Meaghan Buisson – Personal Statement for HHS Complaint

My name is Meaghan Buisson. In 2016, I was one of six Canadian participants in a Vancouver-based, Health Canada-approved Phase 2 clinical safety trial using the psychedelic compound 3,4-methyldeoxymethamphetamine (MDMA) to treat subjects with severe posttraumatic stress disorder. As detailed in an article published by Quartz in 2020, over the course of the study, my two therapists gained my trust, counselled my history of prior sexual exploitation, and then compounded it.

As a clinical subject, I was extremely vulnerable coming into the Phase 2 MDMA-assisted psychotherapy clinical trial. [redacted]

Psychedelics obliterate the norms of psychotherapy. Fundamental tenants such as the absence of touch and strict boundaries no longer exist. Successful therapy requires surrendering to this process; and can deeply healing. But the very structure of psychedelic psychotherapy creates a dangerously unstable dynamic ripe for abuse. Combining a drug that decreased fear and increased vulnerability with intense psychotherapy facilitates insidious, coercive seduction. Abusive practices become normalized within a clinical framework, then cited as therapeutic and necessary. As video evidence reflects, this included me being gagged, blindfolded, pinned and sexually assaulted even as I screamed and thrashed; begging my therapists to stop. Over time, my "treatment" in the MDMA clinical trial included sexual assaults couched as "exposure therapy." My efforts to maintain agency were dismissed as resistance to treatment, pathologized and overcome. By the end of the study, my emotional distress was extreme. I was isolated, unable to work, reliant on disability payments and overwhelmingly dependent on my therapists.

Patient-therapist sex is exploitative and damaging. Research suggests a high probability of repeat offense by perpetrators, and extensive psychological harm to victims. The devastating outcomes are comparable to those of incest. Effects on victims linger long after assaults end; compounding the challenge of seeking subsequent medical care. As a direct result of this clinical trial, my struggles include emergent markers of extreme posttraumatic stress disorder, depression, a marked mistrust of health care professionals affecting my ability to seek and access necessary services, crippling anxiety, feeling suicidal and suicidal ideation.

The structure and power imbalances inherent to psychotherapy becomes even more pronounced with the introduction of a psychedelic designed to chemically render subjects deeply trusting and malleable. My experiences in the clinical trial, while extreme, are not a warped outlier. What makes MDMA so potent as a therapeutic agent is precisely what makes it so concerning at a rave. MDMA turns no into yes, and yes into please. It increases attachment and bonding. It increases receptivity to touch and heightens intimacy. It blurs boundaries. It breaks down barriers. There's a well-documented history of sexual abuse with MDMA-assisted psychedelic psychotherapy. The fact this remains glaringly absent from the sponsor and FDA's dialogue to legalize therapeutic MDMA is deeply troubling. Public perceptions of MDMA psychotherapy are biased by a sponsor-driven inflation of positive outcomes and concurrent minimizing of negative outcomes; amid an institutionalized culture of secrecy that has allowed abuse to thrive.

The harms I experienced in the clinical trial were fostered and magnified by the trial's design and actions of its sponsor. The lack of supportive care post study for participants after being subject to experimental, intensive psychotherapy heightened dependency on MAPS therapists. Reporting my abuses to the trial sponsor, MAPS, resulted in being cautioned not to "over-exaggerate" and then thanked for not going to the media. No one-ever-followed up. I later learned video footage of my assaults had been viewed within MAPS. Worse, my experiences had precedence. The high risk of sexual abuse in psychedelic psychotherapy is well documented; including by MAPS' own founder in multiple publications. That MAPS choose to omit sexual abuse as a risk factor in its pre-trial communications to the FDA and study subjects is troubling. Finally, one of my therapists wasn't even licensed. While approved by the FDA, this practice raises serious questions regarding informed consent and patient safety.

The vulnerability of patients in psychotherapeutic realms is uncontroversial. To protect patients, the American Psychological Association, American Psychiatric Association, American Medical Association, Canadian Psychological Association, Canadian Psychiatric Association, Canadian Medical Association and their counterparts worldwide all maintain strict licensing requirements and external regulation of clinicians. MAPS' protocol-a two-therapist model in which only one member has to be licensed-creates a dangerous situation ripe for abuse. Subjects are not informed about the lack of professional licensing and regulation of their clinical team–much less the implications on them should harms occur. The repeated false attribution of professional designations to unlicensed therapists by MAPS speaks to a troubling lack of due diligence and institutional disregard for patient safety and ethics. When harms occur, unlicensed therapists face few, if any, professional consequences; and subjects have little to no recourse. Even after these concerns were highlighted through my harms, MAPS insisted on continueing to pre-emptively select and use unlicensed, unregulated individuals instead of upholding current best practices in health care; citing cost-saving measures. Boundary violations, sexual abuse and exploitation are inextricable risk factors in psychotherapy and in

any therapeutic use of MDMA. As a minimum requirement, therapists engaging in psychedelic psychotherapy on drugged and suggestible human subjects should require the same baseline external oversight and regulatory requirements as conventional psychotherapy and medical practitioners. Approving the experimental use of a powerful psychedelic combined with intensive psychotherapy on vulnerable patients by individuals who are neither professionally licensed nor externally regulated is unconscionable.

A patient-centered approach dictates MDMA must be considered unsafe until its known potential for harm is mitigated. That's not to say MDMA can't ever be legalized. It simply means this wilful process should be paused until appropriate mechanisms of accountability and safety are in place–and the proven to work prior to further advancement. The need for immediate -re-evalution of the MDMA clinical trials is critical. To avoid further, unnecessary, physical and mental suffering and injury to vulnerable human subjects please 1) investigate the research practices and ethical breaches of MAPS; and 2) require external regulation and licensing of any clinician involved in current and future MDMA clinical trials.

Thank you for your attention to this matter.

Sincerely,

Meaghan Buisson
MAPS MP4 Phase 2 study participant #04002