming evidence that this is safe, despite the FDA approval, we're going to basically stage a D.A.R.E.-like resistance to this, and try to turn the culture against it?

I don't think that's likely to happen. The vaccines have become highly politicized. We have made a very conscious effort over decades to avoid that. Part of that was the very choice of MDMA for PTSD. We needed a patient population that people are sympathetic to, and we needed a condition which is very serious, and, if left untreated, could lead to death, where the available treatments only work for some people. So the fact that we have chosen PTSD, and worked with that... [means] we have built bipartisan support, both in our funders and in our political supporters.

I was just in Houston, Texas, with Congressman Dan Crenshaw, who is a Republican from Houston. He's a former Navy SEAL. He's courageous in the sense that he's one of the rare Republicans saying that Trump didn't really win the election. But he was a Trumper beforehand. He's become our main ally in the house for psychedelic research, because he's heard from all these Navy SEALs that have gone to Mexico for Ibogaine, 5-MeO, he's heard from people in our study that have done MDMA, and he's just coming from a compassionate place. We've paired him with Tim Ryan, a very progressive Democrat, member of the House from Ohio who is running for Senate. So we've

had bipartisan support for what we're doing. We have a highly sympathetic patient population that the broad spectrum of people in America support: helping veterans with PTSD and avoiding veteran suicides.

Here's a good example: we have the Texas Legislature going against democracy, by trying to pass all these voter suppression laws. They're going against public health by trying to ban mask mandates. And they're going against women's rights and human rights, banning abortion. But they passed the bill to allocate 1.5 million to the Houston VA to study psilocybin for PTSD. And we're working with the people in the legislature right now to try to allocate another 1.5 million for an MDMA arm. So in what we think of as one of the most extreme legislatures in the country, they are passing stuff to support psychedelics. So that's what makes me think that I don't see where the backlash would come from at the moment.

Could you give me a sense of the potential timeline on how things proceed from here?

We will finish our second Phase 3 study in October 2022. From there, we think it's a year to where we have FDA approval and DEA rescheduling. [The government puts controlled substances into five "schedules," depending on approved medical use and potential for abuse or dependency. Since 1985, MDMA has been schedule I, which suggests the highest potential for abuse and severe psychological/physical dependence, with no approved medical use. If the FDA approves a drug for medical use, the DEA must now, by law, reschedule it within 90 days.] Somewhere in the fourth quarter of 2023, we should have prescription access to MDMA. Now, we have to reschedule in the states also. So 25 states automatically reschedule when the feds do, the other 25, you have various things that have to be done. But we're already working on that. In Europe, we're basically one year behind. And, within weeks of now, the first person is going to be treated inside a VA. We've been trying since 1990 to start research inside the VA. So it's been 31 years, and it's just about to happen.

We have not treated any active duty soldiers. I think that's perhaps going to happen in 2022. That's what we hope. We're trying to set that up. And then the other important thing is that people talk a lot about kids' developing brains, and keep them away from drugs. The FDA is actually requiring us to study 12- to 17-year-olds with PTSD—but only if we succeed in adults. So if we do succeed in adults, we must study 12- to 17-year-olds with PTSD. So we think that'll be somewhere in 2024 or 2025 that we'll start that.

So stretching deeper into the 2020s and whatnot, give me a sense of what you think the future of this could look like?

So right now, it seems from what I've heard, and I've not independently verified it, that there are about 1000 ketamine clinics. What I think is going to happen is, at the end of 2023, once MDMA is approved, there'll start to be more and more ketamine clinics that will adopt MDMA, and other therapists that will just work with MDMA. Then a year or two later comes psilocybin. So we're going to have a lot of additional clinics, and therapists will all want to be cross trained with ketamine, MDMA, psilocybin, eventually 5-MeO-DMT [a psychoactive compound secreted by the glands of the Sonoran Desert toad].

Starting in 2023, 2024, we're going to have about a decade of rollout of what will eventually be, I think, 6000 or more psychedelic clinics. The reason I say that is because there's over 6000 hospice centers in America. Every town that's large enough to have a hospice center is large enough to have a psychedelic clinic.

Now, what we've seen from medical marijuana and marijuana legalization is that medicalization precedes legalization. The FDA responds to data, but people respond to stories. We're hoping to have a million MDMA sessions before the end of the decade—maybe we can do more—and 25,000 trained therapists. So there's going to be a lot of people telling a lot of stories about hopefully most of them having gotten better, and this will also be compounded with psilocybin. So I think what's going to happen is that it will take 10 years for the culture to really move to the point where we're ready for a licensed legalization. That will be 2035.

And that's like having a driver's license to do psychedelics?

Yeah. But not just for psychedelics. It'll be for alcohol, and for other things. Maybe it'll be looser than that. Maybe it's just legal. But I think we don't regulate alcohol tightly enough, maybe. I don't think we should block people from getting it. It shouldn't be prohibited, but if you're a drunk driver, we should make it hard for you to buy alcohol and also you should lose your driver's license.

So then, in 2035, what I think is going to happen from there is that we have all these thousands of clinics—we have license legalization, with harm reduction, with pure drugs—and the clinics become these rites of initiation. You come to a clinic, and you have your experience under supervision, you know what it's about, you get your license, and it's free, or a very minimal cost paid for by all those taxes on the drugs that are being sold to people for non-medical purposes.

Then we start to have this impact on mass mental health, we globalize, we're doing this all over the place, and then I'm hoping by 2070—so after 30 years, or basically around 50 years from now—we hope to have a spiritualized humanity that has dealt with all the crises that we have coming up, and has finally come to the point of embracing global thinking, global humanity, and dealt with economic inequity.

This interview has been edited and condensed.



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BY CLAY SKIPPER

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