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Food and Drug Administration
5630 Fishers Lane
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Docket No. FDA-2024-N-1938 for "Psychopharmacologic Drugs Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments."

To whom it may concern,

I was a research participant in the MDMA arm of the MAPP1 trial. I'm also a licensed psychotherapist and I've worked in trauma research for over a decade. Though my clinical training and research experience absolutely inform my perspective, I think it's important to note that other trial participants without this professional background have come to similar conclusions as I have about the quality of Lykos' research and of Lykos' psychotherapy protocols.

Over the years, I've met at least a dozen other MAPS trial participants. Their stories aren't mine to tell, but what is certain beyond any doubt given the number of people I've met and the things they've told me, is that the MDMA-Assisted Therapy (MDMA-AT) stories we hear in the media and the published data are, at best, woefully incomplete. In some cases, the published data omits or distorts information that is found in participant research files, in emails with study teams, and on session video tapes.

Though I understand that MAPS/Lykos has taken several measures to attempt to conduct high quality research, their doing so does not undermine the validity of the lived experience of their own trial participants. Rather, the existence of serious unreported/undetected adverse effects and deterioration, both during and immediately after the trial reporting period, indicates that the measures in place have been insufficient.

Several research participants, to my knowledge, have attempted to file formal complaints and/or attempted to have their experiences during and after the trial documented in some other way. People have emailed their study teams, contacted IRBs, and filed formal complaints with Health Canada and the FDA. When those formal reporting pathways failed or were unresponsive, participants have spoken to the media, and even published in on the world's top psychiatry journals. Many others who have had negative or mixed experiences with MAPS/Lykos trials have not shared their stories with the researchers or regulators.

Of note, three MAPP1 trial participants from the MDMA arm have reported significant worsening of suicidality in the weeks following the trial, which they have attributed to the trial, and one MAPP1 participant reported the emergence of psychotic symptoms within 1-2 days of one of their dosing sessions (McNamee, et al., 2022; Nickels & Ross, 2021). These very serious

adverse effects are neither in the published journal article for MAPP1, nor is the JAMA Psychiatry article in which we reported them cited in the MAPP2 journal article.

Most therapists who aren't involved in psychedelics react strongly when they look into the Lykos MDMA therapy protocol - not because they are anti-drug or closed minded, but because a hundred years of psychotherapy research and practice tells us that some of the methods and approaches promoted in the Lykos MDMA-AT manual can lead to serious harms. *Psychotherapy is regulated because psychotherapy can do harm*. Mixed with drugs that increase suggestibility and amplify experience, I cannot stress enough the possibility that the drugs can also amplify psychotherapy's potential for harm.

While I was in the study, there were many things my trial therapists did - things I accepted because I thought they were experts and I wanted to heal — and because they said this was a "paradigm shifting treatment" (i.e., a cue to release previously held beliefs about what therapy or medicine "should" look like). Things I would never do as a therapist or as a researcher. The list is too long and too vulnerable for me to fully cover in this format. But, it includes things like encouraging me to view my worsening symptoms as evidence of healing and "spiritual awakening;" seeding mistrust in mainstream psychiatry; talking to me about past life traumas; encouraging and, one time, pressuring me to cuddle with them; repeatedly telling me I was "helping make history" and that I was "part of a movement;" and letting me know how my responses and behaviours during and after the trial could jeopardize legalization. When I tried to tell my therapists about my emerging and worsening mental health symptoms at the end of the trial, one of them responded that he predicted that I would be feeling better in six months time. I later found out that another participant, at a different site, was given a similar "prediction," using the same vocabulary, in the face of their mounting distress.

All of these things had a profound impact on how I perceived my worsening symptoms, what I reported to the research team, and how I "represented" MDMA therapy to the public. In other words, over a very intense three months period, while I was being given suggestibility enhancing drugs, my therapist systematically engaged with me in ways that influenced me to become a "representative" of "the movement to legalize MDMA therapy," and shaped my behaviour as a research participants (and therefore, shaped the data I provided through self reports). I quickly adopted their beliefs and views about methods I would have previously balked at (e.g., cuddling with clients) and I enrolled in a psychedelic therapy training before I was even discharged from the trial (after they repeatedly encouraged me to become a psychedelic therapist). I even changed my voting behaviour in a federal election that took place while I was enrolled in the trial (I voted for a party whose platform I explicitly disagree with, but who my therapists verbalized explicit support for). Three months after I was given my first dose of MDMA, I was - for a time - one of the staunchest advocates for MDMA therapy.

These very sudden changes in my beliefs, values, and behaviours, even in some aspects of my personality, are mystifying to me because these kinds of changes, and the direction those changes went in, are wildly out of character for me. They are even more mystifying because at

the same time that I was turning into a firm advocate of MDMA therapy, I was also relentlessly suicidal and was clinically decompensating in a, frankly, spectacular way.

I do not believe my trial therapists meant to influence me in this way, and I certainly don't think they meant to harm me. That's what makes this all so worrisome. The drugs induced a blind trust and loyalty towards my therapists that I still struggle to understand, and I took on their skewed interpretations and beliefs with a speed and depth that astounds me and which has taken years to understand and undo.

You'll hear folks say that because of this or that reason, it makes it okay for MAPS/Lykos not to report on things they were aware of but that weren't picked up by their research protocols. In a world of technicalities - timepoints, primary outcome measures, validated tools, etc. - that may be true. But it really doesn't change how important it is for people who are thinking of taking MDMA with a therapist to know that things can and do go wrong, and that they do so with enough regularity to be concerned even in the most regulated environment possible. It's important for their doctors, therapists, friends and family to know. And it's important for other researchers to know, because, at least in my opinion, the problem isn't that MDMA alone that causes these problems, it's that what therapists say and do - or don't say and don't do - while people are on MDMA that can lead to healing, to harm, and perhaps more often, to a very complicated mix of both. The very synergy that is purported to make MDMA therapy so powerful, may also make it powerfully harmful. Some of that may be preventable, if we could only understand it better - at this time, the interactions between the drugs and the psychotherapy have yet to be investigated, let alone understood.

At stake here is not really whether or not MDMA therapy can help people with trauma, nobody who has taken a serious look at these trials contests this and neither do I. ICER's reports on MDMA therapy for PTSD clearly says that while they found undeniable evidence of problems, they couldn't assess how frequent these problems are - I agree with this perspective. Dr. Jennifer Mitchell, in comments to the press, said that ICER's conclusions were based on a partial investigation - I also agree with this. While it is clear that there are problems that undermine the validity of the data, there are still too many unknowns here.

The issue at stake is about the inferences being made (i.e., causal inferences with functional unblinding, small sample sizes), the quality of the data (i.e., expectancy effects, undue influence on research participants, suggestibility enhancing drugs), and the completeness of it (i.e., paradoxical decompensation in treatment responders, increased suicidality and other emerging symptoms in the immediate post-trial period, detection problems with the CAPS-5 in polytrauma populations). It would be in everyone's best interests, but especially people with PTSD, for the problems in phase 3 MAPS trials to be fully investigated by an independent third party. Because there are concerns about the validity of the data, this investigation cannot rely solely on reviewing the data - it must include direct interviews with trial participants. And because there are serious concerns about the psychotherapy protocols, outside experts in psychotherapy must also be consulted. In this way, the questions about the quality of the research can be put to rest once and for all, the problems can be addressed, and the research can move forward.

At stake here, ultimately, is that if MDMA therapy is approved as the current protocols stand and on the current evidence base, we're looking at potentially increasing the burden of illness for an unknown proportion of people with PTSD who receive this treatment, and making a suffocating mental illness even more difficult to live with and treat. Trauma survivors deserve better.

Thank you,

Sarah McNamee, MSW, MScA